

NATIONAL Assessment Centre Services. [ver 1 Jan'03] : MMA 119107272.

Date In: 1618119 11:05	Job description	Date & Time Completed	Done by
Ref No: MA119014275164	SAS e-filing		
Veh No: SJC 2024J	E-mail (within 3hrs, AIC 2hrs)		
H.O.A: 1618119 08:40	I-Motor Claim Form	MT/11057981 <sup>001</sup>	1618119 14:16
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/Whsn		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SFJ 1911 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: YBS ( ) / 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 11011167090016)

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

Injury: \_\_\_\_\_

Date/Time	Actions

Comments/Particulars	Invoice/Particulars	Amount (\$)	Indic. Bill
MA1906051	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: 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 \$3		
	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 willful 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	16/08/2019 11:05
Date Of Accident	16/08/2019 08:40
Exact Location Of Accident	WATERFRONT LSLE EXIT TO BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC2024J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KANG HWEE THONG
NRIC No	S7235183E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81890764
Alternative Phone No	OFFICE-81890764

### Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108586148
Cover Note Number	-

### Driver

Name of Driver	KANG HWEE THONG
NRIC No	S7235183E
Date Of Birth	23/09/1972
Occupation	OUTDOOR
Date Of Driving Pass	28/12/1995
Driving Experience	23 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81890764
Fax Number	
Contact Number	OFFICE-81890764
Email Address	NOEMAIL

Address	BLK 314B PUNGGOL WAY #09-635
Postcode	822314
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 - MAJOR/MINOR RD
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?	
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: : UNKNOWN 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

I WAS EXITING FROM THE WATERFRONT LSLE TO THE BEDOK RESERVOIR RD, I HAVE CHECK ON THE TRAFFIC WAS CLEAR, WHILE TURNING OUT SLOWLY, SUDDENLY VEH B COME FROM THE MAIN ROAD, AS THE RESULT, MY VEH HIT ONTO VEH B LEFT REAR PORTION.

#### 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	SFJ1911
Vehicle Make/Model/Colour	NOT ACCURATE
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.
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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**.
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:

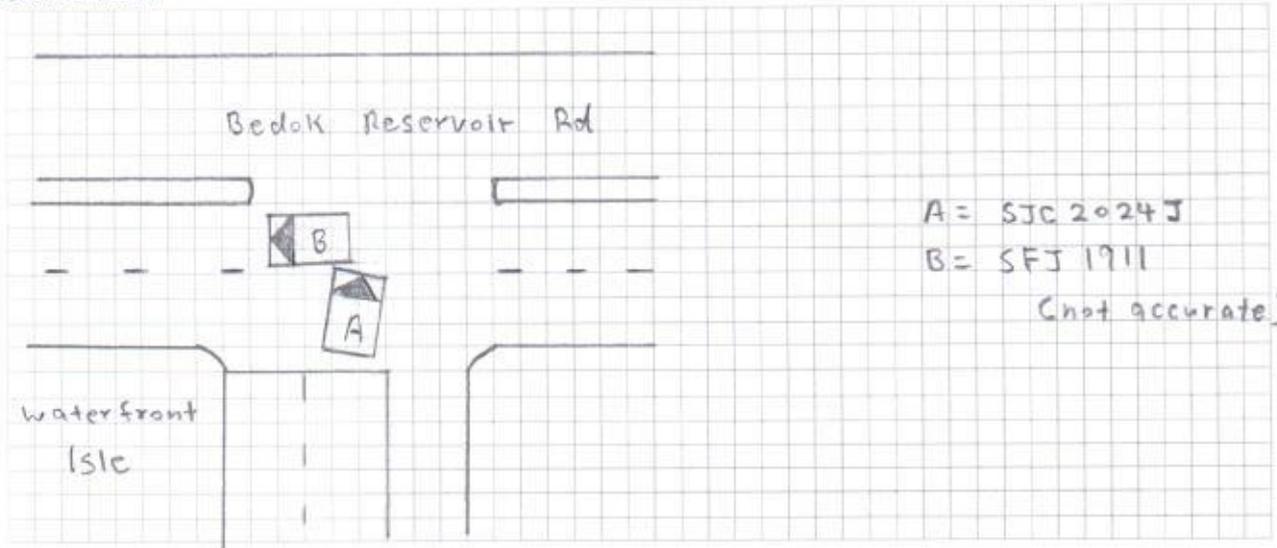
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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. **S7235183E**



Name  
**KANG HWEE THONG**

Race  
**CHINESE**

Date of birth  
**23-09-1972**

Country/Place of birth  
**SINGAPORE**

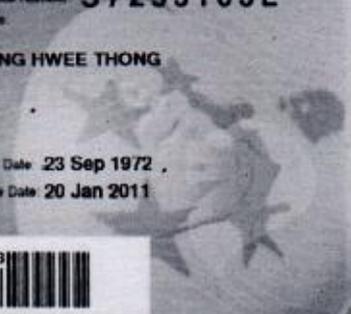
Sex  
**M**




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7235183E**  
 Name  
**KANG HWEE THONG**

Birth Date **23 Sep 1972**  
 Issue Date **20 Jan 2011**

001930209B



For LKK/NAC Use Only

5781786



NRIC No. **S7235183E**



Date of issue  
**10-08-2017**

Address  
**APT BLK 314B PUNGGOL WAY  
 #09-635  
 SINGAPORE 822314**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 Motor Cars= $\leq$  3000kg with  $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg **28 Dec 1995**

NP 420A

Licence No: **S7235183E**



For LKK/NAC Use Only

Land Transport Authority



VOCATIONAL LICENCE

Licence No : S7235183E

Name : KANG HWEE THONG

Issue Date : 7/2/2011

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

For LKK/NAC Use Only

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	07/02/2011

For LKK/NAC Use Only



Hello, NAC\_PAYA\_UBI\_800601

My Desktop

Notice of Loss

Change Language Change Password Log Out

Policy Query

Policy No.

Vehicle No. (For Motor)  Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108586148		KANG HWEE THONG	S7235183E	GPC	drive CLASSIC	S1C2024J	S1C2024J	04/04/2019	03/04/2020

Continue

**Claim Handling**

Accident MT/1057981

Policy No.	S108586148	Vehicle No.	SJC20241	GST Registration No.	
Certificate No.					
Policyholder Name	KANG HWEE THONG			Policyholder NRIC	S7235183E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81890764	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(%)	10	Private Hire	Yes

**Accident Details**

Report Date	16/08/2019 14:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	16/08/2019	Time of Accident hh:mm	08:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WATERFRONT LSLE EXIT TO BEDOK RESERVOIR RD				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

**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 314B #09-635	Address 2	PUNGGOL WAY	Address 3	WATERWAY CASCADIA
Address 4	SINGAPORE 822314	Address Type	Singapore address	Post Code	822314
Unit No.		Related Policy Number	S108586148		

**OI Driver Info**

Driver Name	KANG HWEE THONG	Driver Type	Main Driver	Driver DDB	23/09/1972
Unnamed driver Name		Driver NRIC	S7235183E	Driving Experience	23
Register Date of Driver License	28/12/1995	Driver Age	46	Contact No.(Home)	
Contact No.(Mobile)	81890764	Contact No.(Office)		Address 3	WATERWAY CASCADIA
Address 1	BLK 314B #09-635	Address 2	PUNGGOL WAY	Post Code	822314
Address 4	SINGAPORE 822314	Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	KANG HWEE THONG	Insured NRIC	S7235183E
Contact No.(Mobile)	81890764	Contact No.(Home)	66997385	Contact No.(Office)	
Email Address	hweethong.kang@hotmail.com	OI Vehicle Number	SJC20241	TP Vehicle Number	SF31911
Claim Description	SJC20241 / SF31911 ON 16 Aug 2019				
Preferred Workshop	Insured Liability	Fully at Fault	GIA report	Received	
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown		
Date Registered	16/08/2019 14:14	Claim Close Date		Date Received	16/08/2019 0
Report Taken by	LIEW SHAN HUI				

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/1057981	Claim No.	001
Last Doc. Received	Yes No	Upload Date	16/08/2019 14:16
Path *		Category *	Confidential
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen			
Choose File No file chosen			

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

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Normal

Send M

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2019 14:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-16	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2019 14:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-16	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2019 14:16	SAS	Normal	SAS 2019-8-16	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2019 14:16	Photos	Normal	Photos 2019-8-16	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2019 14:16	Photos	Normal	Photos 2019-8-16	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2019 14:15	Photos	Normal	Photos 2019-8-16	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2019 14:15	Photos	Normal	Photos 2019-8-16	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2019 14:14	Photos	Normal	Photos 2019-8-16	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2019 14:14	Photos	Normal	Photos 2019-8-16	

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading