

NATIONAL Assessment Centre Services. (wef 1 Jan'05) MNA119 16 067

Date In: 5/12/19-16:15	Job description	Date & Time Completed	Done by
Ref No: NA/INC19-021526FW	SAS e-filing		
Veh No: Jh723574	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 4/12/19-16:45	i-Motor Claim Form	M7/1074506001	5/12/19 16:48
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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: J48100A	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

NA1909101	Invoice Preparation Checklist	Ant (\$) In Bill	Ant (\$) 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:-		
	Q1*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 2 / 3:			

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	05/12/2019 16:15
Date Of Accident	04/12/2019 16:45
Exact Location Of Accident	BUKIT TIMAH RD BEFORE MACKENZIE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT2357U
Insured/Policyholder	
Name Of Registered Owner	NG YOKE KWONG
NRIC No	S0044736F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94556003
Alternative Phone No	OFFICE-94556003

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC IMA A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5101035399-01
Cover Note Number	

Driver

Name of Driver	NG YOKE KWONG
NRIC No	S0044736F
Date Of Birth	21/04/1951
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1977
Driving Experience	42 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94556003
Fax Number	
Contact Number	OFFICE-94556003
EMail Address	NOEMAIL

Address	BLK 128 BEDOK RESERVOIR ROAD #07-1315
Postcode	470128
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?	YES
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: : GUO ZHONGHUI GENDER: : FEMALE

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	SH8100A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	FOONG
NRIC/Passport Number	
Contact Number	90719511
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NG YOKE KWONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGT2357U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	GUO ZHONGHUI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGT2357U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

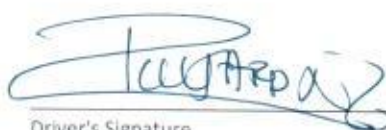
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

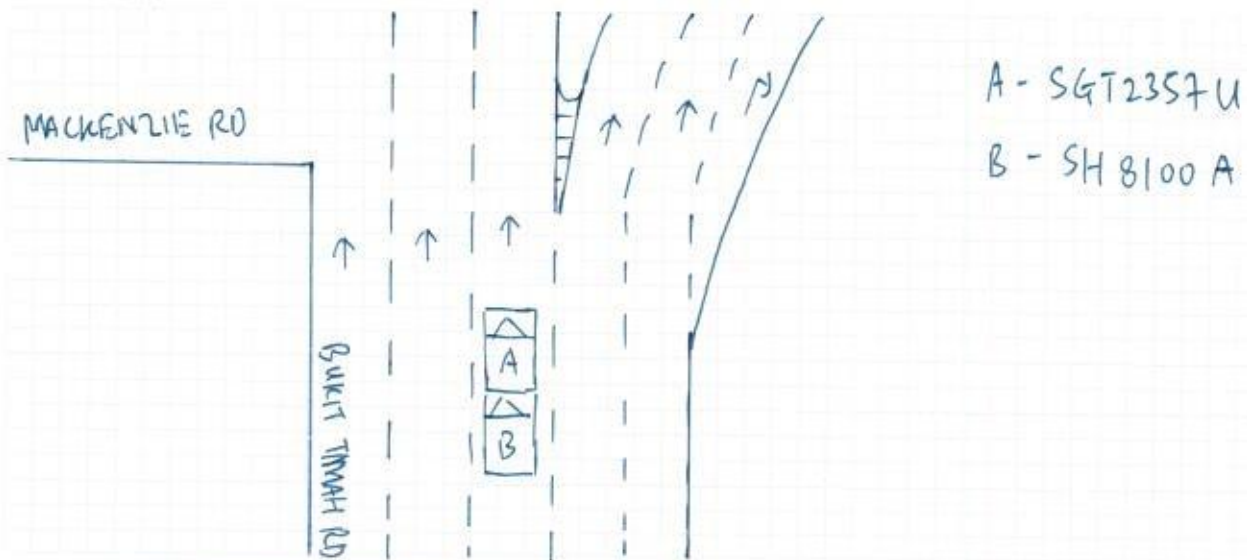


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On stated time & date, I was travelling along Bukit Timah Road on lane 1, in my vehicle bearing (SGT 2357 U). My vehicle was stationary due to the red light, as I was about to move off, suddenly I felt a huge impact from the rear. I realised a taxi bearing (SH 8100 A) had collided onto the rear portion of my vehicle. We exchanged particulars and decided to proceed with insurance claim.

DECLARATION

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

Factoring

Policyholder's Signature
Date & Time:

2022

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

Centre Personnel's Signature

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

ACCIDENT STATEMENT

ACCIDENT DATE: 4 / 12 / 19 (DD/MM/YYYY), TIME: 16 : 45 (HH:MM)

LOCATION: BUKIT TIMAH ROAD BEFORE MACKENZIE ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S6T 2357 U
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5101035399-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK
 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 YOKE KWONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 50044736 F CONTACT: 9455 6003
 c) ADDRESS: 81K 128 BEDOK RESERVOIR ROAD #07-1315
SC 470128)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NG YOKE KWONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 50044736 F CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: 21 / 04 / 1951 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 42

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: SH 8100 A MODEL: _____
 b) DRIVER'S NAME: Fuong
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 9071 9511

9. THIRD PARTY VEHICLE

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

1/2 No of passengers
 (including driver)

(2)

1 M

1 F

two zhongni

1/2 No of passengers
 (including driver)

(?)

1/2 No of passengers
 (including driver)

()

Email =

fax =

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="04/12/2019 16:45"/>							
Vehicle No.(For Motor)	<input type="text" value="SGT2357U"/>	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"/>	5101035399-01		NG YOKE KWONG	S0044736F	GPC	drive CLASSIC	SGT2357U	SGT2357U	04/04/2019	03/04/2020
<input type="button" value="Continue"/>										

Policy Information					
Policy No.	5101035399-01	Policyholder Name	NG YOKE KWONG	Policyholder NRIC	S0044736F
Certificate No.					
Address	BLK 128 #07-1315 BEDOK RESERVOIR ROAD SINGAPORE 470128				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	02/04/2019	Effective Date	04/04/2019 00:00	Expiry Date	03/04/2020 23:59
Excess Type	Per Accident	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	AW AH TIM JENNY	Agent Tel.	63147646 null	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					
Policyholder Mailing Address					
Address 1	BLK 128 #07-1315	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470128
Address 4		Address Type	Singapore address	Post Code	470128
Unit No.		Related Policy Number	5101035399-01		
Insured Object: SGT2357U					
Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content	
<div>Continue</div> <div>Cancel</div>					

Claim Handling

Accident MT/1074506

Policy No.	5101035399-01	Vehicle No.	SGT2357U	GST Registration No.	
Certificate No.					
Policyholder Name	NG YOKE KWONG	Cover Type	drive CLASSIC	Policyholder NRIC	S0044736F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	94556003	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
eFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	05/12/2019 16:46	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	04/12/2019	Time of Accident hh:mm	16:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT TIMAH RD BEFORE HACKENZIE RD				

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 is Covered?	Covered
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	BLK 128 #07-1315	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470128
Address 4		Address Type	Singapore address	Post Code	470128
Unit No.		Related Policy Number	5101035399-01		

01 Driver Info

Driver Name	NG YOKE KWONG	Driver Type	Main Driver	Driver DOB	21/04/1951
Unnamed driver Name		Driver NRIC	S0044736F	Driving Experience	42
Register Date of Driver License	19/10/1977	Driver Age	68	Contact No.(Home)	0
Contact No.(Mobile)	94556003	Contact No.(Office)	0	Address 3	SINGAPORE 470128
Address 1	BLK 128	Address 2	BEDOK RESERVOIR ROAD	Post Code	470128
Address 4		Address Type	Singapore address		
Unit No.	07-1315				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	NG YOKE KWONG	Insured NRIC	S0044736F	
Contact No.(Mobile)	94556003	Contact No.(Home)	55471907	Contact No.(Office)		
Email Address	ngrichard05@gmail.com	DI Vehicle Number	SGT2357U	TP Vehicle Number	SHB100A	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *	<input type="text"/>	Claimant NRIC *	<input type="text"/>			
Claimant Address	<input type="text"/>					
Claim Description	SGT2357U / SHB100A ON 4 Dec 2019				Name of Preferred Workshop	<input type="text"/>
Preferred Workshop Contact No.	<input type="text"/>	Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	05/12/2019 16:48	Claim Close Date	<input type="text"/>	Date Received	05/12/2019 00:00	
Report Taken By	Jackson					

☒ Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1074506	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/12/2019 16:48

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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