

NATIONAL Assessment Centre Services (wef 1 Jan'05) **MHA11908635**

Date In: <b>2/2/19-14:51</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA11901138224</b>	SAS e-filing		
Veh No: <b>JK897914</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>2/2/19-13:20</b>	i-Motor Claim Form	<b>2/1/05 022-001</b>	<b>2/2/19 15:04</b>
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **JK56104** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

**General Remarks:-**

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		Est Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
Cat. 2 / 3:	8) NTUC Additional Services:-		
	9) N12: Idac Mobile 30		
	QP*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	Invoice dated Fee Charged		
	Invoice dated Fee Charged		

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	03/07/2019 14:51
Date Of Accident	03/07/2019 13:20
Exact Location Of Accident	BLK 110 BEDOK NORTH RD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ9791H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BAN KEE HIN
NRIC No	S2075753A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97533002
Alternative Phone No	OFFICE-97533002

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	CHEVY AVEO 1.4AT 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086472027-02
Cover Note Number	

### Driver

Name of Driver	BAN KEE HIN
NRIC No	S2075753A
Date Of Birth	16/05/1949
Occupation	OUTDOOR
Date Of Driving Pass	10/05/1968
Driving Experience	51 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97533002
Fax Number	
Contact Number	OFFICE-97533002
EMail Address	NOEMAIL

Address	BLK 856F TAMPINES STREET 82 #09-218
Postcode	526856
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ON THE CARPARK LOT, SUDDENLY VEHICLE B REVERSED AND HIT ONTO MY VEHICLE FRONT PORTION

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS6101Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



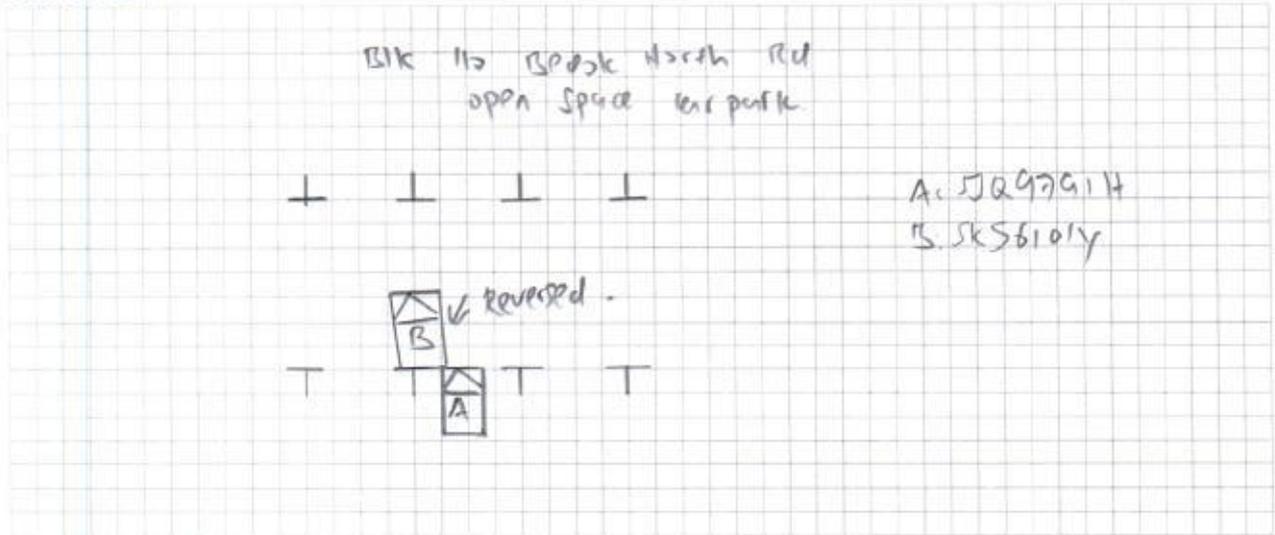
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to statement.

**DECLARATION**

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2075753A



Name  
**BAN KEE HIN**

Race  
**CHINESE**

Date of Birth  
**16-05-1949**

Sex  
**M**

Country of Birth  
**MALAYSIA**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S2075753A**

Name  
**BAN KEE HIN**

Birth Date: **16 May 1949**

Issue Date: **04 Aug 2003**




1000714576J

For LKK/NAC Use Only

2664748



NRIC No: **S2075753A**



Blood Group: **B+** Date of issue: **17-08-1995**

APT BLK 856F TAMPINES STREET 82 #09-218  
SINGAPORE 526856  
NRIC No: **S2075753A** Date: **23/07/2012** No: **7109715**

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

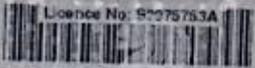
CLASS DATE

**Class 3** Motor Cars and Motor Trackers the weight of which, unladen does not exceed 2500 kilograms **10 May 1969**



Licence No: **S2075753A**

NP 428A



Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S086472027-02		BAN KEE HIN	S2075753A	GPC	drive CLASSIC	SJQ9791H	SJQ9791H	03/06/2019	02/06/2020

Continue

 Policy Information

Policy No.	5086472027-02	Policyholder Name	BAN KEE HIN	Policyholder NRIC	S2075753A
Certificate No.					
Address	BLK 856F #09-218 TAMPINES STREET 82 TAMPINES ARCADIA SINGAPORE 526856				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	28/05/2019	Effective Date	03/06/2019 00:00	Expiry Date	02/06/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 856F #09-218	Address 2	TAMPINES STREET 82	Address 3	TAMPINES ARCADIA
Address 4	SINGAPORE 526856	Address Type	Singapore address	Post Code	526856
Unit No.	09-218	Related Policy Number	5086472027-02		

 Insured Object: SJQ9791H

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Exit

Accident MT/1051727

Policy No.	5086472027-02	Vehicle No.	SJQ9791H	GST Registration No.	
Certificate No.					
Policyholder Name	BAN KEE HIN			Policyholder NRIC	S2075753A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	97533002	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remarks		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	40	Private Hire	No

**Accident Details**

Report Date	03/07/2019 15:03	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	03/07/2019	Time of Accident hh:mm	13:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 110 BEDOK NORTH RD OPEN SPACE CARPARK				

**Excess**

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 856F #09-218	Address 2	TAMPINES STREET #2	Address 3	TAMPINES ARCADIA
Address 4	SINGAPORE S26856	Address Type	Singapore address	Post Code	S26856
Unit No.	09-218	Related Policy Number	5086472027-02		

**Q1 Driver Info**

Driver Name	BAN KEE HIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2075753A	Driver DOB	16/05/1949
Register Date of Driver License	10/05/1968	Driver Age	70	Driving Experience	51
Contact No. (Mobile)	97533002	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 856F	Address 2	TAMPINES STREET #2	Address 3	TAMPINES ARCADIA
Address 4	SINGAPORE S26856	Address Type	Singapore address	Post Code	S26856
Unit No.	09-218				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **Next**

Claim Type *	OD-MX	Insured Name	BAN KEE HIN	Insured NRIC	S2075753A
Contact No. (Mobile)		Contact No. (Home)	67677559	Contact No. (Office)	
Email Address		Q1 Vehicle Number	SJQ9791H	TP Vehicle Number	SKS6101Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJQ9791H / SKS6101Y ON 3 Jul 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/07/2019 15:04	Claim Close Date		Date Received	03/07/2019 00:00
Report Taken By	Jackson				

Print AX letter

**Save Submit**

**Attachment**

Accident No.	MT/1051727	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Uplod Date	03/07/2019 15:08

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jul 2019 15:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jul 2019 15:05	SAS	Normal	SAS 2019-7-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jul 2019 15:05	Photos	Normal	Photos 2019-7-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jul 2019 15:05	Photos	Normal	Photos 2019-7-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jul 2019 15:05	Photos	Normal	Photos 2019-7-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jul 2019 15:05	Photos	Normal	Photos 2019-7-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jul 2019 15:05	Photos	Normal	Photos 2019-7-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jul 2019 15:05	Photos	Normal	Photos 2019-7-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jul 2019 15:05	Photos	Normal	Photos 2019-7-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jul 2019 15:05	Photos	Normal	Photos 2019-7-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jul 2019 15:05	Photos	Normal	Photos 2019-7-3		<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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