

NATIONAL Assessment Centre Services

(wef 1 Jan 2010)

Date In: 23/07/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19013000/13	SAS e-filing		
Veh No: SJH98849	E-mail (within 8hrs, AIC 2hrs)		
DOA: 22/07/19 1330	i-Motor Claim Form	MT/1054694-001	
OD: TP <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SJ992704	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

NA1905117

Invoice Preparation Checklist

Amt (\$) 1st Bill

Amt (\$) Add Bill

Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Cat 1:	9) N12: Idac Mobile 30		
Cat 2 / 3:	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	23/07/2019 15:54
Date Of Accident	22/07/2019 13:30
Exact Location Of Accident	8 YIO CHU KANG TERRACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH9384Y
Insured/Policyholder	
Name Of Registered Owner	HO WUI MING
NRIC No	S9003135Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98375580
Alternative Phone No	OTHERS-98375580

Vehicle Particulars

Manufacturer	HONDA
Model	-
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	REPORTING ONLY
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	5104528293
Cover Note Number	

Driver

Name of Driver	HO WUI MING
NRIC No	S9003135Z
Date Of Birth	25/01/1990
Occupation	INDOOR
Date Of Driving Pass	07/09/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98375580
Fax Number	
Contact Number	OTHERS-98375580
Email Address	NOEMAIL

Address	BLK 123 LORONG 1 TOA PAYOH #03-503
Postcode	310123
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	COLLISION - OPENING DOOR OF VEHICLE
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?	NO
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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ9270U
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)	

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.:

A SJH 9384Y

B STQ 9270U

SKETCH PLAN

8 Yio Chu Kang Terrace



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/7/19 at around 1:30pm I stop my vehicle SJH 9384Y at the roadside at Yio Chu Kang Terrace to check on my front tyre. Before I open my door I check my right side mirror. There was a car driving far behind me. I open my door but vehicle STQ 9270U drive very fast and hit onto my front door. I had a video showing STQ 9270U driving at a fast speed. Also with photos showing the road is big wide to avoid the accident.

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.:

23/07/19

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No. : MNA119096395 Vehicle Registration No. : SJH93849
Name (as shown in NRIC) : HO WUI MING NRIC/FIN/Passport No. : S90031352
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 123 LOR 1 TON PAYOH #03-503 310123 Singapore ()
Contact (Tel) : _____ Mobile No. : 98375580
Email Address : _____
Date of Accident : 22/07/19 Time of Accident : 1330
Place of Accident : AT THE 8 YIO CHU KANG TERRACE
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND TYPE OF ACCIDENT AND VEH NO AT
SKETCH PLAN

Policyholder / Driver's Signature
Date:

2/2/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

VEHICLE NO: ^H 53R 93811. MAKE & MODEL :

DATE OF ACCIDENT	22 / 7 / 2019	
TIME OF ACCIDENT	1.30 AM / PM	
LOCATION OF ACCIDENT	8 Yio Chu Kang Terrace	
Exact Purpose use during accident		
NAME OF OWNER	Ho Wui Ming	
TELP NO	98375580	
NRIC	S9003135Z	
CLAIM TYPE	OD / THIRD PARTY / <u>Reporting Only</u>	
PRIVATE HIRE	YES / <u>NO</u>	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	5104528293	
NAME OF DRIVER	As above / If No:	
NRIC	as above Any passengers: -	
DATE OF BIRTH	25 / 01 / 1990	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	07 / 09 / 2018	
GENDER	Male / Female	
CONTACT NO.	as above Office: Home:	
ADDRESS	Blk 123 Lorong 1 Toa Payoh	
DRIVER HAVE ANY OWN Vehicle	NO / If yes : Reg No:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other :	
ROAD SURFACE	Dry / Wet / Other :	
ANY INJURIES	No / If yes : Who?	
CONTACT NO.		
POLICE REPORT	No / If yes : Where?	
VEHICLE B NO.	53R 9270U Any Passenger : -	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger :	
VEHICLE D NO.	Any Passenger :	
VEHICLE E NO.	Any Passenger :	
VEHICLE F NO.	Any Passenger :	
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	
PARTICULAR WORKSHOP	Sme Motor Pte Ltd	
TELP NO	1 Kaki Bukit ave 6 #02-15	
CONTACT PERSON	Autobay @ kaki bukit	
FAX NO.	Singapore 417883	
	Tel: 67476106 (6 lines)	
	6 Speed Autowerkz Pte Ltd	
	68 Kaki Bukit Avenue 6	
	#02-05 ARK @ KB, Singapore 417896	
	Tel: 6384 7037 Fax: 6384 7039	
	Email: 6speedautowerkz@gmail.com	

howuiMing@gmail.com

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S9003135Z

HO WUI MING
(HE WEIMING)

For LKK/NAC Use Only

Birth Date: 25 Jan 1990
Valid Date: 07 Sep 2018

002843498C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9003135Z

HO WUI MING
(HE WEIMING)

何伟明

For LKK/NAC Use Only

Race: CHINESE
Date of birth: 25-01-1990
Sex: M
Country of birth: SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg 07 Sep 2018

For LKK/NAC Use Only

NP 428A

Licence No: S9003135Z

4283561

S9003135Z

For LKK/NAC Use Only

Date of issue: 05-09-2008

Address: APT BLK 123 LORONG 1 TOA PAYOH #03-503 SINGAPORE 310123

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104528293		HO WUI MING	S9003135Z	GPC	drivo CLASSIC	SJH9384Y	SJH9384Y	11/10/2018	10/10/2019

Claim Handling

Accident MT/1054694

Policy No.	5104528293	Vehicle No.	SJH9384Y	GST Registration No.
Certificate No.				
Policyholder Name	HO WUI MING			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	98375580	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		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(%)	0	Private Hire

▼ Accident Details

Report Date	23/07/2019 17:17	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/07/2019	Time of Accident hh:mm	13:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	8 YIO CHU KANG TERRACE			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
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 123 #03-503	Address 2	LORONG 1 TOA PAYOH	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5104528293	

▼ OI Driver Info

Driver Name	HO WUI MING (HE WEIMING)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9003135Z	Driver DOB
Register Date of Driver License	07/09/2018	Driver Age	29	Driving Experience
Contact No.(Mobile)	98375580	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 123	Address 2	LORONG 1 TOA PAYOH	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#03-503			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com.

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 OD-MX

New

Claim Type *	OD-MX	Insured Name	HO WU
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SJH938
Claim Description	SJH9384Y / SJQ9270U ON 23 Jul 2019		
Preferred Workshop	Preferred	Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	23/07/2019 17:30
Print AK letter		Workshop Repairer	ROSLINDA

Attachment

Accident No.	MT/1054694	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/07/2019 00:00

Choose File	No file chosen	<input type="button" value="Clear"/> <input type="button" value="Clear"/> <input type="button" value="Clear"/> <input type="button" value="Clear"/> <input type="button" value="Clear"/> <input type="button" value="Clear"/> <input type="button" value="Clear"/>	Category *	Confidential
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Message Read				

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 17:30	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 17:20	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 17:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 17:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 17:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 17:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 17:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 17:20	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	
			
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>