

# NATIONAL Assessment Centre Services.

(last 1 Jan 00)

19/09/2019

Date In: 19/09/2019	Job description	Date & Time Completed	Done by
Ref No: 1909/2019/0557/1	SAS e-filing		
Veh No: SKU 7699D	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 19/09/2019	I-Motor Claim Form	19/09/2019	16:08
OID: 19/09/2019	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer: (TP) Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Vch No: SKU 9699D	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: (\$ )	Landing: \$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: ( )

Repairer's Instructions:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: ( )

Actions: ( )

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (NI) / TP (Non INC) against INC \$20	
	9) NI: 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 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	19/09/2019 09:44
Date Of Accident	19/09/2019 07:15
Exact Location Of Accident	SLIP RD JURONG WEST ST 64 TO JURONG WEST AVE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN7699J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOO CHAI LI
NRIC No	S8015841F
Email Address	KENKWEK13@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93862056
Alternative Phone No	OTHERS-98529213
<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	216D ACTIVE TOURER D/AB LED
Exact Purpose for which vehicle was being used at time of accident	SEND DAUGHTER TO SCHOOL
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	5105785872
Cover Note Number	

### Driver

Name of Driver	KWEK KEN KHUAN (GUO JINGQUAN)
NRIC No	S7839349A
Date Of Birth	29/12/1978
Occupation	INDOOR
Date Of Driving Pass	08/06/1999
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98529213
Fax Number	
Contact Number	OTHERS-93862056
Email Address	KENKWEK13@HOTMAIL.COM

Address	BLK 667D JURONG WEST STREET 65 #07-127
Postcode	644667
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER 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

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU9649D
Vehicle Make/Model/Colour	TOYOTA ESTIMA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHANG JIAN DONG
NRIC/Passport Number	S7660358H
Contact Number	98507358
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## 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:

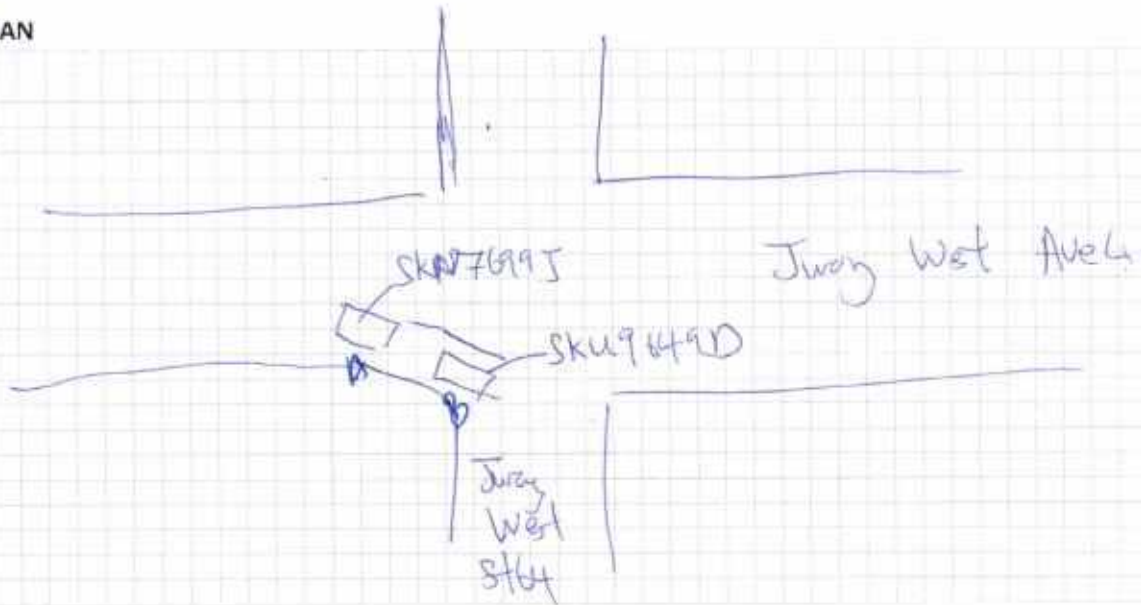
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 9-35am. 19/9/19

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Turning to slip Road of JW Ave 4, SKU9649D bang my car SKN7699J.

## 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.:

## Claim Handling

## Accident MT/1063164

Policy No.	5105785872	Vehicle No.	SKN76993	GST Registration No.	
Certificate No.					
Policyholder Name	KDO CHAI LI			Policyholder NRIC	58015841F
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive PREMIUM	Leading	0
Contact No.(Mobile)	93862096	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
ATV	Yes	TCA	Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
<b>Accident Details</b>					
Report Date	19/09/2019 18:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	19/09/2019	Time of Accident hh:mm	07:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SILVER RD JURONG WEST ST 64 TO JURONG WEST AVE 4				
<b>Excess</b>					
Own Damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLA 667D #07-127	Address 2	JURONG WEST STREET 65	Address 3	SINGAPORE 646667
Address 4		Address Type	Singapore address	Post Code	644563
Unit No.		Related Policy Number	5105785872		
<b>OT Driver Info</b>					
Driver Name	KWER KEN KHUAN	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S7939349A	Driver DOB	29/10/1979
Register Date of Driver License	09/06/1999	Driver Age	40	Driving Experience	20
Contact No.(Mobile)	98529213	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.	SKN76993	Driver Insurer Company	NTUC
<b>Declaration</b>					
Symptomiser or Blood Test Reading?	0 mg	Any injury?	Yes = No		

## Modification History

Claim 001 **NEW**

Claim Type *	OD-MX	Insured Name	KDO CHAI LI	Insured NRIC	58015841F
Contact No.(Mobile)	93862096	Contact No. (Office)	Nil	Contact No. (Home)	
Email Address	gpc_cali@yahoo.com.sg	OT Vehicle Number	SKN76993	TP Vehicle Number	SKU06490
Claim Description	SKN76993 / SKU06490 ON 19 Sept 2019			Name of Preferred Workshop	
Preferred Workshop	Insured Liability	Not at Fault			
Return to Finalisation	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered			19/09/2019 18:07	Claim Close Date	19/09/2019 02:01
Report Taken By	ROSLI WANAB				

Print All letter

Save Submit

## Attachment

Accident No.	MT/1063164	Claim No.	001
Last Doc. Received	Yes / No	Upload Date	19/09/2019 18:08
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Reg Sanit (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 19 Sep 2019 16:08	Photos	Normal	Photos 2019-9-19	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 19 Sep 2019 16:08	Photos	Normal	Photos 2019-9-19	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 19 Sep 2019 16:08	Photos	Normal	Photos 2019-9-19	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 16:08	Photos	Normal	Photos 2019-9-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 16:08	Photos	Normal	Photos 2019-9-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 16:08	Photos	Normal	Photos 2019-9-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 16:08	Photos	Normal	Photos 2019-9-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 16:08	Photos	Normal	Photos 2019-9-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 16:07	Photos	Normal	Photos 2019-9-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 16:07	Photos	Normal	Photos 2019-9-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 16:07	Photos	Normal	Photos 2019-9-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 16:07	Photos	Normal	Photos 2019-9-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 16:07	NRIC/ Driving License	Y	NRIC/ Driving License 2019-9-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Sep 2019 16:07	SAS	Normal	SAS 2019-9-19
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: (19/9/2011) (DD/MM/YYYY), TIME: (07:16) (HH:MM)

LOCATION: Jurong West St 64 turning slip Road to Jurong West Ave 4

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKN7699J  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5105785872  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: BMW 216D  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: send daughter to school  
 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: KOO CHAI LI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8015841F CONTACT: 93862056  
 c) ADDRESS: 667D Jurong West St 65 #07-217  
 S 414667

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: KWEE KEN KHUAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S789349A CONTACT: 98529213  
 c) ADDRESS: 667D Jurong West St 65 #07-127

\* d) DATE OF BIRTH: (29/12/1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 8 June 1999

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Husband

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: SKU 9649D MODEL: Estim  
 b) DRIVER'S NAME: Zhang JIAN DONG  
 c) NRIC/FIN/PASSPORT: S7663358H CONTACT: 98507358

## 9. THIRD PARTY VEHICLE

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

email = Ken kwek 13@hotmail.com

VIDEO

WIFE  
daughter

No of passengers  
(including driver)  
(3)

No of passengers  
(including driver)  
( )

No of passengers  
(including driver)  
( )

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="18/09/2019 09:32"/>
Vehicle No. (For Motor)	<input type="text" value="SKN7699J"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105785872		KOO CHAI LI	S8015841F	GPC	drive PREMIUM	SKN7699J	SKN7699J	23/11/2018	24/01/2020