NATIONAL Assessment Centre Services

MMA 119131837.

	Job description	Date & Time Completed	Done by
Date In: 5/10/19 09:52	SAS e-filing		
Ref No: MAI IMC190 17549/64	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SKF 936 M	I-Motor Claim Form	MT/1065541- 001	5/10/19 16:15.
DTOA: 4/10/19 20:30.	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (   )   Tel: Fax:)

TP Particulars:	Veh No: SLF 3781 K.	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: 67896616)	Date	Time	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	Action:

MA1907438

Claimant's Particulars :

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comment :

Tal. 1:

Invoice Preparation Checklist	Amt ($)	RG Amt ($)
	Full bill	Addl bill
1) AR : Accident Reporting ($30);	30.00	
2) DA : Damage Assessment ($100); INC ($80) $40/$45		
3) TF : Towing Fee		
4) FT : Follow-Through Survey $120		
5) FT : Follow-Through Survey (Resurvey) $30		
For claiming against INC Only (w.e.f 10 Jan 2005)		
6) TR : Re-Inspection $75		
7) N1 : Idae 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 $3		
TP (N11) : TP (Non INC) against INC $20		
9) N12: Idae 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 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	05/10/2019 09:52
Date Of Accident	04/10/2019 20:30
Exact Location Of Accident	TEMASEK AVE SLIP RD INTO RAFFLES BLVD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKF936M
Insured/Policyholder	
Name Of Registered Owner	KOH WEIQIANG, JERELD
NRIC No	S9225446A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96665740
Alternative Phone No	OFFICE-96665740
Vehicle Particulars	
Manufacturer	BMW
Model	520I
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	5095901406-01
Cover Note Number	
Driver	
Name of Driver	KOH WEIQIANG, JERELD
NRIC No	S9225446A
Date Of Birth	24/07/1992
Occupation	INDOOR
Date Of Driving Pass	11/03/2011
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96665740
Fax Number	
Contact Number	OFFICE-96665740
EMail Address	NOEMAIL

Address	30 LIMAU GROVE
Postcode	467832
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?	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)	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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF3781K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KEN MIZUSAWA
NRIC/Passport Number	S7482574E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: : UNKNOWN
GENDER: : FEMALE

SKETCH PLAN

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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	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
05/10/19	Date & Time:	NRIC/FIN No.:

SKETCH PLAN
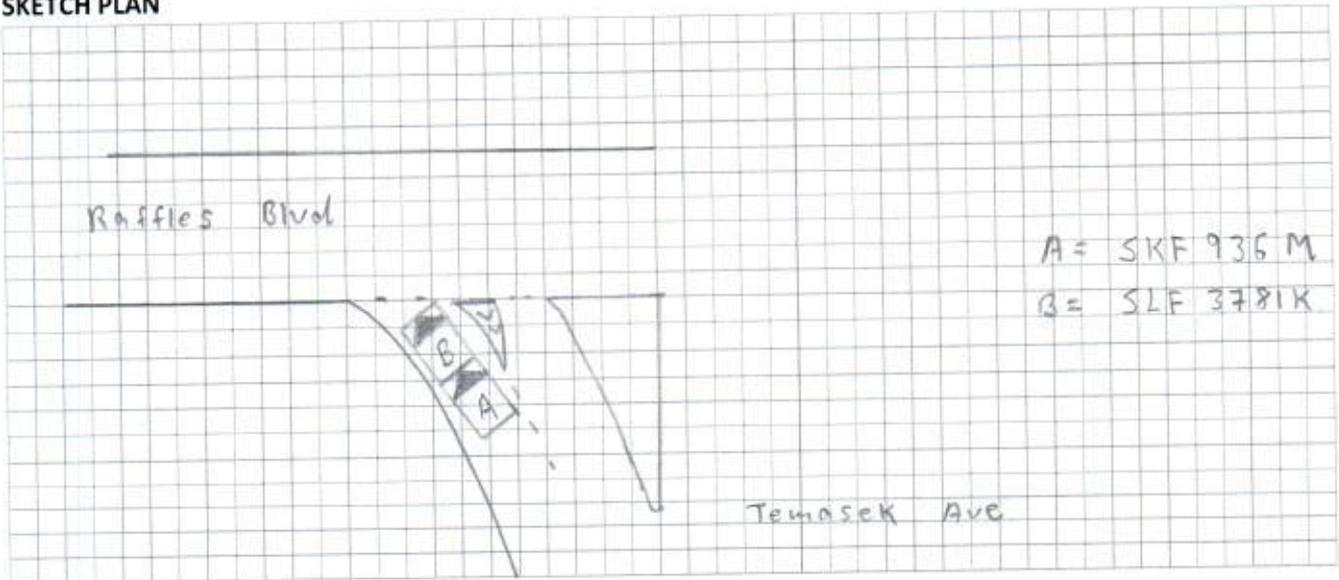
Raffles Blvd

A = SKF 936 M
B = SLF 3781 K

Temasek Ave

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

OWNER (B) WAS PREPARING TO INCH OUT into RAFFles BlvD, CAR A was slowing, Slowly inching out as well. As CAR B was about to move out into RAffles Blvd, Car A inch & touch the bumper of his Car.

DECLARATION

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

Policyholder's Signature
Date & Time: 05/10/19

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

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 04/10/2019 09:49
Vehicle No.(For Motor)	SKF936M	Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5095901406-01		KOH WEIQIANG, JERELD	S9225446A	GPC	drivo CLASSIC	SKF936M	SKF936M	26/11/2018	25/11/2019

Continue

Claim Handling

Accident MT/1065541

Policy No.	5095901406-01	Vehicle No.	SKF936M	GST Registration No.		
Certificate No.						
Policyholder Name	KOH WEIQIANG, JERELD			Policyholder NRIC	S9225446A	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0	
Contact No.(Mobile)	96665740	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(%)	10	Private Hire	No	

▽ Accident Details

Report Date	05/10/2019 16:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	04/10/2019	Time of Accident hh:mm	20:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TEMASEK AVE SLIP RD INTO RAFFLES BLVD				

▽ Excess

Own damage Excess	600.00	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		

▽ Benefits

▽ GST Registered Information

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

▽ Policyholder Mailing Address

Address 1	30 LIMAU GROVE	Address 2	SINGAPORE 467832	Address 3	
Address 4		Address Type	Singapore address	Post Code	467832
Unit No.		Related Policy Number	5095901406-01		

▽ OI Driver Info

Driver Name	KOH WEIQIANG JERELD	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9225446A	Driver DOB	24/07/1992
Register Date of Driver License	11/03/2011	Driver Age	27	Driving Experience	8
Contact No.(Mobile)	96665740	Contact No.(Office)		Contact No.(Home)	
Address 1	30 LIMAU GROVE	Address 2	SINGAPORE 467832	Address 3	
Address 4		Address Type	Singapore address	Post Code	467832
Unit No.					
Does he own a Singapore Registered car?	○ Yes ● No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ● No	

Modification History

Claim 001   **New**

Claim Type *			OD-MX ▼	Insured Name	KOH WEIQIANG, JERELD	Insured NRIC	S9225
Contact No.(Mobile)			98359429	Contact No. (Home)		Contact No. (Office)	
Email Address				OI Vehicle Number	SKF936M	TP Vehicle Number	SLF376
Claim Description			SKF936M / SLF3781K ON 4 Oct 2019	Name of Preferred Workshop	0	

Preferred Workshop Report No.	0	Insured Liability	Fully at Fault ▼	GIA report	Received ▼	
Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼			
Date Registered			05/10/2019 16:13	Claim Close Date		Date Received	05/10/
Report Taken By			LIEW SHAN HUI			

☑ Print AK letter

Save | Submit

Attachment

▽

Accident No.	MT/1065541	Claim No.	001
Last Doc. Received	● Yes ○ No	Upload Date	05/10/2019 16:15

Path *		Category *	Confidential	Urgency *	Desc
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					

▽ Attachment List

Attachment	Uploaded By/Date	Category	🔑	Urgency	Description	M
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2019 16:15		NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-5	

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2019 16:15	SAS	Normal	SAS 2019-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2019 16:15	Photos	Normal	Photos 2019-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2019 16:15	Photos	Normal	Photos 2019-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2019 16:15	Photos	Normal	Photos 2019-10-5
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2019 16:13	Photos	Normal	Photos 2019-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2019 16:13	Photos	Normal	Photos 2019-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2019 16:13	Photos	Normal	Photos 2019-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2019 16:13	Photos	Normal	Photos 2019-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2019 16:13	Photos	Normal	Photos 2019-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2019 16:13	Photos	Normal	Photos 2019-10-5

▽ **Video List**

Uploaded By/Date	Folder Date	File Name		Source

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