

# NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

MNA49149521

Date In: 12/10/2019 10:56	Job description	Date & Time Completed	Done by
Ref No: NBT/ALC/1902000914	SAS e-filing		
Veh No: SME 44566	E-mail (24hrs, AIC 2hrs)		
DOA: 11/11/2019 19:25	I-Motor Claim Form	12/10/2019 14:01	12/10/2019 11:14
OD: <input checked="" type="radio"/> TP / Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VK32		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SHD44931	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 repaler.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: ( )

Date: ( )

Time: ( )

Location: ( )

Weather: ( )

Other: ( )

Signature: ( )

Date: ( )

Time: ( )

Location: ( )

Weather: ( )

Other: ( )

Signature: ( )

Date: ( )

Time: ( )

Location: ( )

Weather: ( )

Other: ( )

Signature: ( )

Date: ( )

Time: ( )

Location: ( )

XIA1908516

Driver/Owner:	1) AL: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	• NS: Courtesy Car / Tpt Allowance \$3	
	• NG: Repairs Co-ordination \$10	
	• NT: Post Repair Inspection \$23	
	• ND: DV / Collect Excess Coordination \$3	
	TE (NI) / TP (Non INC) against INC \$20	
	2) NI: Idas Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

Signature: ( )

Date: ( )

Time: ( )

Location: ( )



## 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	12/11/2019 10:56
Date Of Accident	11/11/2019 09:25
Exact Location Of Accident	LAKEVIEW ESTATE UPP THOMSON ROAD, LEVEL 1 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME4456L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG KIAN POH ANDREW (HUANG JIANBAO ANDREW)
NRIC No	S7519108A
Email Address	OHHUIKIANG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91513661
Alternative Phone No	OTHERS-81181477

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN
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	5112698562
Cover Note Number	

### Driver

Name of Driver	OH HUI KIANG (HU HUIJUAN)
NRIC No	S7610110H
Date Of Birth	07/04/1976
Occupation	INDOOR
Date Of Driving Pass	03/10/1995
Driving Experience	24 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-81181477
Fax Number	
Contact Number	OTHERS-91513661
Email Address	OHHUIKIANG@YAHOO.COM.SG

Address	97A UPPER THOMSON ROAD #10-03
Postcode	574327
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 - OPENING DOOR OF VEHICLE
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: : NG KIAN POH ANDREW GENDER: : MALE
Passenger 2	NAME: : JOVI NG GENDER: : MALE

### 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	SHD4493T
Vehicle Make/Model/Colour	HYUNDAI SONATA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG TAW HIANG
NRIC/Passport Number	S1600779Z
Contact Number	98239529
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.

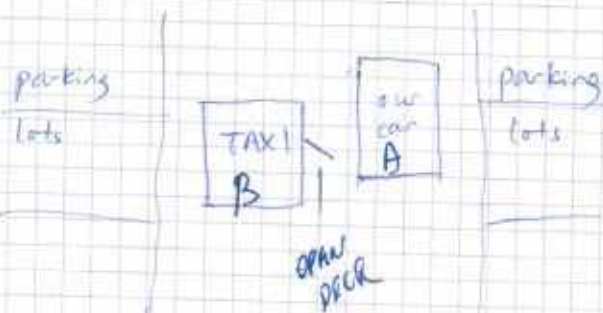
  
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

LAKEVIEW ESTATE, UPPER HANSON ROAD LEVEL 1 CARPARK



A) SME 4456L

B) SHD 4493T

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Taxi was parked at the carpark, waiting to pick up passengers.  
Our car had to over-take the taxi to exit the carpark.  
The driver opened the door when we drove past  
and the driver's door scratched our car's back left door

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]* 12/11/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



*Oh Hui Kiang*

## ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 11 / 2019 (DD/MM/YYYY), TIME: 09 : 25 (HH:MM)

LOCATION: Lakeview Estate, Upper Thomson Rd, Level 1 Carpark

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SME 4456L  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5112698562  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: VOLKSWAGEN TOURAN  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: DRIVER 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: NG KIAN POH ANDREW (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7519108A CONTACT: 9151 3661  
c) ADDRESS: 97A Upper Thomson Road #10-03  
S574327

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

#### DRIVER

- a) NAME: OH HUI KIANG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7610110H CONTACT: 8114 1477  
c) ADDRESS: 97A Upper Thomson Rd #10-03  
S574327

\* d) DATE OF BIRTH: 07 / 04 / 1976 (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: SPOUSE

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR)  
b) ROAD SURFACE: (DRY / WET / OTHERS DRY)

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: SHD 4493T MODEL: Hyundai Sonata  
b) DRIVER'S NAME: NG TAW HIANG  
c) NRIC/FIN/PASSPORT: S1600779Z CONTACT: 98239529

### 9. THIRD PARTY VEHICLE

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

email = [ohhuikiang@yahoo.com.sg](mailto:ohhuikiang@yahoo.com.sg)

VIDEO

## Claim Handling

Accident MT/1070974

Policy No.	5112698562	Vehicle No.	SME4456L	GST Registrati
Certificate No.				
Policyholder Name	NG KIAN POH ANDREW (HUANG JIANBAO ANDREW)			Policyholder Ni
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	91513661	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	- No Yes	TCA	- No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	40	Private Hire

## Accident Details

Report Date	12/11/2019 11:06	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/11/2019	Time of Accident hh:mm	09:25	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	LAKEVIEW ESTATE UPPER THOMSON ROADLEVEL 1 CARPARK			

## 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 in Cover
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	97A UPPER THOMSON ROAD	Address 2	#97A LAKEVIEW ESTATE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	97A	Related Policy Number	5112698562	

## O1 Driver Info

Driver Name	OH HUI KIANG	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S7610110H	Driver DOB
Register Date of Driver License	01/01/2017	Driver Age	43	Driving Experi
Contact No.(Mobile)	81181477	Contact No.(Office)		Contact No.(H
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:	SME4456L	Driver Insurer

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No
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## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NG
Contact No.(Mobile)	91513661	Contact No. (Home)	
Email Address	ANDREW.NG@ADEPTENTERPRISE	O1 Vehicle Number	SM
Claim Description	SME4456L / SHD4493T ON 11 Nov 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		12/11/2019 11:12	Claim Close Date
		ROSLI WAHAB	

Print AK letter



Save Submit

## Attachment

Accident No. MT/1079974 Claim No. 001  
 Last Doc. Received \* Yes No Upload Date: 12/11/2019 11:14

Path \*

Choose File No file chosen

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Message Read

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Category \*

Confider

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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 11:14	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 11:14	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 11:13	Photos	Normal	Phc
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 11:12	NRIC/ Driving License	Y Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 11:12	SAS	Normal	Sr

## Video List

Uploaded By/Date

Folder Date

File Name

[Display in New Window](#)[Scan and uploading](#)



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="11/11/2019 10:50"/>
Vehicle No. (For Motor)	<input type="text" value="SME4456L"/>	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 checked="" type="radio"/>	5112698562		NG KIAN POH ANDREW (HUANG JIANBAO ANDREW)	S7519108A	GPC	drive PREMIUM	SME4456L	SME4456L	28/09/2019	27/09/2020

**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 : MIA49149521 Vehicle Registration No: SMK 4456L

Name (as shown in NRIC) : OH Hui Kong (Hu Hui Kong) NRIC/FIN/Passport No : S7610110H

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

Address : \_\_\_\_\_ Singapore( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : 81141477

Email Address : \_\_\_\_\_

Date of Accident : 11/4/2009 Time of Accident : 09:25

Place of Accident : LAKEVIEW ESTATE UPP THOMSON ROAD (LAKEL) CARPARK

Insurance Company : NTUC

**(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:

① THANK LA VIEW CARPARK

② THANK 1 PLOTT

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Robt Lim  
NRIC/FIN No.:  
Date: 15/4/2009