

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

MNA 119101371.

Date In: 218/19 15:16	Job description	Date & Time Completed	Done by
Ref No: NAI INC 19013575164	SAS e-filing		
Veh No: STE 139 1936	E-mail (within 3hrs, AIC 2hrs)		
DOA: 218/19 14:10	I-Motor Claim Form	MT/1056246 ⁰¹	218/19 17:58
OD: TP: 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/Wkstn		

Preferred Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No: SKA 7109P

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%; P: 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 No: 67484616

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

NA1905807

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref: 1

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Invoice Itemization Checklist

Am't (\$)

Am't (\$)

- | | | |
|---|-------|--|
| 1) AR: Accident Reporting (\$30); | 30.00 | |
| 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| 3) TP: Towing Fee \$40/\$45 | | |
| 4) PT: Follow-Through Survey \$120 | | |
| 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| For claiming against INC Only (wef 10 Jan 2005) | | |
| 6) TR: Re-inspection \$75 | | |
| 7) N1: Idao DA + SMRT Survey \$160 | | |
| 8) NTUC Additional Services:- | | |
| OD* | | |
| *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 | |
| 9) N12: Idao Mobile | \$0 | |

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	02/08/2019 15:16
Date Of Accident	02/08/2019 14:10
Exact Location Of Accident	10 KAKI BUKIT ROAD 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJE193G
Insured/Policyholder	
Name Of Registered Owner	YEO CHENG HUAT GILBERT
NRIC No	S0045508C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90404816
Alternative Phone No	OFFICE-90404816
Vehicle Particulars	
Manufacturer	TOYOTA
Model	AXIO (AT)
Exact Purpose for which vehicle was being used at time of accident	LEARNING
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	5042977298-09
Cover Note Number	
Driver	
Name of Driver	KOH KAI LING SELICIA
NRIC No	S8809110H
Date Of Birth	18/03/1988
Occupation	INDOOR
Date Of Driving Pass	02/08/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-92343573
Fax Number	
Contact Number	
Email Address	SELICIAKOH@GMAIL.COM

Address	APT BLK 414B FERNVALE LINK #16-08 SINGAPORE
Postcode	792414
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEARNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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)	2
Passenger 1	NAME: : YEO CHENG HUAT GILBERT GENDER: : MALE

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

PLEASE REFER TO STATEMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA7109P
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:

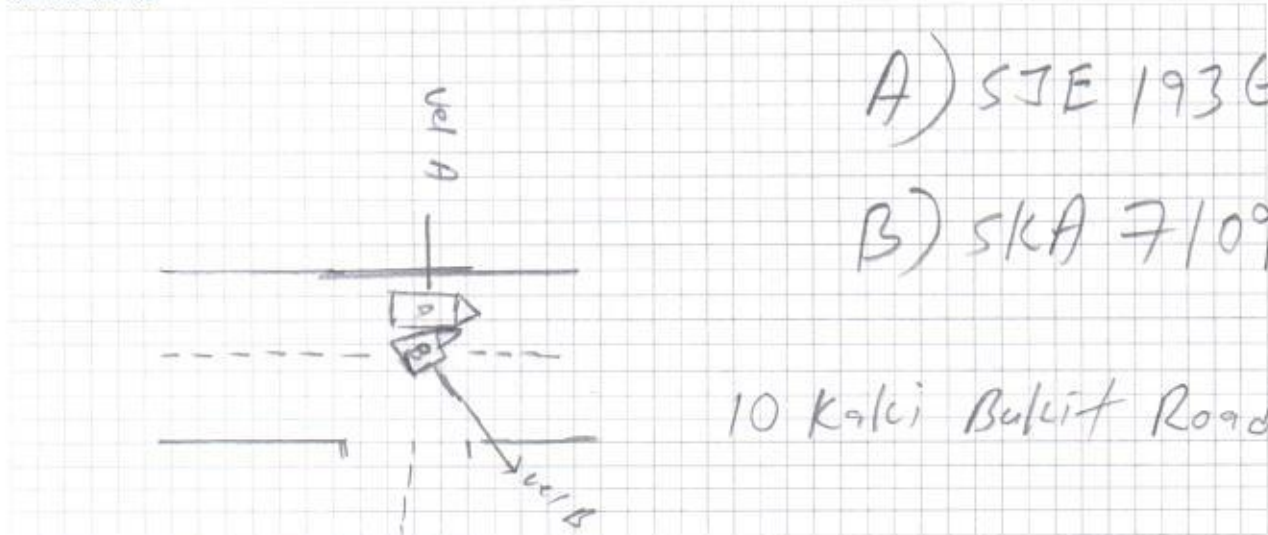
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



A) SJE 193G

B) SKA 7109P

10 Kaki Bukit Road 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along 10 Kaki Bukit Road 2
 on afternoon 2.10pm, suddenly vehicle (B) SKA 7109P
 hit onto my beside front RH tyre and front bumper
 front fender RH scratches.

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. 88809110H



NAME
KOH KAI LING, SELICIA

许凯玲

RACE
CHINESE

DATE OF BIRTH
18-03-1988

SEX
F

COUNTRY OF BIRTH
SINGAPORE

For LKK/NAC Use Only



334102

NPIC No. 88809110H



BIOMETRIC GROUP
18-03-9003

APT BLK 414B PERNVALE LINK #16-08
SINGAPORE 782414

NPIC No. 88809110H

DATE
05/03/2015

For LKK/NAC Use Only

Dear **KOH KAI LING, SELICIA (NRIC: S8809110H)**,

Welcome to the e-application of PDL page!

Applicant is not eligible for any PDL transaction.

You are not eligible for any PDL licence transactions.

Your Licence and Test Information

You do not have valid qualified driving licence.

Our records shows that you possess the following class of provisional driving licence (PDL) with expiry date, **24 Nov 2020**:

i. Class 3 PDL

Our records also shows that you have passed an eyesight test conducted by the **CDC** on **04 Apr 2018** at **01.52PM**.

You do not have any C2B Assessment result.

You have also passed the Basic Theory Test (BTT) at **CDC** on **21 Aug 2018**.

For LKK/NAC Use Only

Prerequisites for PDL Application

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="02/08/2019 14:33"/>							
Vehicle No.(For Motor)	<input type="text" value="SJE193G"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5042977298-09		YEO CHENG HUAT GILBERT	S0045508C	GPC	drive CLASSIC	SJE193G	SJE193G	12/04/2019	11/04/2020
<input type="button" value="Continue"/>										

904048/6

Claim Handling

Accident MT/1056246

Policy No.	5042977298-09	Vehicle No.	SJE193G	GST Registration No.
Certificate No.				
Policyholder Name	YEO CHENG HUAT GILBERT			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	90404816	Contact No.(Office)		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	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	02/08/2019 17:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/08/2019	Time of Accident hh:mm	14:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	10 KAKI BUKIT ROAD 2			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
QD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	2500.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	1000			
Total OD Excess Applicable	4100.00	Total TP Excess Applicable	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 163 #15-162	Address 2	BISHAN STREET 13	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5042977298-09	

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KOH KAJ LING SELICIA	Driver NRIC	S8809110H	Driver DOB
Register Date of Driver License	02/08/2019	Driver Age	31	Driving Experience
Contact No.(Mobile)	92343573	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 414B #16-08	Address 2	FERNVALE LINK	Address 3
Address 4	SINGAPORE 792414	Address Type	Singapore address	Post Code
Unit No.	16-08			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

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

New

Claim Type *	OD-MX	Insured Name	YEO CHE
Contact No.(Mobile)	90404816	Contact No. (Home)	6259892
Email Address		O1 Vehicle Number	SJE193G
Claim Description	SJE193G / SKA7109P ON 2 Aug 2019		
Preferred Workshop	0	Insured Liability	Partially at Fault
Preferred No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
		Claim Close Date	02/08/2019 17:57

Report Taken By

LIEW SHAN HUI

Print AK letter

Save

Submit

Attachment

Accident No.	MT/1056246	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/08/2019 17:58

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2019 17:58	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2019 17:58	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2019 17:58	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2019 17:58	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2019 17:57	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2019 17:57	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2019 17:57	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2019 17:57	Photos	Normal	Photos 2

Video List

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