

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA19154200**

Date In: 21/11/19-10:59	Job description	Date & Time Completed	Done by
Ref No: NA19154200024	SAS e-filing		
Veh No: JKX9894	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 21/11/19-08:30	i-Motor Claim Form	21/12/2019	21/11/19 11:11
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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: JKX 1515X	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

NA1908840	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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*		
QC Checked by (Engr-In-Charge):	*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 (N-on INC) against INC \$20		
	9) N12: Idac 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	22/11/2019 10:59
Date Of Accident	22/11/2019 08:30
Exact Location Of Accident	BEDOK SOUTH AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX9894X
Insured/Policyholder	
Name Of Registered Owner	KOH CHOON LEE JOHN
NRIC No	S1471995D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91272245
Alternative Phone No	OFFICE-91272245

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
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?	YES
If No, Please state action to be taken	
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	5086960568-02
Cover Note Number	

Driver

Name of Driver	LINUS KOH TIAM YONG
NRIC No	S9243935F
Date Of Birth	20/11/1992
Occupation	INDOOR
Date Of Driving Pass	25/01/2014
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81008251
Fax Number	
Contact Number	OFFICE-81008251
Email Address	NOEMAIL

Address	35 TAMPINES STREET 34 #03-39
Postcode	529239
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF1515X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
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.
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:

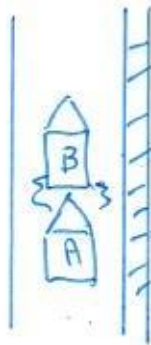

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

DoA: 22/11/19

A: SKX 9894X

B: SHF 1515X




Bedok South Ave 1

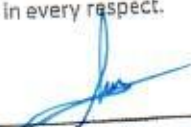
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Veh B in front have no car, suddenly jammed
brake, I failed to brake in time hit onto
the rear of veh B.

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.:

Personal Particulars

Date of Accident: 22/11/19 Time of Accident: 8.30am
Exact Location of Accident: Bedok South Ave 1
Owner's Name: John Koh Choon Lee NRIC No: S1471995D HP No: 91272245
Driver's Name: Linus Koh Tian Yong NRIC No: S9243935T HP No: 81008251
Date of Birth: 20/11/1997 Driving Licence Passing Date: 25/1/2014 Occupation: Indoor / Outdoor
Address: 35 Tampines St 34 #03-39 (5292397)
Relationship of Driver with Insured: Son Email Address: _____
Vehicle No: SKX 9894X Make & Model: Toyota
Insurance Co: NTUC Coverage: Comprehensive Policy No: _____

*Purpose of Reporting? ☒ Own Damage Claim / ☐ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: _____ Wet / ☒ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: _____ C: _____ D: _____

*Was Anybody Injured? (Yes / No) ☒ If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / No) ☒ If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes/No) ☒

Third Party Driver's Particulars

Vehicle B No: SHF 1515X Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Vehicle C No: _____ Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[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="22/11/2019 08:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SKX9894X"/>	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"/>	5086960568-02		KOH CHOON LEE JOHN	S1471995D	GPC	drive PREMIUM	SKX9894X	SKX9894X	05/01/2019	04/01/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5086960568-02	Policyholder Name	KOH CHOON LEE JOHN	Policyholder NRIC	S1471995D
Certificate No.					
Address	35 TAMPINES STREET 34 #03-39 THE EDEN AT TAMPINES SINGAPORE 529239				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	04/12/2018	Effective Date	05/01/2019 00:00	Expiry Date	04/01/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	ONG HUI SENG LIFE & GENERAL	Agent Tel.	68410900	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	35 TAMPINES STREET 34	Address 2	#03-39 THE EDEN AT TAMPINE	Address 3	SINGAPORE 529239
Address 4		Address Type	Singapore address	Post Code	529239
Unit No.	03-39	Related Policy Number	5086960568-02		

Insured Object: SKX9894X

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1072493

Policy No.	5066960568-02	Vehicle No.	SIX9894X	GST Registration No.	
Certificate No.					
Policyholder Name	KOH CHHON LEE JOHN			Policyholder NRIC	S14719950
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Leading	0
Contact No.(Mobile)	91272245	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<div><div></div></div>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
<div><div></div> Accident Details</div>					
Report Date	22/11/2019 11:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/11/2019	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	86DOCK SOUTH AVE 1				
<div><div></div> Excess</div>					
Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<div><div></div> Benefits</div>					
<div><div></div> GST Registered Information</div>					
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
<div><div></div> Policyholder Mailing Address</div>					
Address 1	35 TAMPINES STREET 34	Address 2	#03-19 THE EDEN AT TAMPINE	Address 3	SINGAPORE 529239
Address 4		Address Type	Singapore address	Post Code	529239
Unit No.	03-19	Related Policy Number	5066960568-02		
<div><div></div> QE Driver Info</div>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LINUS KOH TJAM YONG	Driver NRIC	S9243935F	Driver DOB	20/11/1992
Register Date of Driver License	25/01/2014	Driver Age	27	Driving Experience	5
Contact No.(Mobile)	81008251	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	35 TAMPINES STREET 34	Address 2	THE EDEN AT TAMPINES	Address 3	SINGAPORE 529239
Address 4		Address Type	Singapore address	Post Code	529239
Unit No.	03-19				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	DO-MD	Insured Name	KDH CHOON LEE JOHN	Insured NRIC	S14719950
Contact No.(Mobile)	96813469	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		O1 Vehicle Number	SKX9894X	TP Vehicle Number	SHF1515X
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKX9894X / SHF1515X ON 22 Nov 2019			Name of Preferred Workshop	J-MART AUTO SERVICES
Preferred Workshop Contact No.	96813469	Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	22/11/2019 11:11	Claim Close Date		Date Received	22/11/2019 00:00
Report Taken By	Jackson			CO Excess Collected by Workshop	
<input type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment



Accident No.	MT/1072493	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/11/2019 11:11

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>

☐ Send Message

Attachment List

Msg Sent?

Attachment	Uploaded By/Date	Category	Urgency	Description	(CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 22 Nov 2019 11:11	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 22 Nov 2019 11:11	SAS	Normal	Normal	SAS 2019-11-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 22 Nov 2019 11:11	Photos	Normal	Normal	Photos 2019-11-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 22 Nov 2019 11:11	Photos	Normal	Normal	Photos 2019-11-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 22 Nov 2019 11:11	Photos	Normal	Normal	Photos 2019-11-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 22 Nov 2019 11:11	Photos	Normal	Normal	Photos 2019-11-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 22 Nov 2019 11:11	Photos	Normal	Normal	Photos 2019-11-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 22 Nov 2019 11:11	Photos	Normal	Normal	Photos 2019-11-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 22 Nov 2019 11:11	Photos	Normal	Normal	Photos 2019-11-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 22 Nov 2019 11:11	Photos	Normal	Normal	Photos 2019-11-22
Video List					
Uploaded By/Date		Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading		