

NATIONAL Assessment Centre Services

Date In: 28/08/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19015147/13	SAS e-filing		
Veh No: 5244718J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/08/19 1130	i-Motor Claim Form	MT/1059926-001	
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: 5274361J	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: 6788 6616)	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

NA1906518	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
Contact No:	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac 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	28/08/2019 12:55
Date Of Accident	28/08/2019 11:30
Exact Location Of Accident	TOA PAYOH AVE 1 SLIP RD TWDS PIE(CHANGI AIRPORT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU4718J
Insured/Policyholder	
Name Of Registered Owner	PHOON KAR KHIONG
NRIC No	S1398639H
Email Address	KENNSTON@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97386723
Alternative Phone No	OTHERS-97386723
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA
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	5096629341-01
Cover Note Number	
Driver	
Name of Driver	PHOON KAR KHIONG
NRIC No	S1398639H
Date Of Birth	27/01/1959
Occupation	INDOOR
Date Of Driving Pass	21/01/1983
Driving Experience	36 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97386723
Fax Number	
Contact Number	OTHERS-97386723
EMail Address	KENNSTON@GMAIL.COM

Address	50 PARK VILLAS TERRACE
Postcode	545275
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 - HEAD TO REAR
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?	YES
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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FRONT ONLY
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT4361J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEAMUS WAN PAK BAN(YIN BAIWAN)
NRIC/Passport Number	S7805670C
Contact Number	91706997
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	PHOON KAR KHIONG
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SLU4718J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:

28/8/19 1230 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

28/8/19 1230 HRS

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A - SLN4712J
B - SLT436LJ

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time, I was driving my vehicle from slip road toward PIE ^(Changi), I stop my car to check for on-coming vehicle to be cleared. Suddenly vehicle B hit on rear portion.

Now my back is having some pain and discomfort.

hale

DECLARATION

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

hale
Policyholder's Signature
Date & Time: 28/8/19 1230HRS

hale
Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/8/19 1230HRS

hale 28/08/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date of Accident : 28/8/19 Accident Time: 11.30 (24-HR-Format)
Accident Place : Slip Road towards PIE
Vehicle No. (Car Plate No.) : SLU4718J Make/Model: _____
Insurance Company : NTUC Policy No: 5096629341
Owner or Company Name /IC No. : Phoon Kar Khing / S1398659H
Owner or Company Contact No. : _____ Owner's Hp 97386723 Company Tel _____
DRIVER'S Name / IC No. : as above
DRIVER'S Date Of Birth : 27/1/1959 DRIVER'S License Pass Date 21/1/1983
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : 50 Park Villas Terrace S545275
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): yes

Other Party Driver's Particular (if any)

Vehicle No: <u>SLT4361J (Toto)</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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="28/08/2019 11:30"/>
Vehicle No.(For Motor)	<input type="text" value="SLU4718J"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096629341-01		PHOON KAR KHIONG	S1398639H	GPC	drive PREMIUM	SLU4718J	SLU4718J	04/12/2018	03/12/2019

Continue

Claim Handling

Accident MT/1059926

Policy No.	5096629341-01	Vehicle No.	SLU4718J	GST Registration No.
Certificate No.				
Policyholder Name	PHOON KAR KHIONG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	97386723	Contact No.(Office)	0	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	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	28/08/2019 18:05	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/08/2019	Time of Accident hh:mm	11:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TOA PAYOH AVE 1 SLIP RD TWDS PIE(CHANGI AIRPORT)			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	50 PARK VILLAS TERRACE	Address 2	SINGAPORE 545275	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5096629341-01	

▼ OI Driver Info

Driver Name	PHOON KAR KHIONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1398639H	Driver DOB
Register Date of Driver License	01/01/1983	Driver Age	60	Driving Experience
Contact No.(Mobile)	97386723	Contact No.(Office)	0	Contact No.(Home)
Address 1	50 PARK VILLAS TERRACE	Address 2	SINGAPORE 545275	Address 3
Address 4		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 Com.

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

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	PHOON
Contact No.(Mobile)	97386723	Contact No. (Home)	638317
Email Address	kemston@gmail.com	OI Vehicle Number	SLU471
Claim Description	SLU4718J / SLT4361J ON 28 Aug 2019		
Preferred Workshop		Insured Liability	Not at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	28/08/2019 18:09
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	ROSLINDA

Save Submit

Attachment

Accident No.	MT1059926	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/08/2019 00:00

[illegible][illegible]

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2019 18:09	NRIC/ Driving License	Y	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2019 18:09	SAS		Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2019 18:09	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2019 18:09	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2019 18:08	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2019 18:08	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2019 18:08	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2019 18:08	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2019 18:08	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2019 18:08	Photos		Normal	Photos

▼ Video List

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

Scan and uploading