

NATIONAL Assessment Centre Services.

[ver 1 Jan 09]

MAH/15982

Date In: 20/1/2009 16:40	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/9020629/V	SAS e-filing		
Veh No: SMC 2066 Z	E-mail (Update Status, A/C 2hrs)		
D.O.A: 20/1/2009 15:30	I-Motor Claims Form	MAH/107298-001	21/1/2009 09:47
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/Whan		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMC 2735H	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 ()	

() 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/Time:	Location:

Client Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2009)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repairs Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Non INC) against INC \$20	
	*N12: Idas 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	20/11/2019 16:40
Date Of Accident	20/11/2019 15:30
Exact Location Of Accident	JURONG EAST MRT STATION DROP OFF POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG7066Z
Insured/Policyholder	
Name Of Registered Owner	LOW JOO LI
NRIC No	S1816423Z
Email Address	LHK_SIN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96446068
Alternative Phone No	OTHERS-91867661

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA-1.5 HYBRID (A)
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	5106592504
Cover Note Number	

Driver

Name of Driver	KOH LIAK HUAT
NRIC No	S1797587J
Date Of Birth	22/05/1967
Occupation	INDOOR
Date Of Driving Pass	31/03/1994
Driving Experience	25 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91867661
Fax Number	
Contact Number	OTHERS-96446068
Email Address	LHK_SIN@HOTMAIL.COM

Address	71 JURONG EAST STREET 13 #04-07
Postcode	609650
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	AFTER RAIN
Road Surface	WET

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)	2
Passenger 1	NAME: : FRIEND 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	SML2735H
Vehicle Make/Model/Colour	RENAULT SCENIC
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TANG CHOR WAN
NRIC/Passport Number	S1748690Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: : PASSANGER

GENDER: : FEMALE

SKETCH PLAN

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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: 20/11/19 1640hr

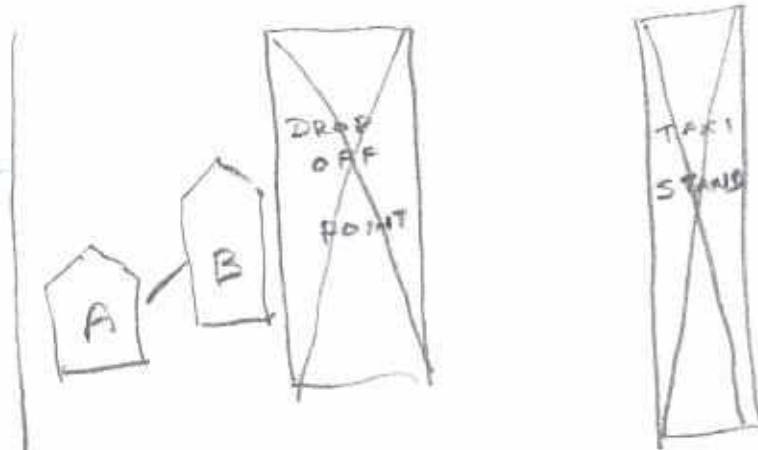


20/11/2019
Reporting Centre Personnel's Signature
Name: Resh
NRIC/FIN No: 1640hr

SKETCH PLAN

A) SMG 7066Z

B) SML 2735H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20 November 2019 around 1500hr, I turned into Jurong East MRT station Drop off point and overtook vehicle number SML 2735H to drop off my friend in front. As I passed the vehicle, the rear passenger of the other car suddenly opened the left rear door. I was not able to stop immediately and the door hit my car causing damage to my car.

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: 20/11/2019 1630hr

20/11/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 20/11/2019 (DD/MM/YYYY), TIME: 15:30 (HH:MM)

LOCATION: JURONG EAST MRT STATION DROP OFF POINT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMA 7066 Z
b) INSURANCE COMPANY: INCOME
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA SIENTA, HYBRID
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
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: Low Joo Li (MALE / FEMALE) 96446068
b) NRIC/FIN/PASSPORT: S1816423Z CONTACT: 91816423Z
c) ADDRESS: Block 71 JURONG EAST STREET 13
#04-07 SINGAPORE 609650

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KOH LIAK HUAT (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S17975873 CONTACT: 91867661
c) ADDRESS: Block 71 JURONG EAST STREET 13
#04-07 SINGAPORE 609650

* d) DATE OF BIRTH: 22/05/1967 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 31/03/1994

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: SML 2735 H MODEL: RENAULT SCENIC
b) DRIVER'S NAME: TANG CHOR WAN
c) NRIC/FIN/PASSPORT: S1798690Z CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = lhk-sin@hotmail.com

VIDEO

Claim Handling

Accident MT/1072298

Policy No.	5106592504	Vehicle No.	SMG7066Z	GST Registrati
Certificate No.				
Policyholder Name	LOW JOO LI			Policyholder No
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96446068	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KPK	= No Yes	TCA	= No Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	21/11/2019 09:42	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	20/11/2019	Time of Accident hh:mm	15:39	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JURONG EAST MRT STATION DROP OFF POINT			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Ex
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	71 JURONG EAST STREET 13	Address 2	#04-07 WESTMERE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5106592504	

▼ OI Driver Info

Driver Name	KOH LIAM HUAT	Driver Type	Named Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S1797587J	Driving Experi
Register Date of Driver License	31/03/1994	Driver Age	52	Contact No.(Hi
Contact No.(Mobile)	91867661	Contact No.(Office)		Address 3
Address 1	71 JURONG EAST STREET 13	Address 2	#04-07 WESTMERE	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SMG7066Z	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 *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop
Benefit No.
Finalisation

Yes

Preferred

Repair

Option

Insured Liability

Not at Fault

Preferred Workshop, Name unknown

GIA

report

Received

Date Registered

Report Taken By

Print AK letter

OD-MX

Insured Name

LO

96446068

Contact

67

No,

(Home)

OI

Vehicle

Number

juliel@singnet.com.sg

SMG7066Z / SML2715H ON 20 Nov 2019

21/11/2019 09:45

Claim

Close

Date

ROSLI WAHAB

Save

Submit

Attachment

Accident No. MT/1072298 Claim No. 001
 Last Doc. Received * Yes No Upload Date 21/11/2019 09:47

Path *

Choose File No file chosen

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Choose File No file chosen

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Message Read

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Category *

Confider

Please Select

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2019 09:47	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2019 09:47	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2019 09:47	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2019 09:47	Photos	Normal	Phc
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2019 09:46	Photos	Normal	Phc
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2019 09:45	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2019 09:45	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2019 09:45	Photos	Normal	Phc
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2019 09:45	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2019 09:45	NRIC/ Driving License	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2019 09:45	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="20/11/2019 16:32"/>
Vehicle No. (For Motor)	<input type="text" value="SMG7066Z"/>	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"/>	S106592504		LOW JOO LI	S1816423Z	GPC	drive CLASSIC	SMG7066Z	SMG7066Z	28/12/2018	27/12/2019

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	SMG7066Z		
Vehicle Type:	P11 - Passenger Station Wagon/Jeep/Land Rover	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	TOYOTA	Vehicle Model:	SIENTA HYBRID 1.5X CVT
Chassis No.:	NHP1707125699	Engine No.:	1NZ8540479
Motor No.:	H18306828	Trailer Chassis No.:	-
Propellant:	Petrol-Electric	Passenger Capacity:	6
Engine Capacity:	1496 cc	Power Rating:	45.0 kW
Maximum Power Output:	73.0 kW (97 bhp)		
Unladen Weight:	1380 kg	Maximum Laden Weight:	1765 kg
Primary Colour:	Red	Secondary Colour:	-
First Registration Date:	28 Dec 2018	Original Registration Date:	28 Dec 2018
Manufacturing Year:	2018	Open Market Value:	\$22,972.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$7,080.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$2,972.00 (140%)
Actual ARF Paid:	\$14,161.00		

Owner Particulars

Owner Name:	LOW JOO LI
Owner ID Type:	Singapore NRIC
Owner ID:	S1816423Z
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block /House No.:	71
Registered Street Name:	JURONG EAST STREET 13
Registered Unit No.:	# 04 - 07
Registered	