

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

19/01/2015

Date In: 26/08/2015 11:45	Job description	Date & Time Completed	Done by
Ref No: N88/INC1901/49457	SAS e-filing		
Veh No: SE 713SD	E-mail (w/da 3hrs, AIC 3hrs)		
D.O.A: 23/08/2015 09:45	I-Motor Claim Form		
OD TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: CB 6159R	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 ()	

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

Injury: ()
Date: ()
Time: ()
Location: ()
Weather: ()
Witness: ()
Police: ()
Insurance: ()
Other: ()

Driver/Owner:	Invoice No: N88/INC1901/49457	Invoice Date: 26/08/2015
Contact No:	1) All: Accident Reporting (\$30)	INC (\$10)
Damage Portion:	2) DA: Damage Assessment (\$100)	\$40/\$45
QC Checked by (Engr-In-Charge):	3) TP: Towing Fee	\$120
	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (ver 10 Jan 2005)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idea DA + SMRT Survey	
	8) NTUC Additional Services:	
	• NI: Courtesy Car / Tpt Allowance	\$35
	• N6: Repair Coordination	\$10
	• N7: Post Repair Inspection	\$25
	• N8: DV / Collect Excess Coordination	\$35
	• TP (NI): TP (Non INC) against INC	\$20
	• NI: Idea Mobile	\$30
	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	26/08/2019 11:49
Date Of Accident	23/08/2019 09:45
Exact Location Of Accident	ALONG PASIR PANJANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE7135D
Insured/Policyholder	
Name Of Registered Owner	KAN GAR WAI
NRIC No	S1758094I
Email Address	RYAN_KOH@LIVE.COM
Mobile Phone No	(LOCAL) +65-96909113
Alternative Phone No	OTHERS-91386048

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095551906-01
Cover Note Number	

Driver

Name of Driver	KOH HAO YANG, RYAN
NRIC No	S9534805Z
Date Of Birth	28/09/1995
Occupation	OUTDOOR
Date Of Driving Pass	19/12/2015
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96909113
Fax Number	
Contact Number	OTHERS-91386048
Email Address	RYAN_KOH@LIVE.COM

Address	BLK 114 DEPOT ROAD #22-1037
Postcode	100114
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	2
Passenger 1	NAME: : PASSENGER 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 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	CB6159R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	ANDREW LEE WEE SIANG
NRIC/Passport Number	
Contact Number	96193765
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 23 August 2014
17:36

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

SKETCH PLAN

Along Pasir Panjang Road

A) SJE 7135D

B) CB 6159R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A bus, bearing registration number CB6159R was illegally making a u-turn at Pasir Panjang Road. U-turn lane was wide enough for only one motorcar and he still proceeded to make the u-turn from the next lane, wherein turning was not allowed sign, and there is a sign near this u-turn that states vehicles exceeding 250kg in unladen weight ~~are~~ are not allowed to make a u-turn at this location. Bus still insisted on barging into my path as we both approached the u-turn, ~~and~~ following which I proceeded to stop my vehicle to avoid an accident. The bus continued to move on his intended path without taking note of his surroundings and scratched my vehicle on the left side of front bumper and left front quarter panel.

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: 23 Aug 2019

Reporting Centre/Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MT/1059348

Policy No.	SD9551906-01	Vehicle No.	SJEF133D	GST Registration No.	
Certificate No.					
Policyholder Name	KAN GAR WAJ			Policyholder NRIC	S17580941
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96909113	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(%)	20	Private Hire	No

Accident Details

Report Date	26/08/2019 12:08	Accident Report Within 24 hrs	Yes	Accident Type	Glass Swipe
Date of Accident	23/08/2019	Time of Accident (hh:mm)	09:45	Country of Accident	Singapore
Reporting Centre		Orange force		ICM No.	
Accident Location	ALONG PASIR PANJANG ROAD				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	3,000.00		
Third Party Excess	5,500.00	Outside Singapore TP Excess	5,500.00		

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 114 #22-1037	Address 2	DEPOT ROAD	Address 3	CEPOT HEIGHTS
Address 4	SINGAPORE 100114	Address Type	Singapore address	Post Code	100114
Unit No.	22-1037	Related Policy Number	SD9551906-01		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KOH HAO YAN, RYAN	Driver NRIC	S9534805Z	Driver DOB	28/09/1995
Register Date of Driver License	19/12/2015	Driver Age	23	Driving Experience	3
Contact No.(Mobile)	91388048	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 114 #22-1037	Address 2	DEPOT ROAD	Address 3	CEPOT HEIGHTS
Address 4	SINGAPORE 100114	Address Type	Foreign address	Post Code	100114
Unit No.	22-1037				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SJEF133D	Driver Insurer Company	NTUC

Declaration					
Brake/Driver or Blood Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001 [New](#)

Claim Type *	DD-MK	Insured Name	KAN GAR WAJ	Insured NRIC	S17580941
Contact No.(Mobile)	96909113	Contact No. (Home)	82744726	Contact No. (Office)	
Email Address	garwa@hotmail.com	OT Vehicle Number	SJEF133D	TP Vehicle Number	C84133R
Claim Description	SJEF133D / CRASH ON 23 Aug 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Damage No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	26/08/2019 12:14
Date Registered				Date Received	26/08/2019 00:00
Report Taken By	ROSIT WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1059348	Claim No.	001
Last Doc. Received	Yes No	Upload Date	26/08/2019 12:14
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
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			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_870676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2019 12:14	Photos	Normal	Photos 2019-8-26	
	NAC_BUKIT_MERAH_870676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2019 12:14	Photos	Normal	Photos 2019-8-26	
	NAC_BUKIT_MERAH_870676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2019 12:14	Photos	Normal	Photos 2019-8-26	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2019 12:14	Photos	Normal	Photos 2019-8-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2019 12:14	Photos	Normal	Photos 2019-8-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2019 12:14	Photos	Normal	Photos 2019-8-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2019 12:14	Photos	Normal	Photos 2019-8-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2019 12:14	Photos	Normal	Photos 2019-8-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2019 12:14	Photos	Normal	Photos 2019-8-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2019 12:14	NRIC/ Driving License	Y	NRIC/ Driving License 2019-8-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2019 12:14	SAS	Normal	SAS 2019-8-26

Video List

Uploaded By/Date	Folder Date	File Name	?	Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>					

ACCIDENT STATEMENT

ACCIDENT DATE: (23/08/14) (DD/MM/YYYY), TIME: (09:45) (HH:MM)

LOCATION: Pasir Panjang Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJE 7135 D
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 50055519 06-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: SUZUKI SWIFT
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: work
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) ☒ YES
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Ryan Kah (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S17580942 CONTACT: 9138 6488
 c) ADDRESS: 114 Dorset Road #22-1037
 S100114

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ryan Kah (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S17580942 CONTACT: 9138 6488
 c) ADDRESS: 114 Dorset Road #22-1037
 S100114

* d) DATE OF BIRTH: (28/09/95) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14/12/15

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

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: CB 6154 R MODEL: PLS
 b) DRIVER'S NAME: Andrew Lee Wee Sang
 c) NRIC/FIN/PASSPORT: CONTACT: 9614 3765

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

email = ryan_kah@live.com

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9534805Z



For LKK/NAC Use Only

KOH HAO YANG, RYAN

许浩扬

Race

CHINESE

Date of birth

28-09-1995 M

Country of birth

SINGAPORE

Sex

M

NP 421A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S9534805Z

Name

KOH HAO YANG, RYAN

For LKK/NAC Use Only

Birth Date: 28 Sep 1995

Issue Date: 19 Dec 2015



002505079A

SG
50



4849143

NRIC No. S9534805Z



For LKK/NAC Use Only

Date of issue

04-11-2010

Address

APT BLK 114 DEPOT ROAD
#22-1037
SINGAPORE 100114

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES:

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 19 Dec 2015

For LKK/NAC Use Only



Licence No. S9534805Z

NP 421A

Hello, NAC_BUKIT_MERAH_800676

[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="23/08/2019 17:27"/>
Vehicle No.(For Motor)	<input type="text" value="SJE7135D"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5095551906-01		KAN GAR WAI	S17580941	GPC	drive CLASSIC	SJE7135D	SJE7135D	06/11/2018	05/11/2019