NATIONAL Assessment Centre Services. (wef 1 Jan'08) . MSNEA/09/22945

Date In: 16/09/2019 20:21	Job description	Date & Time Completed	Done by
Ref No: MBB/MUC/90/6345/Y	SAS e-filing		
Veh No: SJN 9146L	E-mail (Whole 8hrs, AIC 2hrs)		
D.O.A 26/08/2019 06:55	I-Motor Claim Form	MT/1060744/001	16/09/2019 20:34
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: SLM 5695J 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: ( )

	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

X/A/907066

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments

Cat. 1:

Invoice/Item Check List

			Initial
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($10)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005)	$30		
6) TR : Re-inspection	$75		
7) N1 : Idea 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	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idea Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

MNA419122945 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 16/09/2019 20:21
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 16/09/2019 20:32

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 witholding 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 20:21
Date Of Accident	26/08/2019 06:55
Exact Location Of Accident	SLIP ROAD FROM TPE TOWARDS PUNGGOL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN9146L
Insured/Policyholder	
Name Of Registered Owner	LOH BEN-NI
NRIC No	S7929459D
Email Address	LONGLEE.NICKY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96669932
Alternative Phone No	OTHERS-90894986
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE
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	REPORTING ONLY
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	5107776880
Cover Note Number	
Driver	
Name of Driver	LY PHI LONG
NRIC No	S8859671D
Date Of Birth	14/11/1988
Occupation	INDOOR
Date Of Driving Pass	18/04/2016
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96669932
Fax Number	
Contact Number	OTHERS-90894986
EMail Address	LONGLEE.NICKY@GMAIL.COM

Address	175 BENCOOLEN STREET #17-07
Postcode	189649
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - STAFF
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	RAINING
Road Surface	WET

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU5695J
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)	

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.

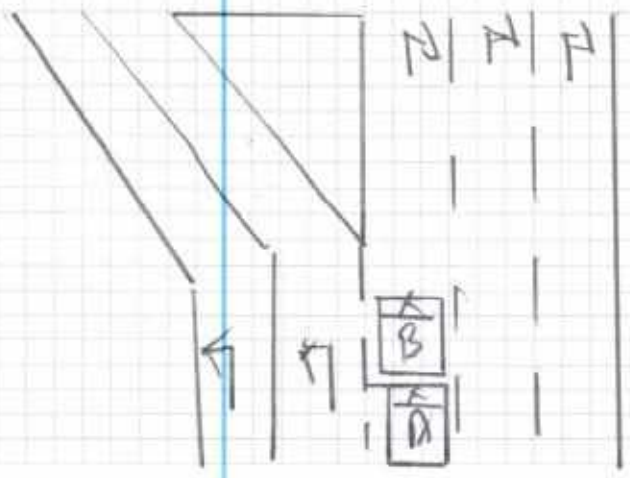
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 16/09/2019	Reporting Centre Personnel's Signature 16/09/2019 Name: NRIC/FIN No.:

SKETCH PLAN SLIP ROAD FROM TPE TOWARDS PUNGGOL ROAD



A) SJN 9146L
B) SLH 5695J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 26 August 2019, I'm heading to Punggol area is about 7pm the sky abit dark and rained. When the traffic light turn red, I'm slowed down my veluicle the traffic quite bad and with the bad weather as well made my view is not so clear. Therefore ~~my car~~ I did not stop the car early before the infront car. But my car already very slowed. The hit is not really serious and hard. The other peson car also don't have any damage. We both driver came down I checked all her car and she also look over the car. Nothing is happen. Therefore the other diliver did not take my contact number and I though so. I also fast took some picture of all the other car behind of angel. The picture is show that nothing happen too. I don't know why she want to claim me. After my oversea trip then I got the letter. Any furthen please email to me Longlee.nicky@gmail.com

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.:
		16/09/2019

16 Sept 2019

To whom it may concern:
Reporting officer.

Dear Sir/ Mdm,

Letter of Authorisation

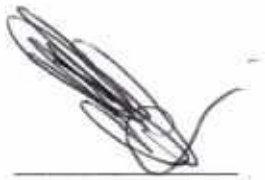
My name is Loh Ben – Ni, NRIC S7929459D.

I am writing in this letter to authorize Ly Phi Long, NRIC S8859671D to make report on my behalf as he is the driver of vehicle SJN9146L on the day of accident.

Please do not hesitate to contact me at 9666 9932 if you need further clarification.

Thank you.

Regards,



Loh Ben - Ni

Claim Handling

Accident MT/1060344

Policy No.	S107776880	Vehicle No.	SJN9146L	GST Registration No.	
Certificate No.					
Policyholder Name	LOH BEN-NI			Policyholder NRIC	S7929459D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPE	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	30/08/2019 16:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/08/2019	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		IDN No.	
Accident Location	ALONG TPE EXIT TO PUNGGOL / SENGKANG				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	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	BLK 519 #03-302	Address 2	SERANGOON NORTH AVENUE 4	Address 3	SINGAPORE 550519
Address 4		Address Type	Singapore address	Post Code	550519
Unit No.		Related Policy Number	S107776880		

OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *			OD-MR	Insured Name	LOH BEN-NI
Contact No.(Mobile)			84552330	Contact No. (Home)	NIL
Email Address				OI Vehicle Number	SJN9146L
Claim Description			SJN9146L / SLU5695J ON 26 Aug 2019		
Preferred Workshop		Insured Liability	Fully at Fault		
Fastlane No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered			16/09/2019 20:19	Claim Close Date	
Report Taken By			ROSLI WAHAB		

Insured NRIC: S7929459D
Contact No. (Office):
TP Vehicle Number: SLU5695J
Name of Preferred Workshop:
Date Received: 16/09/2019 00:00

Print as letter

Save Submit

Attachment

Accident No.	MT/1060244	Claim No.	002
Last Doc. Received	Yes No	Upload Date	16/09/2019 20:34

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 16 Sep 2019 20:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-16	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Sep 2019 20:34	SAS		Normal	SAS 2019-9-16	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Sep 2019 20:34	Photos		Normal	Photos 2019-9-16	

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Sep 2019 20:20	Photos	Normal	Photos 2019-9-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Sep 2019 20:20	Photos	Normal	Photos 2019-9-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Sep 2019 20:20	Photos	Normal	Photos 2019-9-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Sep 2019 20:20	Photos	Normal	Photos 2019-9-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Sep 2019 20:20	Photos	Normal	Photos 2019-9-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Sep 2019 20:20	Photos	Normal	Photos 2019-9-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Sep 2019 20:19	Photos	Normal	Photos 2019-9-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Sep 2019 20:19	Photos	Normal	Photos 2019-9-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Sep 2019 20:19	Photos	Normal	Photos 2019-9-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Sep 2019 20:19	Photos	Normal	Photos 2019-9-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Sep 2019 20:19	Photos	Normal	Photos 2019-9-16
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Sep 2019 20:18	Photos	Normal	Photos 2019-9-16

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 08 / 2014) (DD/MM/YYYY), TIME: (06 : 58) (HH:MM)

LOCATION: Punggol

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJN 9146L
   b) INSURANCE COMPANY: Income
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: 151A Honda Fit
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME:
   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: LOH BEN - NI (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S7929459D CONTACT: 96669932
   c) ADDRESS: APT NL 519 SERANGOON NORTH AVENUE 4 #02-302, Singapore. 550519.

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) (1)

DRIVER
   a) NAME: LY PHI LONG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8859671D CONTACT: 9089 4986
   c) ADDRESS: 28 Pega Road #02-03, Singapore 328373
   d) DATE OF BIRTH: (14 / 11 / 1988) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 18 Apr 2016
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: staff
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

* No of passenger (including driver) (__)

   a) VEHICLE NUMBER: SLU5695I MODEL: Honda CRV
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:
9. THIRD PARTY VEHICLE

* No of passenger (including driver) (__)

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

email = Longlee.nicky@gmail.com

VIDEO

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) SJN9146L

Date of Accident 26/08/2019 15:25

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5107776880		LOH BEN-NI	S7929459D	GPC	drivo CLASSIC	SJN9146L	SJN9146L	08/03/2019	07/03/2020

Continue