

NATIONAL Assessment Centre Services.

(last 1 Jan 2003)

MAA419159501

Date In: 03/12/2009 14:36	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/9021315/4	SAS e-filing		
Veh No: SJC 4736A	E-mail (Within 2hrs, AIC 2hrs)		
DOA: 01/12/2009 11:00	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/When		

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:	Veh No: SME 1494X	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/Time	Location	Remarks

Driver/Owner:	
Contact No:	
Damaged Portion:	

QC Checked by (Engr-In-Charge):	
Watch for Comments:	
Tel: 1:	
2:	
3:	

Invoice Fee/Charges	Amount	Remarks
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (last 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*NI: Courtesy Car / Tpt Allowance	\$5	
*NI: Repair Co-ordination	\$10	
*NI: Post Repair Inspection	\$25	
*NI: DV / Collect Excess Coordination	\$5	
*NI: DV / Collect Excess Coordination	\$20	
TP (NI) / TP (Non INC) against INC	\$0	
9) NI: Idao Mobile		
Invoice dated		
Invoice dated		

Fee Charged
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	03/12/2019 14:36
Date Of Accident	01/12/2019 11:00
Exact Location Of Accident	TRIPLEOPNE SOMERSET CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC4736A
Insured/Policyholder	
Name Of Registered Owner	KOH ENG TAT
NRIC No	S0122399B
Email Address	MIKEKOHET@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91153499
Alternative Phone No	OTHERS-94877907

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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	5097996172-01
Cover Note Number	

Driver

Name of Driver	KOH SHUN WEN, SAMUEL
NRIC No	S9247515H
Date Of Birth	03/12/1992
Occupation	INDOOR
Date Of Driving Pass	23/05/2013
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94877907
Fax Number	
Contact Number	OTHERS-91153499
Email Address	SAM_KOH@HOTMAIL.COM

Address	BLK 413 CHOA CHU KANG AVENUE 3 #04-387
Postcode	680413
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	COLLIDED INTO PARKED 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)	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

PLEASE REFER TO SKETCH PLAN

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	SME1494X
Vehicle Make/Model/Colour	SUBARU FORESTER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEE HUI HONG
NRIC/Passport Number	S7912833C
Contact Number	98456582
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	0

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)**

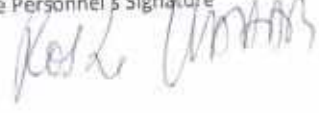
I understand, acknowledge, agree and consent that:

- (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:

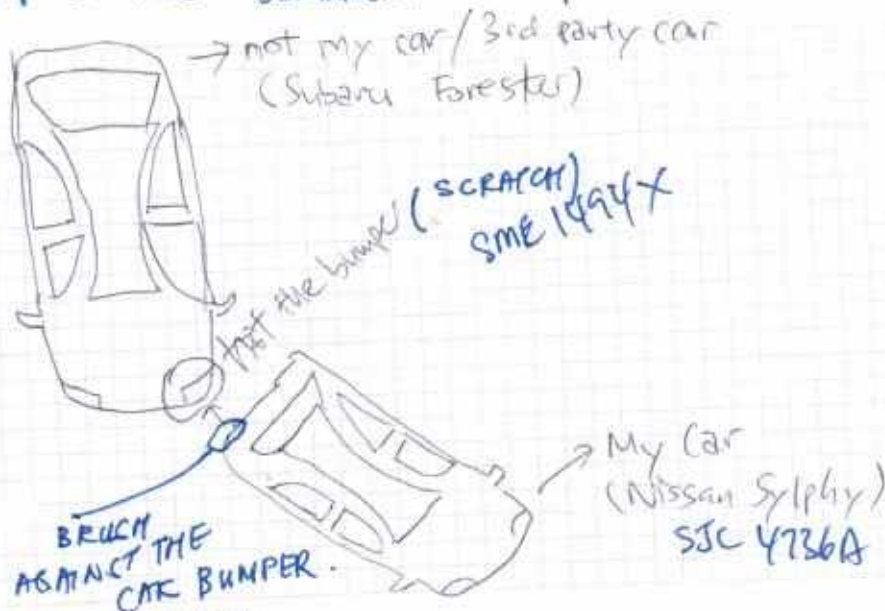

Driver's Signature
(If driver is not the policyholder)
Date & Time: 3/12/2019

2:11 PM


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

TRIPLE DAMAGE SOMERSET CAR PARK

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was parking the car at Ill Somerset Carpark. It was a sunny day and the road was flat and dry.

When reversing, I made contact with the 3rd party car. There was no one in the car then. The contact was very light.

I left a note to the owners of the car and met them when they contacted me.

We agreed on a private settlement

The damage was superficial to their left side bumper and there was minor scuffs to my own 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: 2/12/2019

2:25pm

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

09/12/2019
[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 01/12/2019 (DD/MM/YYYY), TIME: 11:00 (HH:MM)

LOCATION: TRIPLE ONE SUMERSET CARPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJC4736A
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN SYLPHY
 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: KOH ENG TAT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0125399/B CONTACT: 91153499
 c) ADDRESS: Block 413 Choa Chu Kang Ave 3
#04-387 S'PORE 680413

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KOH SHUN WEN SAMUEL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S924751H CONTACT: 94877907
 c) ADDRESS: Block 413 Choa Chu Kang Ave 3
#04-387
680413

* d) DATE OF BIRTH: 03/12/1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23 May 2013

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

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: SME1494X MODEL: SUBARU FORESTER
 b) DRIVER'S NAME: SEE HUI HONG
 c) NRIC/FIN/PASSPORT: S1912833C CONTACT: 98456582

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
 (including driver)
(1)

No of passenger
 (including driver)
(0)

No of passenger
 (including driver)
()

Email: Sam_koh@hotmail.com

VIDEO: MIKE KOH ET@GMAIL.COM

Claim Handling

Accident MT/1074111

Policy No.	5097996172-01	Vehicle No.	SJC4736A	GST Registrati
Certificate No.				
Policyholder Name	KOH ENG TAT			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91153499	Contact No.(Office)		Contact No.(Hr
Email Address		Special Remark		eCode
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	03/12/2019 14:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/12/2019	Time of Accident hh:mm	11:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	TRIPLEOPNE SOMERSET CARPARK			

▼ Excess

Own Damage Excess	600.00	Additional Excess	0	Windscreen Ex
Unnamed Driver Excess	2,500.00	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	BLK 413 #04-387	Address 2	CHOA CHU KANG AVENUE 3	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5097996172-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KOH SHUN WEN, SAMUEL	Driver NRIC	S9247315H	Driver DOB
Register Date of Driver License	23/05/2013	Driver Age	25	Driving Experi
Contact No.(Mobile)	94877907	Contact No.(Office)		Contact No.(Hr
Address 1	BLK 413 #04-387	Address 2	CHOA CHU KANG AVENUE 3	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	04-387			
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SJC4736A	Driver Insurer

Declaration:			
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes <input checked="" type="checkbox"/> No

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	KO
Contact No.(Mobile)	91153499	Contact No. (Home)	67
Email Address	mikekshet@gmail.com	Vehicle Number	SJC
Claim Description	SJC4736A / SME1494X ON 1 Dec 2019		
Preferred Workshop	Insured Liability	Fully at Fault	
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			03/12/2019 15:02
			ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Accident No.	MT/1074111	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/12/2019 15:05
Path *		Category *	Confider
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 15:05	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 15:05	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 15:05	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 15:05	SAS		Normal	S
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Dec 2019 15:02	Photos		Normal	Ph

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="01/12/2019 14:07"/>
Vehicle No. (For Motor)	<input type="text" value="SJC4736A"/>	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"/>	5097996172-01		KOH ENG TAT	S01223998	GPC	drive CLASSIC	SJC4736A	SJC4736A	20/02/2019	19/02/2020