NATIONAL Assessment Centre Services [ver 1 Jan06] MNA419106738

	Job description	Date & Time Completed	Done by
Date In: 15/08/2019 11:35			
Ref No: NBA/INC/190/4785/Y	SAS e-filing		
Veh No: SKR 2857G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/08/2019 17:45	i-Motor Claim Form	WM1057779-001 15/08/2019 17:12	
OD / TP / Reporting Only	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: SMA 1864H 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: 67888616)	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

N0190621S

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) In Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100); INC ($80)			
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claims against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idau DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
DII*			
*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: Idau Mobile	30		
Invoice dated	Fee Charged		[redacted]
Invoice dated	Fee Charged	[redacted]	

P. 1/1

07-MAY-2019 18:39

MNA419106738-01 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 15/08/2019 11:35
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	15/08/2019 11:35
Date Of Accident	14/08/2019 17:45
Exact Location Of Accident	ALONG TANJONG PAGAR ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKR2857G
Insured/Policyholder	
Name Of Registered Owner	MAH CHAO HOCK(MA CHAOFU)
NRIC No	S7232221E
Email Address	MAXONLY63@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87199002
Alternative Phone No	OTHERS-87199002
Vehicle Particulars	
Manufacturer	HONDA
Model	CITY
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	5103645651
Cover Note Number	
Driver	
Name of Driver	MAH CHAO HOCK(MA CHAOFU)
NRIC No	S7232221E
Date Of Birth	11/09/1972
Occupation	OUTDOOR
Date Of Driving Pass	15/01/2001
Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87199002
Fax Number	
Contact Number	OTHERS-87199002
EMail Address	MAXONLY63@GMAIL.COM

Address	BLK 77A REDHILL ROAD #28-16
Postcode	151077
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	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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA1864H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MAUNG YAN NAING HTUN
NRIC/Passport Number	S7778984G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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5. **Any false reporting may be referred to the Police for investigation**.
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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.

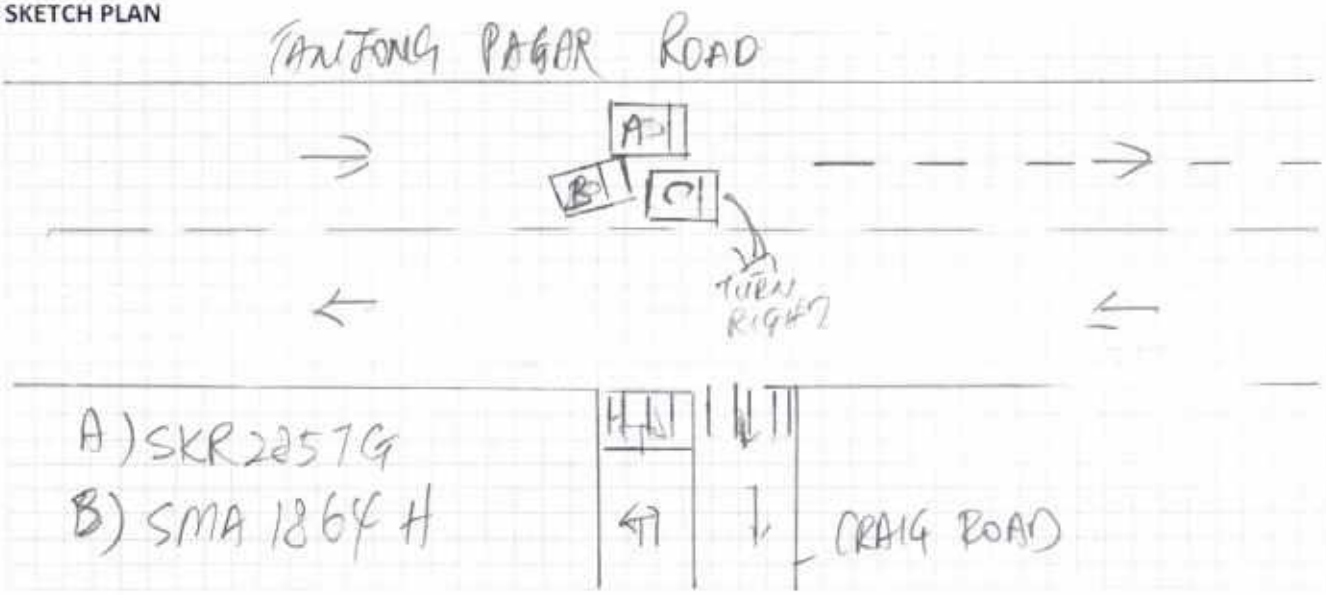
Policyholder's Signature
Date & Time: 15/08/19 9.15AM

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

15/08/2019

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 14/08/2019 AT ABOUT 17:45HRS I WAS TRAVELLING ALONG TG PAGAR ROAD JUST BEFORE CRAIG ROAD I SAW 2 CAR WANTING TO TURN RIGHT SO I KEEP LEFT. AFTER PASSING THE CRAIG ROAD I FELL A IMPACT ON MY REAR RIGHT. & I STOP MY CAR A & SAW CAR B WAS BEHIND CAR C & TRY TO OVER TAKE & HIT MY CAR A.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 15/08/19 09.32 Am	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

15/08/2019

Claim Handling

Accident MT/1057779

Policy No.	5103845651	Vehicle No.	SKR2857G	GST Registration No.	
Certificate No.					
Policyholder Name	MAH CHAO HOCK			Policyholder NRIC	S7232221E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leasing	0
Contact No.(Mobile)	87199002	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	15/08/2019 12:07	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	14/08/2019	Time of Accident hh:mm	17:43	Country of Accident	Singapore
Reporting Centre		Orange Force		IDM No.	
Accident Location	ALONG TANJONG PAGAR ROAD				

Excess

Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

Coverage		Sum Insured	
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	BLK 77A #28-16	Address 2	REDHILL ROAD	Address 3	SINGAPORE 151077
Address 4		Address Type	Singapore address	Post Code	151077
Unit No.	28-16	Related Policy Number	5103845651		

OI Driver Info

Driver Name	MAH CHAO HOCK	Driver Type	Main Driver		
Unlisted Driver Name		Driver NRIC	S7232221E	Driver DOB	11/08/1972
Register Date of Driver License	15/01/2001	Driver Age	46	Driving Experience	18
Contact No.(Mobile)	87199002	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 77A #28-16	Address 2	REDHILL ROAD	Address 3	SINGAPORE 151077
Address 4		Address Type	Singapore address	Post Code	151077
Unit No.	28-16				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SKR2857G	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MR	Insured Name	MAH CHAO HOCK	Insured NRIC	S7232221E
Contact No.(Mobile)	98792142	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	williamsmah8@gmail.com	OI Vehicle Number	SKR2857G	TP Vehicle Number	SMA186AH
Claim Description	SKR2857G / SMA186AH ON 14 Aug 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/08/2019 12:10	Claim Close Date		Date Received	15/08/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AR letter

Save Submit

Attachment

Accident No.	MT/1057779	Claim No.	001
Last Doc Received	Yes No	Upload Date	15/08/2019 12:12

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2019 12:12	Photos	Normal	Photos 2019-8-15	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2019 12:12	Photos	Normal	Photos 2019-8-15	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Aug 2019 12:12	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Aug 2019 12:12	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Aug 2019 12:12	Photos	Normal	Photos 2019-8-15
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Aug 2019 12:11	Photos	Normal	Photos 2019-8-15
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Aug 2019 12:11	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Aug 2019 12:11	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Aug 2019 12:11	Photos	Normal	Photos 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Aug 2019 12:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Aug 2019 12:11	SAS	Normal	SAS 2019-8-15

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 08 / 2019) (DD/MM/YYYY), TIME: (17 : 45) (HH:MM)

LOCATION: ~~Tang~~ Tanjong Pagar Road

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKR 2857G
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Honda City
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Private use
   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: Mah Chag Hock (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S7282221/E CONTACT: 87199002
   c) ADDRESS: 77A Redhill Road #28-16

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (including driver) (__)

3. DRIVER
   a) NAME: A's above (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (11 / 09 / 1972) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 15 Jan 2001

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner
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: SMA1864H MODEL:
   b) DRIVER'S NAME: MAUNG YAN NAING HTUN
   c) NRIC/FIN/PASSPORT: S7778994G CONTACT:

* No of passenger (including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger (including driver) (__)

email = Maxonly63@gmail.com

VIDEO yes

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7232221E

For LKK/NAC Use Only

MAH CHAO HOCK
(MA CHAOFU)

Race
CHINESE

Date of Birth
11-09-1972

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7232221E

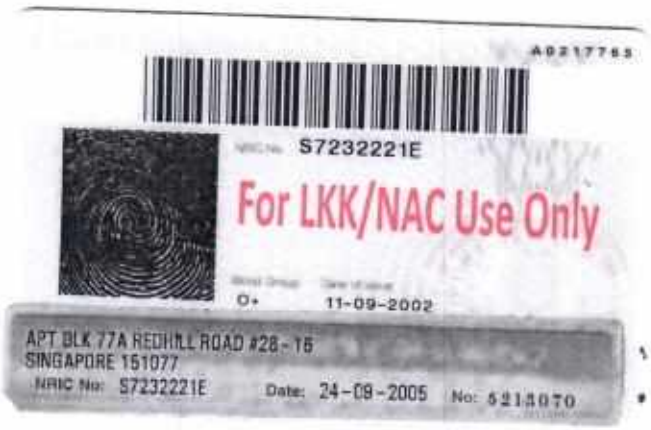
Name
MAH CHAO HOCK (MA CHAOFU)

For LKK/NAC Use Only

Birth Date 11 Sep 1972

Issue Date 18 Dec 2002

000049402F



A0217765

NRIC No. S7232221E

For LKK/NAC Use Only

Blood Group
O+

Date of Issue
11-09-2002

APT BLK 77A REDHILL ROAD #28-15
SINGAPORE 151077
NRIC No: S7232221E Date: 24-09-2005 No: 5214070

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms	15 Jan 2001

For LKK/NAC Use Only

Licence No: S7232221E

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SKR2857G

Date of Accident 14/08/2019 12:12

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
●	5103645651		MAH CHAO HOCK	S7232221E	GPC	drivo CLASSIC	SKR2857G	SKR2857G	13/09/2018	28/01/2020

Continue

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 5665300200 / GST Reg. No.: M400017735

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 : XNAC/19/06738 Vehicle Registration No: SKR 2857A

Name(as shown in NRIC) : MAH CHOO HOCK (MA CHUFU) NRIC/FIN/Passport No : S7[illegible]222F

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 81199002

Email Address : _____

Date of Accident : 14/08/2019 Time of Accident : 17:45

Place of Accident : ALONG THOMSON ROAD TOWARDS ROAD

Insurance Company : MSIG

(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:

(1) TO CONFIRM FROM REPORTING TO THIRD PARTY CLAIMS.

(2) ACCIDENT STATEMENT (REAR RIGHT DAMAGE)

Policyholder / Driver's Signature
Date: 15/08/19 12.35pm

15/08/2019
Reporting Centre Personnel's Signature
Name: [illegible]
NRIC/FIN No.:
Date: