

NATIONAL Assessment Centre Services

[Part 1 Jan 05]

MMA 119161090

Date In: 6/12/19 16:20	Job description	Date & Time Completed	Done by
Ref No: NAI INC 19021589/h4	SAS e-filing		
Veh No: CB 6402 M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 5/12/19 21:40	I-Motor Claim Form	MT/107467001	6/12/19 17:01
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SGN 6610T.

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:

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

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref: 11

Ref: 2/3

MA1909159

Invoice Preparation Checklist

Amc (\$)

Amc (\$)

Amc (\$)

1) AR: Accident Reporting (\$30);

30.00

2) DA: Damage Assessment (\$100); INC (\$10)

3) TP: Towing Fee \$40/\$45

4) PT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON:

*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: Idao Mobile \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

MA1909159

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	06/12/2019 16:20
Date Of Accident	05/12/2019 21:40
Exact Location Of Accident	269D COMPASSVALE LINK DRIVE WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6402M
Insured/Policyholder	
Name Of Registered Owner	NGOH THIAM HUAT
NRIC No	S1069640B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96844209
Alternative Phone No	OFFICE-96844209

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER DX 3.0 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	REPORTING ONLY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5082309167-03
Cover Note Number	

Driver

Name of Driver	NGOH THIAM HUAT
NRIC No	S1069640B
Date Of Birth	18/03/1953
Occupation	OUTDOOR
Date Of Driving Pass	19/09/1973
Driving Experience	46 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96844209
Fax Number	
Contact Number	OFFICE-96844209
EMail Address	NOEMAIL

Address	BLK 624C PUNGGOL CENTRAL #09-328
Postcode	823624
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	SIDE SWIPE
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?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGN6610T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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:

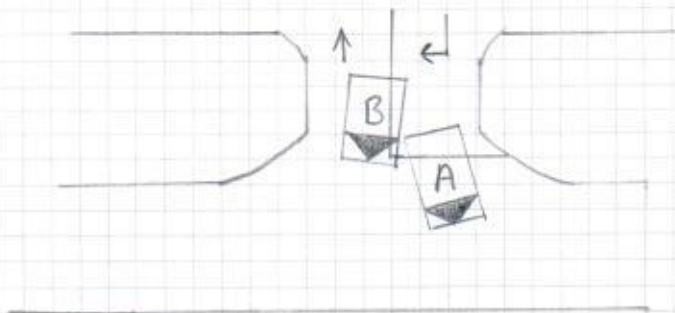
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



A = CB 6402 M

B = SGN 6610 T

269 D Compassvale Link Drive Way

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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.:

MY VEH WAS DRIVING AT THE 269D COMPASSVALE LINK DRIVE WAY,
WHEN COME TO THE ROAD END, I CHECK BEHIND THE TRAFFIC WAS
CLEAR, WHEN I SLOWLY REVERSING BACK FOR MAKE A U-TURN EXIT TO
THE CARPARK. SUDDENLY VEH B COME FROM MY BEHIND TRY TO
OVERTAKE MY VEH AND HIT ONTO MY VEH RIGHT REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (5 / 12 / 19) (DD/MM/YYYY), TIME: (21 : 40) (HH:MM)

LOCATION: 269D compassvale Link Drive Way

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: CB 6402M.
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
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: 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: Ngoh Thiam Huat (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96844209
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____ / ____ / ____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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: SGN 6610T MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email =

fax =

VIDEO = Yes, Havent Retrieve.

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="05/12/2019 15:59"/>
Vehicle No.(For Motor)	<input type="text" value="CB6402M"/>	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"/>	5082309167-03		NGOH THIAM HUAT	S10696408	GBS	Third Party, Fire & Theft	CB6402M	CB6402M	22/07/2019	21/07/2020

Claim Handling

Accident MT/1074670

Policy No.	5082309167-03	Vehicle No.	CB6402M	GST Registration No.	
Certificate No.					
Policyholder Name	NGOH THIAM HUAT	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S1069640B
Product Code	BUS INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96844209	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KFC	No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	06/12/2019 16:57	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	05/12/2019	Time of Accident hh:mm	21:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	269D COMPASSVALE LINK DRIVE WAY				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		
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 624C #09-328	Address 2	PUNGGOL CENTRAL	Address 3	PUNGGOL SPECTRA
Address 4	SINGAPORE 823624	Address Type	Singapore address	Post Code	823624
Unit No.		Related Policy Number	5082309167-03		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	18/03/1953
Unnamed driver Name	NGOH THIAM HUAT	Driver NRIC	S1069640B	Driving Experience	46
Register Date of Driver License	19/09/1973	Driver Age	66	Contact No.(Home)	
Contact No.(Mobile)	96844209	Contact No.(Office)		Address 3	PUNGGOL SPECTRA
Address 1	BLK 624C #09-328	Address 2	PUNGGOL CENTRAL	Post Code	823624
Address 4	SINGAPORE 823624	Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NGOH THIAM HUAT	Insured NRIC	S1069640B
Contact No.(Mobile)	96844209	Contact No.(Home)	96844209	Contact No.(Office)	
Email Address		Vehicle Number	CB6402M	TP Vehicle Number	SGN6610T
Claim Description	CB6402M / SGN6610T ON 5 Dec 2019			Name of Preferred Workshop	
Preferred Workshop	0	Insured Liability	Partially at fault		
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	06/12/2019 17:00
Report Taken By					LEE SHAN HUI
<input checked="" type="checkbox"/> Print AK letter.					

Save Submit

Attachment

Accident No.	MT/1074670	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	06/12/2019 17:01
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
Attachment List			

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2019 17:01	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2019 17:01	SAS	Normal	SAS 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2019 17:01	Photos	Normal	Photos 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2019 17:01	Photos	Normal	Photos 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2019 17:01	Photos	Normal	Photos 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2019 17:01	Photos	Normal	Photos 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2019 17:00	Photos	Normal	Photos 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2019 17:00	Photos	Normal	Photos 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2019 17:00	Photos	Normal	Photos 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2019 17:00	Photos	Normal	Photos 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2019 17:00	Photos	Normal	Photos 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2019 17:00	Photos	Normal	Photos 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2019 17:00	Photos	Normal	Photos 2019-12-6

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading