NATIONAL Assessment Centre Services. (wef 1 Jan'06). MNA19169769

Date In: 26/12/2019 15:13	Job description	Date &Time Completed	Done by
Ref No: NBD/INC/19022692/Y	SAS e-filing		
Veh No: PC 2154X	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 28/11/2019 16:10	I-Motor Claim Form	MT/10174098-003 26/12/2019 16:01	
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 / OW: (Tel: Fax:)

TP Particulars: Veh No: SMD 9108A 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: ( )

Customer Assistance Services		Date	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost > $3000]	( )		

Injury :

Date / Remarks

NA19909569

Customer Information	Invoice Fee	Fee	Amount(s) Inc/Excl
Driver/Owner:	1) AR : Accident Reporting ($30);		
	2) DA : Damage Assessment ($100);	INC ($40)	
	3) TF : Towing Fee	$40/$45	
Contact No:	4) FT : Follow-Through Survey	$120	
	5) FT : Follow-Through Survey (Resurvey)	$30	
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR : Re-Inspection	$75	
	7) N1 : Idea DA + SMRT Survey	$160	
	8) NTUC Additional Services-		
QC Checked by (Engr-In-Charge):	OR:		
	• N5: Courtesy Car / Tpt Allowance	$5	
	• N6: Repair Co-ordination	$10	
Auditor's Comments:	• N7: Post Repair Inspection	$25	
	• N8: DV / Collect Excess Coordination	$5	
Cal. 1:	TP (N11) : TP (Non INC) against INC	$20	
	9) N12: Idea Mobile	30	
	Invoice dated	*Fee Charged*	
	Invoice dated	*Fee Charged*	

2/3

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 26/12/2019 15:56

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	26/12/2019 15:13
Date Of Accident	28/11/2019 16:10
Exact Location Of Accident	JUNCTION OF FRENCH ROAD AND HORNE ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC2154X
Insured/Policyholder	
Name Of Registered Owner	THYE HUA KWAN MORAL CHARITIES LIMITED
Co Reg No	2XXXXX733N
Email Address	LEESEEYEOW@THKMC.ORG.COM
Mobile Phone No	(LOCAL) +65-92998000
Alternative Phone No	OFFICE-86200456
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
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	5063825637-05
Cover Note Number	
Driver	
Name of Driver	ONG HOCK LAM
NRIC No	SXXXX959A
Date Of Birth	21/05/1958
Occupation	OUTDOOR
Date Of Driving Pass	22/08/1977
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92998000
Fax Number	
Contact Number	OTHERS-86200456
EMail Address	LEESEEYEOW@THKMC.ORG.COM

Address	BLK 239 BUKIT BATOK EAST AVENUE 5 #01-165
Postcode	650239
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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)	3
Passenger 1	NAME: : SHAMSUDDIN GENDER: : MALE
Passenger 2	NAME: : ZEN 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 STATEMENT AND ATTACHMENT

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

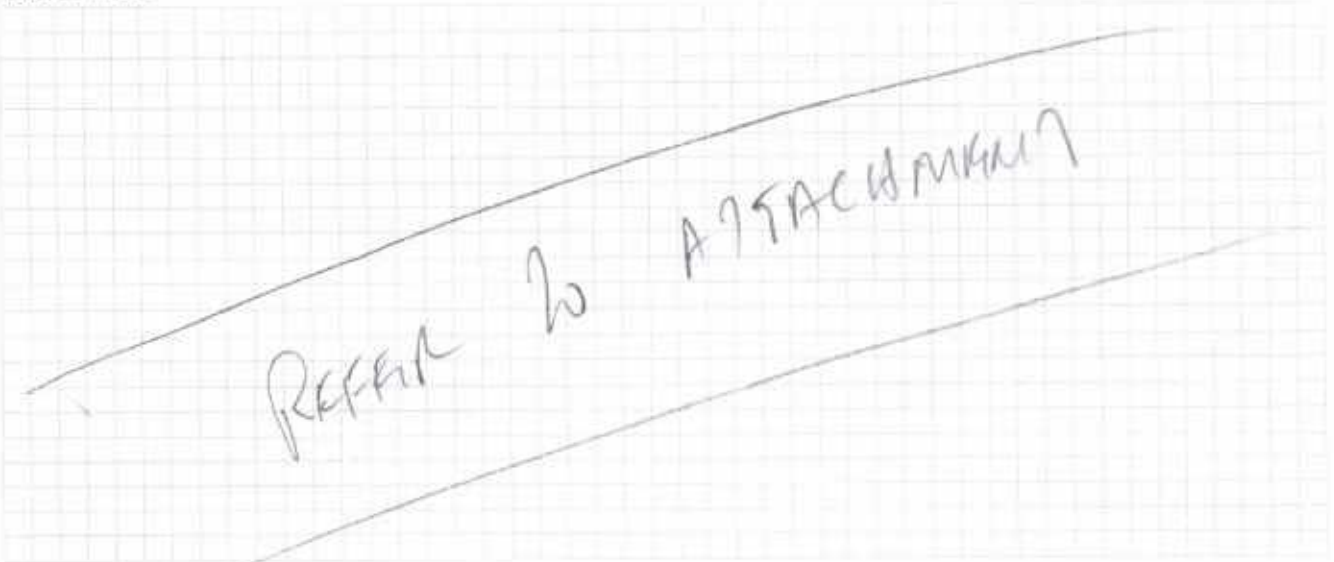
Vehicle Registration Number	SMD9104A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHMENT

DECLARATION

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

Thye Hua Kwan Moral Charities
Blk 152 Mei Ling St
#01-08 Singapore 140152
Tel: 6473 8118 Fax: 6473 6128

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 26/12/19 14.05pm	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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.

Thye Hua Kwan Moral Charities
Blk 152 Mei Ling St
#01-03 Singapore 140152
Tel: 6473 6113 Fax: 6473 6128

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 26/12/19 14.05 pm	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 26/12/2019

On 28/11/19 at about 4.10pm while I was travelling toward Lavender Street. While at Junction of French and Horne ROAD, I stopped look left and right Side of Horne ROAD. A Car (SMD9104A) at left about 80 meter away and no car at right. When accelerate to drive Straight, the Car ~~speed fast~~ drove fast came infront of my van (PC2154X) and I hit his rear right door and dented.

26/12/19

26/12/19

Thye Hua Kwan Moral Charities
Blk 152 Mei Ling St
#01-08 Singapore 140152
太和观 THK Tel: 6473 6113 Fax: 6473 6128

Claim Handling

› Exit

Accident MT/1074098

Policy No.	5003829837-01	Vehicle No.	PC2154X	GST Registration No.	201130733N
Certificate No.					
Policyholder Name	THYE HUA KWAN MORAL CHARITIES LIMITED			Policyholder NRIC	201130733N
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▾
HPE	○ No ○ Yes	TCA	○ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

▼ Accident Details

Report Date	03/12/2019 14:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	28/11/2019	Time of Accident hh:mm	16:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HORNE ROAD				

▼ Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			

▼ Benefits

Coverage	Sum Insured
Accessory	13000

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/12/2012
GST Registration No.	201130733N	GST Status Verified	Yes
Modification History	02/12/2019 14:27:50 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	1 NORTH BRIDGE ROAD	Address 2	#23-08 HIGH STREET CENTRE	Address 3	SINGAPORE 179094
Address 4		Address Type	Singapore address	Post Code	179094
Unit No.	23-08	Related Policy Number	5003432856-06		

▼ OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes ○ No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 003 New

Claim Type *	OD-MX ▾	Insured Name	THYE HUA KWAN MORAL CHARI	Insured NRIC	201130733N
Contact No.(Mobile)	+	Contact No.(Home)	+	Contact No.(Office)	63271201
Email Address	emykoh@thkmc.org.sg	OI Vehicle Number	PC2154X	TP Vehicle Number	SMD9104A
Claim Description	PC2154X / SMD9104A ON 28 Nov 2019			Name of Preferred Workshop	
Preferred Workshop / Consent No. Firstnotation: Yes ▾	Insured Liability: Fully at Fault ▾; Preferred Repair Option: Preferred Workshop, Name unknown ▾	GIA report	Received ▾		
Date Registered	26/12/2019 16:00	Claim Close Date		Date Received	26/12/2019 00:00
Report Taken By	KOSU WAHAB				

✓ Print AR letter

Save | Submit

Attachment

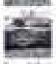
▼

Accident No.	MT/1074098	Claim No.	003
Last Doc. Received	◉ Yes ○ No	Upload Date	26/12/2019 16:01

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select ▾	NO ▾	Normal ▾	
Choose File No file chosen	Clear	Please Select ▾	NO ▾	Normal ▾	
Choose File No file chosen	Clear	Please Select ▾	NO ▾	Normal ▾	
Choose File No file chosen	Clear	Please Select ▾	NO ▾	Normal ▾	
Choose File No file chosen	Clear	Please Select ▾	NO ▾	Normal ▾	
Choose File No file chosen	Clear	Please Select ▾	NO ▾	Normal ▾	

Message Read — Send Message Upload

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Dec 2019 16:01	Photos	Normal	Photos 2019-12-26		Edit
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Dec 2019 16:01	Photos	Normal	Photos 2019-12-26		Edit
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Dec 2019 16:01	Photos	Normal	Photos 2019-12-26		Edit
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Dec 2019 16:01	Photos	Normal	Photos 2019-12-26		Edit
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Dec 2019 16:01	Photos	Normal	Photos 2019-12-26		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Dec 2019 16:01	Photos		Normal	Photos 2019-12-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Dec 2019 16:01	Photos		Normal	Photos 2019-12-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Dec 2019 16:01	Photos		Normal	Photos 2019-12-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Dec 2019 16:01	Photos		Normal	Photos 2019-12-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Dec 2019 16:01	Photos		Normal	Photos 2019-12-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Dec 2019 16:01	Photos		Normal	Photos 2019-12-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Dec 2019 16:01	Photos		Normal	Photos 2019-12-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Dec 2019 16:01	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Dec 2019 16:01	SAS		Normal	SAS 2019-12-26	Edit

Video List

Uploaded By/Date	Folder Date	File Name	?	Source	Action

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): PC2154A
Date of Accident: 28/11/2019 15:20
Certificate Number:

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
*	5063075637-05		THYE HUA KWAN MORAL CHARITIES LIMITED	201130733N	GB8	Comprehensive	PC2154X	PC2154X	23/12/2018	22/12/2019

Continue