

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MMA 11910440.

Date In: 8/8/19 17:40	Job description	Date & Time Completed	Done by
Ref No: MA11NC19013948/64	SAS e-filing		
Veh No: SLE 1898B	E-mail (within 2hrs, AIC 2hrs)		
DDA: 7/8/19 17:45	I-Motor Claim Form	MT/1057099-001	8/8/19 18:09
QD: <input checked="" type="checkbox"/> 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/Wk32		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: FBJ 4401Z	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 repolter.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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

Injury: _____

Date/Time	Actions

MA1905869

Claimant's Particulars:	1) AR: Accident Reporting (\$30);	20.00
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2005)	
Est. 1:	6) TR: Re-inspection \$75	
	7) NI: Idau DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	QD:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idau 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	08/08/2019 17:40
Date Of Accident	07/08/2019 17:45
Exact Location Of Accident	PIE (CHANGI) EXIT TO UPP CHANGI RD NORTH AT JUNC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE1898B
Insured/Policyholder	
Name Of Registered Owner	CHEOH SZE HAI
NRIC No	S7916338D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91155582
Alternative Phone No	OFFICE-91155582

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	5101321532-01
Cover Note Number	-

Driver

Name of Driver	CHEOH SZE HAI
NRIC No	S7916338D
Date Of Birth	18/05/1979
Occupation	INDOOR
Date Of Driving Pass	08/11/2002
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91155582
Fax Number	
Contact Number	OFFICE-91155582
Email Address	NOEMAIL

Address	BLK 648 PUNGGOL CENTRAL #10-380
Postcode	820648
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	SIDE SWIPE
Weather Conditions	AFTER RAINED
Road Surface	WET

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?	
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

I WAS TRAVELLING ALONG PIE TWDS CHANGI EXIT TO UPPER CHANGI RD NORTH AT THE FIRST TRAFFIC JUNC, I STOP ON THE EXTREME RIGHT LANE DUE TO RED LIGHT, SUDDENLY I FELT AN IMPACT FROM MY LEFT HAND SIDE, AFTER THE INCIDENT, I REALIZED THE MOTORCYCLE COME IN BETWEEN FIRST LANE AND SECOND LANE AND HIT ONTO VEH C RIGHT HAND SIDE THEN LOST BALANCE HIT ONTO MY VEH LEFT HAND SIDE. HE DID NOT STOP ON THE SPOT AND CARRY ON, I CAUGHT WITH HIM AT THE JUNC AND GOT OFF FROM MY CAR AND CONFRONTED HIM.

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	FBJ4401Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	TEO SAM HENG
NRIC/Passport Number	S1667154A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJV7747Z

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.:

Diagram illustrating the layout of the PIE (Changi) Exit Upp Changi Rd North at the first traffic junction:

Key locations and identifiers:

- A = SLE 1898B
- B = FBJ 4401Z
- C = SJV 7747Z

PIE (Changi) Exit Upp Changi Rd North at the first traffic junction

B = FBJ 44012

$$C = 55V\ 7747\ \mu$$

PIE (Changi) Exit Upp changi Rd North at
first traffic Junction

Please Refer to Statement

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

Date & Time:

Date & Time:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7916338D



Name

CHEOH SZE HAI
(JIANG SIHAI)

蒋四海

Race

CHINESE

Date of birth

18-05-1979

Sex

M

Country of birth

SINGAPORE



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S7916338D

Name

CHEOH SZE HAI
(JIANG SIHAI)

Birth Date 18 May 1979

Issue Date 07 Jun 2003



4414519

NRIC No. S7916338D



Date of issue

08-06-2009

APT BLK 648 PUNGGOL CENTRAL #10-380
SINGAPORE 820648

NRIC No. S7916338D

Date:

29/06/2012

No: 7163518

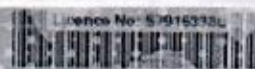
For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	DATE
Class 2B Motorcycles <= 200 CC	01 Jul 1998
Class 2A Motorcycles between 201 CC and 400 CC	16 Nov 1999
Class 2 Motorcycles > 400 CC	02 Jul 2007
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	08 Nov 2002
Class 4 Heavy motor cars and motor tractors > 2500 kg	17 Aug 2004
Class 5 Motor vehicles > 7250 kg not constructed to carry any load	14 Jan 2005

S7916338D

S/No. 9000062163



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="07/08/2019 17:38"/>							
Vehicle No.(For Motor)	<input type="text" value="SLE1898B"/>	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"/>	5101321532-01		CHEOH SZE HAI	S7916338D	GPC	drivo CLASSIC	SLE1898B	SLE1898B	24/06/2019	23/06/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1057099

Policy No.	5101321532-01	Vehicle No.	SLE1898B	GST Registration No.
Certificate No.				
Policyholder Name	CHEOH SZE HAI			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91155582	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	08/08/2019 18:05	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/08/2019	Time of Accident hh:mm	17:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE (CHANGI) EXIT TO UPP CHANGI RD NORTH AT JUNC			

▼ 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	

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 648 #10-380	Address 2	PUNGGOL CENTRAL	Address 3
Address 4	SINGAPORE 820648	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5101321532-01	

▼ OI Driver Info

Driver Name	CHEOH SZE HAI	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7916338D	Driver DOB
Register Date of Driver License	01/07/1998	Driver Age	40	Driving Experience
Contact No.(Mobile)	91155582	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 648 #10-380	Address 2	PUNGGOL CENTRAL	Address 3
Address 4	SINGAPORE 820648	Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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	CHEOH S
Contact No.(Mobile)	91155582	Contact No. (Home)	
Email Address	cheoh_szehai@yahoo.com	Vehicle Number	SLE1898B
Claim Description	SLE1898B / FBJ4401Z ON 7 Aug 2019		
Preferred Workshop	Yes	Insured Liability	Preferred Workshop, Name unknown
Preferred Repair		GIA report	Received

8/8/2019

Claim Handling(accident reporting Claim Task)

Date Registered

Option

08/08/2019 18:07

Claim
Close
Date

Report Taken By

LIEW SHAN HUI

☒ Print AK letter

Save

Submit

Attachment

Accident No.	MT/1057099	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/08/2019 18:09
Path *		Category *	Confidential
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
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Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Message Read		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2019 18:09	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2019 18:09	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2019 18:09	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2019 18:09	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2019 18:08	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2019 18:08	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2019 18:08	Photos	Normal	Photos 2
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08 Aug 2019 18:07

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08 Aug 2019 18:07

Photos

Normal

Photos ;

Video List

Uploaded By/Date

Folder Date

File Name



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