

NATIONAL Assessment Centre Services.

(ver 1 Jan'08)

17/10/2015 10:38

Date In: 17/10/2015 10:38	Job description	Date & Time Completed	Done by
Ref No: N/A/10/183287	SAS e-filing		
Veh No: SK25344	E-mail (Wjaila 2hrs, AIC 2hrs)		
D.O.A: 18/10/2015 18:20	1-Motor Claim Form	17/10/2015 18:20	18/10/2015
(ID) TP: Reporting Only	1-Motor W/O (Withlor OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SK25344	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: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

Signature: ()

Date: ()

17/10/2015 18:20

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$20)

3) TP: Towing Fee \$40/245

4) PT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$70

For claiming against INC Only (ver 10 Jan 2008)

6) TR: Re-inspection \$75

7) NI: Idea DA + SMRT Survey \$160

8) NTUC Additional Services:

ON:

*N5: Courtesy Car / Tpl Allowance \$3

*N6: Repairs Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Co-ordination \$3

TP (Nil): TP (Non INC) against INC \$20

*N12: Idea 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	17/10/2019 10:33
Date Of Accident	15/10/2019 18:20
Exact Location Of Accident	SLIP RD FROM TOH GUAN RD EAST TO TOH GUAN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK2429H
Insured/Policyholder	
Name Of Registered Owner	ANN HOCK BOON (HONG FUWEN)
NRIC No	S8923883H
Email Address	ANNHOCKBOON89@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82887321
Alternative Phone No	OTHERS-82887321

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
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	5103846541-01
Cover Note Number	

Driver

Name of Driver	ANN HOCK BOON (HONG FUWEN)
NRIC No	S8923883H
Date Of Birth	11/07/1989
Occupation	OUTDOOR
Date Of Driving Pass	05/11/2015
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82887321
Fax Number	
Contact Number	OTHERS-82887321
Email Address	ANNHOCKBOON89@GMAIL.COM

Address	BLK 13 TELOK BLANGAH CRESCENT #02-354
Postcode	090013
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?	NO
Was any other material or property damaged?	NO
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

ON 15/10/2019 I WAS AT THE SLIP ROAD OF TOH GUAN ROAD EAST AND WANTED TO TURN LEFT TO TOH GUAN ROAD. I STOP BEHIND THE ZEBRA CROSSING ONCE I SAW NO PEDESTRIAN AND THE CAR SKZ5314U START TO MOVE I FOLLOW SUDDENLY THE CAR JAM BRAKE FOR NO REASON AND I BRAKE BUT STILL SLIDE TOUCH INTO THE SAID CAR. WE STOP AND TOOK SOME PHOTOS AND STOP AT THE SIDE ROAD AND EXCHANGE PARTICULARS I HAVE 2 WITNESSES WHICH WAS MY FRIEND THAT WAS AT THE ZEBRA CROSSING JUST NOW I DROP THEM THERE AND THEY SAW THE WHOLE INCIDENT. SO THERE IS NO MAJOR DAMAGE AND NOBODY INJURED HE AGREED TO CHECK THE PRICE OF REPAIR AT HIS WORKSHOP. LASTLY I KNOW THAT HE HAS ALREADY MAKE A CLAIM AGAINST ME.

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	SKZ5314U
Vehicle Make/Model/Colour	HYUNDAI AVANTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE KEE WAU
NRIC/Passport Number	S8141005D
Contact Number	98229536
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

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: 17/10/2019
10.26am.

Driver's Signature

(If driver is not the policyholder)
Date & Time:

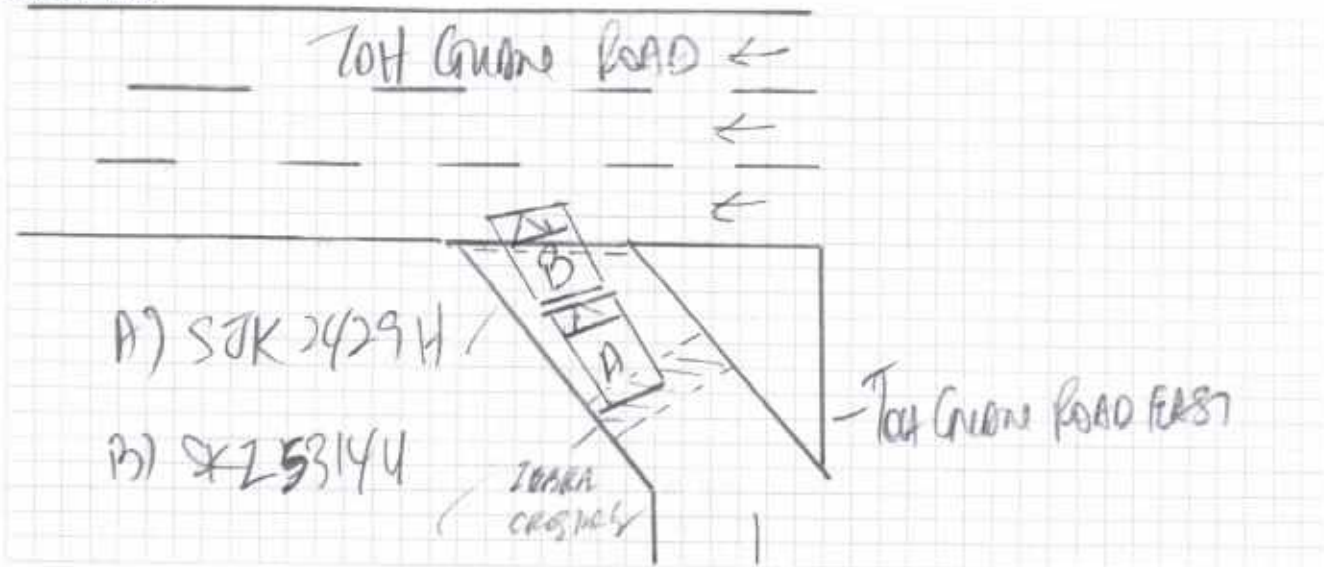


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO STATEMENT

DECLARATION

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

Policyholder's Signature

Date & Time: 17/10/19

10:59am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

17/10/19

Rafael Nathan

ACCIDENT STATEMENT

ACCIDENT DATE: (15/10/2019) (DD/MM/YYYY), TIME: (18:20) (HH:MM)

LOCATION: 1mm shopping mall opposite

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5JK 2429H
 b) INSURANCE COMPANY: NWC Income
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY) THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA SIENNA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 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: Ann Hock Boon (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8923883H CONTACT: 82887321
 c) ADDRESS: B1K 13 Telok Anson Crescent
#02-354 Spore 070013

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (11/07/1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: SK25314U MODEL: Hyundai Avante
 b) DRIVER'S NAME: Lee Koo Wai
 c) NRIC/FIN/PASSPORT: S8141005D CONTACT: 98229536

9. THIRD PARTY VEHICLE

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

Email = Ann Hock Boon 89@gmail.com

VIDEO

Claim Handling

Accident MT/1067216

Policy No.	SL0284541-01	Vehicle No.	SK2429H	GST Registration No.	
Certificate No.					
Policyholder Name	ANN HOCK BOON (HONG FUWEN)			Policyholder NRIC	SS923883H
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading	\$
Contact No.(Mobile)	NR	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KYC	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
Report Date	16/10/2019 17:03	Accident Report Within 24 Hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/10/2019	Time of Accident hh:mm	18:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICR No.	
Accident Location	SLIP ROAD OFF TOP GUAN RD EAST TWOS TOM GUAN RD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	500.00	TF Standard Excess	0.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TF Excess			
Additional Excess	0				
Total OD Excess Applicable	500.00	Total TF 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 12 #02-354	Address 2	TELOK BLANDAH CRESCENT	Address 3	MOUNT PADER VIEW
Address 4	SINGAPORE 090013	Address Type	Singapore address	Post Code	090013
Unit No.	02-354	Related Policy Number	5153640541-01		
01 Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Office)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	ANN HOCK BOON (HONG FUWEN)	Insured NRIC	SS923883H
Contact No.(Mobile)	82867322	Contact No. (Home)		Contact No. (Office)	
Email Address		Vehicle Number	SK2429H	Vehicle Number	SK23114U
Claim Description	SK2429H / SK23114U ON 15 Oct 2019				
Preferred Workshop	Yes	Insured Liability	Full at Fault	ICR Report	Received
Preferred Workshop, Name unknown					
Date Registered	22/10/2019 14:47	Claim Close Date		Date Received	22/10/2019 00:00
Report Taken By	ROSLI WANAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1067216	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/10/2019 14:48
Path *			
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		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_8006796 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Oct 2019 14:48	SAS	Normal	SAS 2019-10-22	
	NAC_BUKIT_MERAH_8006796 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Oct 2019 14:48	Photos	Normal	Photos 2019-10-22	
	NAC_BUKIT_MERAH_8006796 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Oct 2019 14:48	Photos	Normal	Photos 2019-10-22	

<https://gicclaim.income.com.sg/gcs/lcm/eclaim/claimantEdit.do?caseId=2654242&objectId=0&taskInstanceId=0&taskId=0&tabCode=BOX013&rea...> 2/2

From: Desmond Foo Guo Hui <desmond.fooogh@income.com.sg>
Sent: Tuesday, 22 October, 2019 2:21 PM
To: rsbm@lkkauto.com
Subject: SJK2429H - 15/10/2019 (Recreate file)

Hi

We noted the mentioned file was created with a wrong DOA as 16 Oct 2019 in MT/1067284-001.
The correct DOA should be 15 Oct 2019.

With that we will need you to recreate the file.
Please recreate by selecting, MT/1067216 and click on 'Create New Claim'.

Do take note of the file creation accuracy please. Thanks

Desmond Foo
Manager, Motor Insurance
T +65 6430 7976
www.income.com.sg



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Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="16/10/2019 10:26"/>
Vehicle No. (For Motor)	<input type="text" value="SJK2429H"/>	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"/>	5103846541-01		ANN HOCK BOON (HONG FUWEN)	S8923883H	GPC	drive CLASSIC	SJK2429H	SJK2429H	13/10/2019	12/10/2020