NATIONAL Assessment Centre Services. [wef 1 Jan'00]. MNA4/916/680

	Job description	Date &Time Completed	Done by
Date In: 09/12/2019 11:54	SAS e-filing		
Ref No: NBA/INC/19021610/4	E-mail (Within 8hrs, AIC 2hrs)		
Veh No: SN 7068 J	I-Motor Claim Form	MT/10748/9001 . 09/12/2019 12:21	
D.O.A: 08/12/2019 16:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / (TP) / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: SLE 6740P 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%. F: 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: ( )

Claims Follow-up Action	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 Remarks

X0190531.68

Claimant Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Cal 1:

1.2/2

Invoicing Schedule		
1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($100)	INC ($10)	
3) TF : Towing Fee	$40/$45	
4) FT : Follow-Through Survey	$120	
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2001)	$30	
6) TR : Re-Inspection	$75	
7) NI : Ideo DA + SMRT Survey	$160	
8) NTUC Additional Services:- OD:		
*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: Ideo Mobile	30	
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	09/12/2019 11:54
Date Of Accident	08/12/2019 16:00
Exact Location Of Accident	MAXWELL ROAD TOWARDS NEIL ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJY7068J
Insured/Policyholder	
Name Of Registered Owner	NG YI TIONG (HUANG YI ZHONG)
NRIC No	S7918732A
Email Address	YITIONG.NG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87823262
Alternative Phone No	OTHERS-87823262
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS HYBRID-1.8 (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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104011220
Cover Note Number	
Driver	
Name of Driver	NG YI TIONG (HUANG YI ZHONG)
NRIC No	S7918732A
Date Of Birth	15/06/1979
Occupation	OUTDOOR
Date Of Driving Pass	14/01/2004
Driving Experience	15 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87823262
Fax Number	
Contact Number	OTHERS-87823262
EMail Address	YITIONG.NG@GMAIL.COM

Address	BLK 127C KIM TIAN ROAD #33-539
Postcode	163127
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?	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)	4
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : SON GENDER: : MALE
Passenger 3	NAME: : SON 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

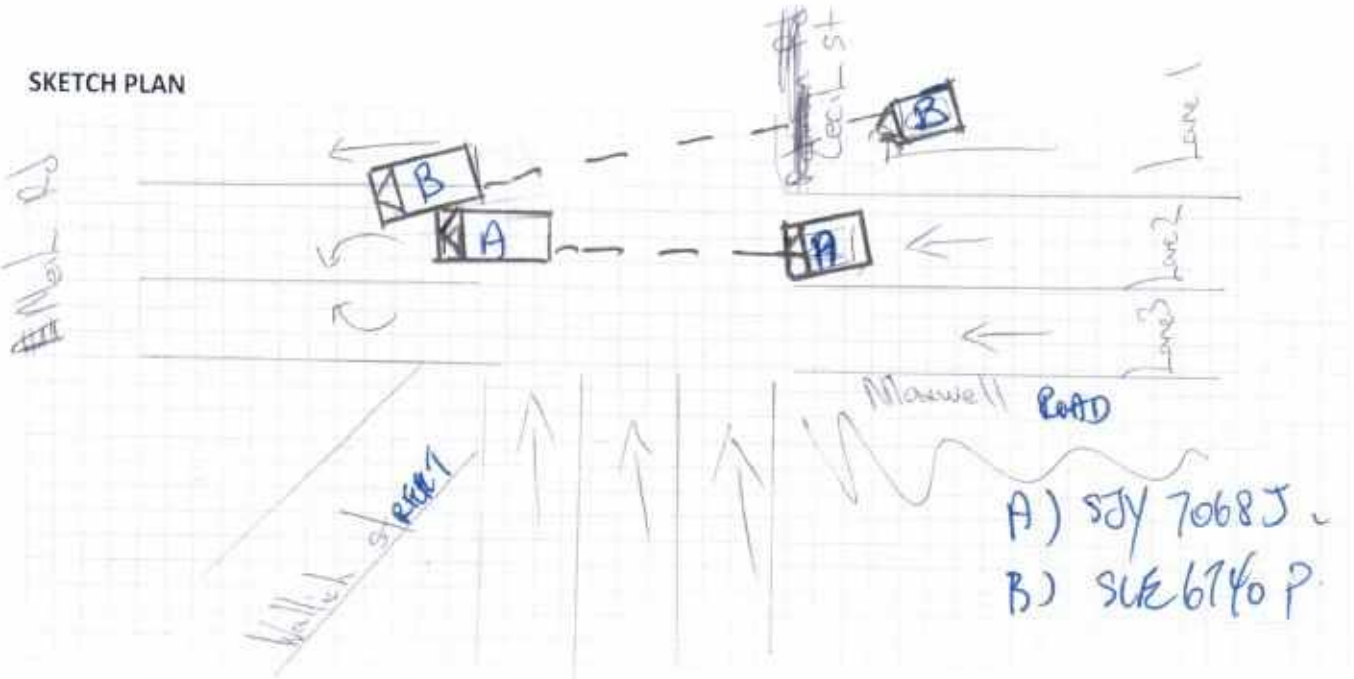
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE6740P
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the Date 08/12/19 When I Travel from Maxwell towards me, At there is 3 lane ~~lane~~ one turn Right Lane 2 & 3 go straight SSY 7068J at Lane 2, SLE 6740P at Lane after the juton SLE 6740P didn't not turn right and up going straight then hit on the right side of SSY 7068J

DECLARATION

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

10:05am
9/12/19

Policyholder's Signature
Date & Time:

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

09/12/2019

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

ACCIDENT STATEMENT

ACCIDENT DATE: 08/12/2019 (DD/MM/YYYY), TIME: 16:00 (HH:MM)

LOCATION: MAXWELL ROAD TOWARDS NAIL ROAD.

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SS4706K3
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Saloon
   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: Ng Yi Tiong (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S7918732P CONTACT: 87823262
   c) ADDRESS: Kim Tian Blk 127C # 33-539

WIFE - 1
SON - 2

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passengers (including driver) (4)

3. DRIVER
   a) NAME: AS ABOVE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (15/06/1979) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 14/01/2004
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
   * No of passenger (including driver) ( )
   a) VEHICLE NUMBER: SLE6740P MODEL: HONDA VEZEL
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:
9. THIRD PARTY VEHICLE
   * No of passenger (including driver) ( )
   a) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

email = ~~Yi~~ YiTiong.Ng@gmail.com

VIDEO

Claim Handling

Accident MT/1074829

Policy No.	5104011220	Vehicle No.	SJY7068J	GST Registrati
Certificate No.				
Policyholder Name	NG YI TIONG (HUANG YI ZHONG)			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	87823262	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	09/12/2019 12:06	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/12/2019	Time of Accident hh:mm	16:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	MAXWELL ROAD TOWARDS NEIL ROAD			

Excess

Own damage Excess	2,000.00	Additional Excess	0		Windscreen Ex
Unnamed Driver Excess	0.00	Outside Singapore OD Excess		2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess		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 127C #33-539	Address 2	KIM TIAN ROAD	Address 3
Address 4	SINGAPORE 163127	Address Type	Singapore address	Post Code
Unit No.	33-539	Related Policy Number	5104011220	

OI Driver Info

Driver Name	NG YI TIONG (HUANG YI ZHONG)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7918732A	Driver DOB
Register Date of Driver License	14/01/2004	Driver Age	40	Driving Experi
Contact No.(Mobile)	87823262	Contact No.(Office)		Contact No.(H
Address 1	BLK 127C #33-539	Address 2	KIM TIAN ROAD	Address 3
Address 4	SINGAPORE 163127	Address Type	Singapore address	Post Code
Unit No.	33-539			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SJY7068J	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 **New**

Claim Type *		OD-MX	Insured Name NG
Contact No.(Mobile)		87823262	Contact No. (Home)
Email Address		YITIONG.NG@GMAIL.COM	OI Vehicle Number SJY
Claim Description		SJY7068J / SLE6740P ON 8 Dec 2019	
Preferred Workshop		Insured Liability Not at Fault	
Cancel No. Finalisation	Yes	Preferred Repair Option Preferred Workshop, Name unknown	GIA report Received
Date Registered		09/12/2019 12:12	Claim Close Date
Report Taken By		ROSLI WAHAB	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1074829	Claim No.	001
Last Doc. Received	● Yes ○ No	Upload Date	09/12/2019 12:21

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 09 Dec 2019 12:21	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 12:21	SAS		Normal	S
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 12:14	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 12:14	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 12:14	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 12:14	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 12:13	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 12:13	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 12:13	Photos		Normal	Ph
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 12:12	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 12:12	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 12:12	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 12:12	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 12:12	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 12:12	Photos		Normal	Ph

Video List

Uploaded By/Date	Folder Date	File Name	?

Display in New Window | Scan and uploading

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) SJY7068J
Date of Accident 08/12/2019 09:34
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5104011220		NG YI TIONG (HUANG YI ZHONG)	S7918732A	GPC	drivo CLASSIC	SJY7068J	SJY7068J	20/09/2018	12/04/2020

Continue