NATIONAL Assessment Centre Services (wef 1 Jan'05) MHA 19 [illegible]

Date In: 7/12/19 - 11:56	Job description	Date & Time Completed	Done by
Ref No: HA/INC 19[illegible]	SAS e-filing		
Veh No: SJM[illegible]	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 5/12/19 - 14:30	i-Motor Claim Form	M/I 065673-001	7/12/19 IV. 08
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: SJ[illegible] 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

HA/INC 19[illegible]

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
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:-			
QD*			
*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: 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 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	07/10/2019 11:56
Date Of Accident	05/10/2019 19:30
Exact Location Of Accident	PIE (TUAS) BEFORE TOA PAYOH EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMM3568L
Insured/Policyholder	
Name Of Registered Owner	HOW JIE WEI
NRIC No	S9239776I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98291961
Alternative Phone No	OFFICE-98291961
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF 1.4 TSI AT 5G13HZ HID SR
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	5112766716
Cover Note Number	
Driver	
Name of Driver	HOW JIE WEI
NRIC No	S9239776I
Date Of Birth	27/10/1992
Occupation	INDOOR
Date Of Driving Pass	13/10/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98291961
Fax Number	
Contact Number	OFFICE-98291961
EMail Address	NOEMAIL

Address	BLK 54 TOH TUCK ROAD #07-01
Postcode	596745
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	CHAIN COLLISION
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	4
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:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ4865C
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TANG SOO KHANG EUGENE
NRIC/Passport Number	S9704762F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHA2542F
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEO YONG CHYE
NRIC/Passport Number	S0403265I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHB2345L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN HUN HOE
NRIC/Passport Number	S7403839E
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.
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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:

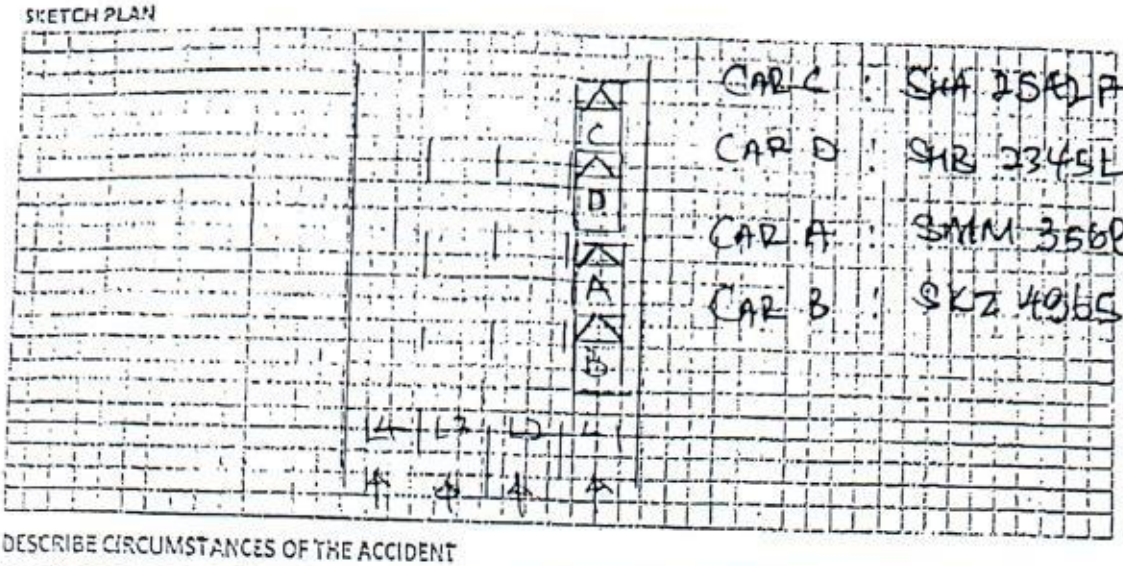
(i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

X	X	
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.:

ALONG PIE TUAS BEFORE TOA PAYOH EXIT

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED TIME AND DATE.
I WAS TRAVELING ALONG PIE TUAS BEFORE TOA PAYOH EXIT ON MY CAR BEARING SMM 3560L.
I COME TO A STOP AND STATIONARY BECAUSE.
THERE IS AN ACCIDENT INFRONT OF ME, THE FRONT VEHICLES INFRONT WERE STOP AND STATIONARY TOO
SUDDENLY THERE WAS A HUGE IMPACT ON.
MY REAR OF MY CAR FROM THE CAR BEARING.
SKZ 4965C, THE IMPACT WAS SO HUGE THAT.
FORCE MY VEHICLE TO PROPELLED TO HIT THE
FRONT VEHICLE SHA 2542F.

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.:

Date of Accident : 05/10/2019 Accident Time: 1930 (24-HR-Format)

Accident Place : PIE TUAS BEFORE TOA PAYOH EXIT

Vehicle Reg. No. (Car Plate No.) : SMN 3569L

Vehicle Make/Model : VOLKWAGON GOLF

Insurance Company : NTUC Policy No.

Owner or Company Name /IC No. : HOW JIE WEI S9239776I

Owner or Company Contact No. : 93291961 Owner's Hp Company Tel

DRIVER'S Name / IC No. : AS ABOVE

DRIVER'S Date Of Birth : 27/12/1992 DRIVER'S License Pass Date 13/10/2017

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER

DRIVER'S Address : BK 54 TOA TUCK RD #07-01 S596745

DRIVER'S Contact No./ Alt No. : 1) 2)

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : ADMIN@MYCAR.SG

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): 01 No injuries

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

Other Party Driver's Particular (if any)

(1ST)

Vehicle Reg. No: SHA 2542 F

Vehicle Make\Model: TAXI (C)

Name Driver: YEO YONG CHYE

IC No. Driver: S0403265I

Driver's Contact & Add:

(2ND)

Vehicle Reg. No: SHB 2345L

Vehicle Make\Model: TAXI (D)

Name Driver: TAN HUN HOE

IC No. Driver: S7H0 3939E

Driver's Contact & Add:

LAST CAR: VEHICLE NUMBER : SKZ 4965C (B)

HONDA VEZEL

TAN SOO KHANG

BUGGER

S9704762F

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119132339 Vehicle Registration No: SMM3568L

Name(as shown in NRIC) : HOW JIE WEI NRIC/FIN/Passport No : S9239776I

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : BLK 54 TOH TUCK ROAD #07-01 Singapore(596745)

Contact (Tel) : Mobile No. : 98291961

Email Address :

Date of Accident : 05/10/2019 Time of Accident : 19:30

Place of Accident : PIE (TUAS) BEFORE TOA PAYOH EXIT

Insurance Company : NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend owner name

Policyholder / Driver's Signature
Date:

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


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
05/10/2019 19:30
Vehicle No.(For Motor)
SMM3568L
Certificate Number
Search
Select
Policy No.
Certificate Number
Policyholder Name
Policyholder NRIC
Product
Cover Type
Vehicle No.
Insured Object
Commence Date
Expiry Date
5112766716
HOW JIE WEI
S9239776I
GPC
drivo PREMIUM
SMM3568L
SMM3568L
19/09/2019
18/09/2020
Continue

Policy Information

Policy No.	5112766716	Policyholder Name	HOW JIE WEI	Policyholder NRIC	S9239776I
Certificate No.					
Address	54 TOH TUCK ROAD #07-01 SIGNATURE PARK SINGAPORE 596745				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	19/09/2019	Effective Date	19/09/2019 00:00	Expiry Date	18/09/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	1500	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	COSMO INSURANCE AGENCY PT	Agent Tel.	64651090	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	54 TOH TUCK ROAD	Address 2	#07-01 SIGNATURE PARK	Address 3	SINGAPORE 596745
Address 4		Address Type	Singapore address	Post Code	596745
Unit No.		Related Policy Number	5112766716		

Insured Object: SMM3568L

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1065613

Policy No.	5112766716	Vehicle No.	SMM3568L	GST Registration No.	
Certificate No.					
Policyholder Name	HOW JIE WEI			Policyholder NRIC	S9239776I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	98291961	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	07/10/2019 12:07	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	05/10/2019	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (TUAS) BEFORE TOA PAYOH EXIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	1,500.00				
Total OD Excess Applicable	2,100.00	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	54 TOH TUCK ROAD	Address 2	#07-01 SIGNATURE PARK	Address 3	SINGAPORE 596745
Address 4		Address Type	Singapore address	Post Code	596745
Unit No.		Related Policy Number	5112766716		

OI Driver Info

Driver Name	HOW JIE WEI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9239776I	Driver DOB	27/10/1992
Register Date of Driver License	13/10/2017	Driver Age	26	Driving Experience	1
Contact No.(Mobile)	98291961	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	54 TOH TUCK ROAD	Address 2	SIGNATURE PARK	Address 3	SINGAPORE 596745
Address 4		Address Type	Singapore address	Post Code	596745
Unit No.	07-01				
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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	HOW JIE WEI	Insured NRIC	S9239776I
Contact No.(Mobile)	98291961	Contact No.(Home)		Contact No.(Office)	
Email Address	howjiewei@gmail.com	OI Vehicle Number	SMM3568L	TP Vehicle Number	SKZ4865C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SMM3568L / SKZ4865C ON 5 Oct 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/10/2019 12:08	Claim Close Date		Date Received	07/10/2019 12:09
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1065613	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	07/10/2019 12:09

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

▽ **Attachment List**

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Oct 2019 12:09	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Oct 2019 12:09	SAS		Normal	SAS 2019-10-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Oct 2019 12:09	Photos		Normal	Photos 2019-10-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Oct 2019 12:09	Photos		Normal	Photos 2019-10-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Oct 2019 12:09	Photos		Normal	Photos 2019-10-7	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Oct 2019 12:09	Photos		Normal	Photos 2019-10-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Oct 2019 12:09	Photos		Normal	Photos 2019-10-7	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Oct 2019 12:09	Photos		Normal	Photos 2019-10-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Oct 2019 12:08	Photos		Normal	Photos 2019-10-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Oct 2019 12:08	Photos		Normal	Photos 2019-10-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Oct 2019 12:08	Photos		Normal	Photos 2019-10-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Oct 2019 12:08	Photos		Normal	Photos 2019-10-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Oct 2019 12:08	Photos		Normal	Photos 2019-10-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Oct 2019 12:08	Photos		Normal	Photos 2019-10-7	

▽ **Video List**

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading