

NATIONAL Assessment Centre Services. [ver 1 Jan 05]

MAN 9101873

Date In: 03/08/2009 15:49	Job description	Date & Time Completed	Done by
Ref No: NA190574	SAS e-filing		
Veh No: SV 10470	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 03/08/2009 10:00	I-Motor Claim Form	MT11056310001	03/08/2009 16:28
OD: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SV 5962H	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 repair.

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

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

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date: ()

Signature: ()

NA190574/

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	Q1:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI): TP (N-on INC) against INC \$20	
	*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	03/08/2019 15:49
Date Of Accident	03/08/2019 10:00
Exact Location Of Accident	ALONG KPE BEFORE TUNNEL TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG1047D
Insured/Policyholder	
Name Of Registered Owner	NG WEI XING
NRIC No	S6908950Z
Email Address	WILLIENG2000@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-87288813
Alternative Phone No	OTHERS-87288813

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 G (A)
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	5029499700-11
Cover Note Number	

Driver

Name of Driver	NG WEI XING
NRIC No	S6908950Z
Date Of Birth	20/03/1969
Occupation	INDOOR
Date Of Driving Pass	10/01/1996
Driving Experience	23 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87288813
Fax Number	
Contact Number	OTHERS-87288813
EMail Address	WILLIENG2000@YAHOO.COM.SG

Address	89 PASIR RIS HEIGHTS #08-14
Postcode	519286
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	CHAIN COLLISION
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	3
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)	4
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : SON GENDER: : MALE
Passenger 3	NAME: : DAUGHTER GENDER: : FEMALE

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 SKETCH PLAN

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	SLV5962H
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FOO TOON HUI
NRIC/Passport Number	SR507534J

Contact Number 93865997
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLR9010A
Vehicle Make/Model/Colour MAZDA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver NEO JUNBIN
NRIC/Passport Number S8242729E
Contact Number 82333825
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:

03/03/19 15:45

Driver's Signature

(If driver is not the policyholder)

Date & Time:

03/08/2019

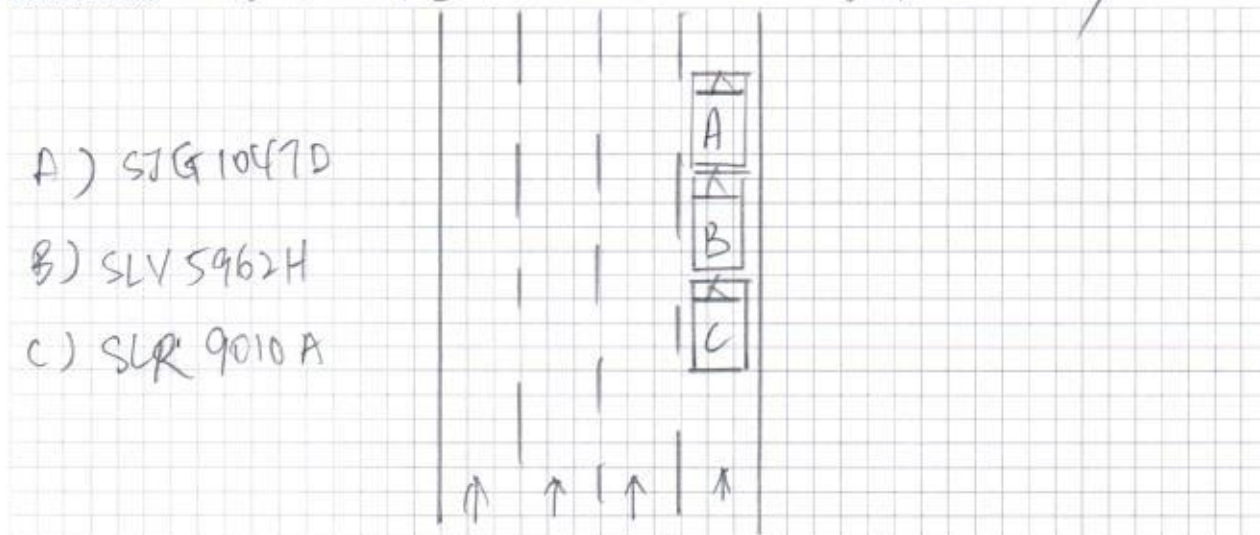
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

ALONG KPE BEFORE TURNING TOWARDS CITY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- 03/03/19 9.55am around.
- Traveling on KPE towards city.
- Car in front brakes fast
- I also apply brake and come to stop, not hitting the car in front.
- Heard car behind bang behind my car.

DECLARATION

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

Policyholder's Signature

Date & Time:

03/03/19 1545

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

03/03/2019

Rashid Hassan

Claim Handling

Accident MT/1056310

Policy No.	5029499700-11	Vehicle No.	SJG1047D	GST Registration No.
Certificate No.				
Policyholder Name	NG WEI XING			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	87288813	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	03/08/2019 16:24	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/08/2019	Time of Accident hh:mm	10:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG KPE BEFORE TUNNEL TOWARDS CITY			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

▼ Benefits

Coverage	Sum Insured
Excess Waiver	99999999.99
Transport Allowance	99999999.99

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	89 PASIR RIS HEIGHTS	Address 2	#08-14 VUE 8 RESIDENCE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5029499700-11	

▼ OI Driver Info

Driver Name	NG WEI XING	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S6908950Z	Driver DOB
Register Date of Driver License	10/01/1996	Driver Age	50	Driving Experience
Contact No.(Mobile)	87288813	Contact No.(Office)		Contact No.(Home)
Address 1	89 PASIR RIS HEIGHTS	Address 2	#08-14 VUE 8 RESIDENCE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJG1047D	Driver Insurer Comp.

Declaration

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	NG WEI X
Contact No.(Mobile)	87288813	Contact No.(Home)	NIL
Email Address	willlieng2000@yahoo.com.sg	OI Vehicle Number	SJG1047I
Claim Description	SJG1047D / SLV5962H ON 3 Aug 2019		
Preferred		Insured Liability	Not at Fault

Workshop Finalised No. Yes Preferred Repair Option Preferred Workshop, Name unknown GIA report Received

Date Registered 03/08/2019 16:27 Claim Close Date

Report Taken By ROSLI WAHAB

☐ Print AK letter

Attachment

Accident No.	MT/1056310	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/08/2019 16:28

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Aug 2019 16:28	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Aug 2019 16:28	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Aug 2019 16:28	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Aug 2019 16:28	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Aug 2019 16:27	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Aug 2019 16:27	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Aug 2019 16:27	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Aug 2019 16:27	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Aug 2019 16:27	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Aug 2019 16:27	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Aug 2019 16:27	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Aug 2019 16:27	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Aug 2019 16:27	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Aug 2019 16:27	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Aug 2019 16:27	NRIC/ Driving License	Normal	NRIC/ Driving L

Video List

Uploaded By/Date	Folder Date	File Name	
------------------	-------------	-----------	---

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (03/08/2019) (DD/MM/YYYY), TIME: (09:59) (HH:MM)

LOCATION: KPE before Tunnel towards City

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 3JG1047 D
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5029499700-11
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HONDA FIT
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: NG WEI XING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6908950 Z CONTACT: 87288813
 c) ADDRESS: 89 Pasir Ris Heights #08-14 S(519286)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (20/03/1969) (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS 10/01/1996

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS
 b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLV5962 H MODEL: KIA
 b) DRIVER'S NAME: FOO TOON HUI
 c) NRIC/FIN/PASSPORT: S7507534 J CONTACT: 93865997

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLR9010A MODEL: MAZDA
 e) DRIVER'S NAME: NEO JUN BIN
 f) NRIC/FIN/PASSPORT: S824729 E CONTACT: 8233 3825

WIFE

SON

DAUGHTER

No of passengers
 (including driver)
 (4)

No of passenger
 (including driver)
 ()

No of passenger
 (including driver)
 ()

email = willie ng2000@yahoo.com.sg

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6908950Z

For LKK/NAC Use Only



NG WEI XING
黄 伟 伟
Race
CHINESE
Date of birth 20-03-1969 Sex M
Country of birth SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S6908950Z
Name: NG WEI XING

For LKK/NAC Use Only

Birth Date: 20 Mar 1969
Issue Date: 20 Mar 2008

001582965G

3891081



NRIC No. S6908950Z

For LKK/NAC Use Only



Date of Issue: 12-06-2006

89 PASIR RIS HEIGHTS #08-14
SINGAPORE 519286
NRIC No: S6908950Z Date: 18/08/2017

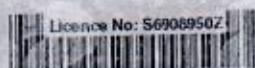
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Vehicle Description	Valid From	Valid Until
Class 2B	Motorcycles <= 200 cc	16 Jan 1993	
Class 3	Motor Cars <= 3000kg with <7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	10 Jan 1996	

For LKK/NAC Use Only

NP 428A

Licence No: S6908950Z



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="03/08/2019 15:38"/>							
Vehicle No.(For Motor)	<input type="text" value="SJG1047D"/>	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"/>	5029499700-11		NG WEI XING	S6908950Z	GPC	drivo CLASSIC	SJG1047D	SJG1047D	20/06/2019	19/06/2020
<input type="button" value="Continue"/>										