

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MBH119 NV693**

Date In: 16/1/19-15:55	Job description	Date & Time Completed	Done by
Ref No: 46/14C19.16532/24	SAS e-filing		
Veh No: SKC5362B	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 13/1/19-12:55	i-Motor Claim Form	M11062641-001	16/1/19 17:06
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: 5014762	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 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

NA1426952	Invoice Preparation Checklist		Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);			
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			
	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:-	TP (N11) : TP (Non INC) against INC			
	9) N12: Idac 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	16/09/2019 15:53
Date Of Accident	13/09/2019 12:55
Exact Location Of Accident	BRADDELL RD TWDS LOR 6 TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC5362B
Insured/Policyholder	
Name Of Registered Owner	KOH HOCK CHUAN
NRIC No	S1309062I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98639996
Alternative Phone No	OFFICE-98639996

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1623Q5
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111938398
Cover Note Number	

Driver

Name of Driver	TAN MIN SHENG, VINCENT
NRIC No	S8541859I
Date Of Birth	19/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	28/11/2013
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98639996
Fax Number	
Contact Number	OFFICE-98639996
Email Address	NOEMAIL

Address	BLK 659B PUNGGOL EAST #07-759
Postcode	822659
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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?	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: : - GENDER: : FEMALE

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

REFER TO STATEMENT.

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	SJU1976Z
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)

3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

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:

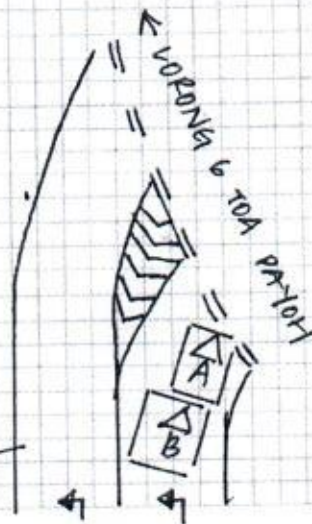

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: SKL5362B

Vehicle B: SJU1976Z

Bradden Rd ←



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date & time, I, vehicle A, was
 travelling along the stated vehicle. As there were
 on-coming vehicles, I stopped. About a minute
 later, vehicle B, SJU1976Z, hit onto my stationary
 vehicle's rear portion.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 09 / 2019 (DD/MM/YYYY), TIME: 12:55 (HH:MM)

LOCATION: Braddell Road towards Lor 6 Toa Payoh.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKC5362B
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5111938398
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Volkswagen
 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)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Koh Hock Chuan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S13090621 CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Min Sheng Vincent (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S85418591 CONTACT: 9863 9996
 c) ADDRESS: 659B Punggol East #07-759 S(822659)

No of passenger
 (including driver)
(02)
 female passenger

- d) DATE OF BIRTH: 19 / 12 / 1985 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: _____
 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: son-in-law
 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: SJU1976Z MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____
 THIRD PARTY VEHICLE
 d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____ CONTACT: _____
 f) NRIC/FIN/PASSPORT: _____

No of passenger
 (including driver)
(03) female

No of passenger
 (including driver)
()

email =

fax =

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111938398		KOH HOCK CHUAN	S1309062I	GPC	drivo CLASSIC	SKC5362B	SKC5362B	24/08/2019	23/08/2020

Policy Information

Policy No.	5111938398	Policyholder Name	KOH HOCK CHUAN	Policyholder NRIC	S13090621
Certificate No.					
Address	BLK 196B #15-499 PUNGGOL FIELD SINGAPORE 822196				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	23/08/2019	Effective Date	24/08/2019 00:00	Expiry Date	23/08/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 196B #15-499	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE 822196
Address 4		Address Type	Singapore address	Post Code	822196
Unit No.		Related Policy Number	5111938398		

Insured Object: SKC5362B

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div style="text-align: right;"> <input type="button" value="Continue"/> <input type="button" value="Cancel"/> </div>				

Claim Handling

Accident MT/1062641

Policy No.	511938398	Vehicle No.	SKCS362B	GST Registration No.	
Certificate No.					
Policyholder Name	KOH HOCK CHUAN	Cover Type	drive CLASSIC	Policyholder NRIC	S1309062I
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	98639996	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value=""/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	16/09/2019 17:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/09/2019	Time of Accident hh:mm	12:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BRADDELL RD TWDS LOR 6 TOA PAYOH				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
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 196B #15-499	Address 2	PUNGOL FIELD	Address 3	SINGAPORE 822196
Address 4		Address Type	Singapore address	Post Code	822196
Unit No.		Related Policy Number	511938398		

OI Driver Info

Driver Name	TAN MIN SHENG, VINCENT	Driver Type	Named Driver	Driver DOB	19/12/1985
Unnamed Driver Name		Driver NRIC	S8541859I	Driving Experience	5
Register Date of Driver License	28/11/2013	Driver Age	33	Contact No. (Home)	0
Contact No. (Mobile)	98639996	Contact No. (Office)	0	Address 3	WATERWAY SUNRAY
Address 1	BLK 659B	Address 2	PUNGOL EAST	Post Code	822659
Address 4	SINGAPORE 822659	Address Type	Singapore address		
Unit No.	07-759				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001

Next

Claim Type *	OD-MX	Insured Name	KOH HOCK CHUAN	Insured NRIC	S1309062I
Contact No. (Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OI Vehicle Number	SKCS362B	TP Vehicle Number	SJU1976Z
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKCS362B / SJU1976Z ON 13 Sept 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/09/2019 17:06	Claim Close Date		Date Received	16/09/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment



Accident No.	MT/1062641	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/09/2019 17:07		
Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	

☐ Send Message

Message ID: 1

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Sep 2019 17:07	NRIC/ Driving License	Y	NRIC/ Driving License 2019-9-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Sep 2019 17:07	NRIC/ Driving License	Y	NRIC/ Driving License 2019-9-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Sep 2019 17:07	SAS	Normal	SAS 2019-9-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Sep 2019 17:06	Photos	Normal	Photos 2019-9-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Sep 2019 17:06	Photos	Normal	Photos 2019-9-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Sep 2019 17:06	Photos	Normal	Photos 2019-9-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Sep 2019 17:06	Photos	Normal	Photos 2019-9-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Sep 2019 17:06	Photos	Normal	Photos 2019-9-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Sep 2019 17:06	Photos	Normal	Photos 2019-9-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Sep 2019 17:06	Photos	Normal	Photos 2019-9-16	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
------------------	-------------	-----------	--------	--------

Display in New Window

Scan and uploading