NATIONAL Assessment Centre Services. NMA/E/19/70087

	Job description	Date & Time Completed	Done by
Date In: 27/12/2019 10:15			
Ref No: NBB/INC/19022742/4	SAS e-filling		
Veh No: SGZ 3399H	E-mail (Within 8hrs, AIC 2hrs)		
DOA: 26/12/2019 17:30	I-Motor Claim Form	MIL077383-001	27/12/2019 11:36
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: FW 3468D. 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: ( )

Follow-up Action			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 / Action

NA1909630

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Invoice Details		Amount(s)
1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($100) INC ($40)	$40/$45	
3) TF : Towing Fee	$120	
4) FT : Follow-Through Survey	$30	
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2000)	$75	
6) TR : Re-Inspection	$160	
7) NI : Idea DA + SMRT Survey		
8) NTUC Additional Services: OR:		
*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: Idea Mobile	30	
Invoice dated	*Fee Charged*	
Invoice dated	*Fee Charged*	

Rel. 3/03

MNA419170087 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 27/12/2019 10:15
SUBMITTED BY: ROSLI SIN ABDUL WAHAB

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 witholding 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	27/12/2019 10:15
Date Of Accident	26/12/2019 17:30
Exact Location Of Accident	SLE TOWARDS TPE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCZ3399H
Insured/Policyholder	
Name Of Registered Owner	FOK EN CI, KELVIN (HUO EN'CI)
NRIC No	SXXXX692E
Email Address	JONATHANFOK@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-81813945
Alternative Phone No	OTHERS-81813945
Vehicle Particulars	
Manufacturer	PEUGEOT
Model	5008
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	5106926368
Cover Note Number	
Driver	
Name of Driver	JONATHAN FOK EN HAO
NRIC No	SXXXX033D
Date Of Birth	08/01/1992
Occupation	INDOOR
Date Of Driving Pass	29/04/2011
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81813945
Fax Number	
Contact Number	OTHERS-81813945
EMail Address	JONATHANFOK@OUTLOOK.COM

Address	124 YUNNAN CRESCENT
Postcode	638330
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FW2468D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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.

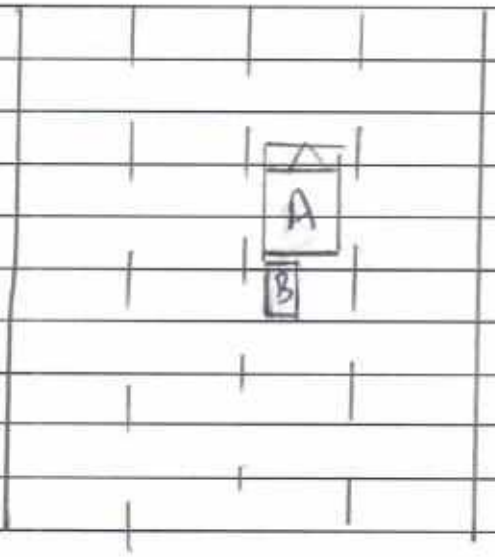
Policyholder's Signature Date & Time:	Driver's Signature (if driver is not the policyholder) Date & Time: 27/12/202 10:50 AM	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Motorcyclist did not manage to break on time and collided to the bumper of my vehicle.

A) SCZ 3359H
B) FW 2468D



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: 27/12/2019 1015 am	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 12 / 2019) (DD/MM/YYYY), TIME: (17 : 30) (HH:MM)

LOCATION: SLE (Expressway)

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SCZ3299H
   b) INSURANCE COMPANY: NTUC Income
   c) POLICY NUMBER: _____
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: PEUGEOT 5008
   f) TYPE: (SALOON / COUPE / (MPV) / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Heading to visit
   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: JONATHAN FOK EN HAO (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S9720305D CONTACT: 9181 3945
   c) ADDRESS: 124 # Yunnan Crescent S(638356)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\# No of passengers (including driver) (__)

DRIVER
   a) NAME: Kelvin Fok En Ci (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8524107E CONTACT: _____
   c) ADDRESS: 190 Yishun 2 Residence # 03-21 S(548560)

   * d) DATE OF BIRTH: (20 / 03 / 1985) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS _____
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
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: FW2468D MODEL: _____
   b) DRIVER'S NAME: _____
   c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

\# No of passenger (including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

\# No of passenger (including driver) (__)

email = jonathanfok@outlook.com

VIDEO

Claim Handling

· Exit

Accident MT/1077383

Policy No.	5106828368	Vehicle No.	SCZ3399H	GST Registration No.	
Certificate No.					
Policyholder Name	FOK EN CI, KELVIN (HUO EN CI)			Policyholder NRIC	S8524692E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	81813945	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
VPV	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	27/12/2019 11:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/12/2019	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLE TOWARDS TPE				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

Coverage	Sum Insured
Excess Waiver	99999999.00

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	134 YUNNAN CRESCENT	Address 2	SINGAPORE 638330	Address 3	
Address 4		Address Type	Singapore address	Post Code	638330
Unit No.		Related Policy Number	5106828368		

OI Driver Info

Driver Name	JONATHAN FOK EN HAO	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9203033D	Driver DOB	08/01/1992
Register Date of Driver License	29/04/2011	Driver Age	27	Driving Experience	8
Contact No.(Mobile)	81813945	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.	SCZ3399H	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 | New

Claim Type *	OD-MX	Insured Name	FOK EN CI, KELVIN (HUO EN CI)	Insured NRIC	S8524642E
Contact No.(Mobile)	98436797	Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	SCZ3399H	TP Vehicle Number	FW2448D
Claim Description	SCZ3399H / FW2448D ON 26 Dec 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Remark No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	27/12/2019 11:35	Claim Close Date		Date Received	27/12/2019 00:00
Report Taken By	ROSLI WAHAB				

Print All letter

Save | Submit

Attachment

Accident No.	MT/1077383	Claim No.	001
Last Doc. Received	Yes No	Upload Date	27/12/2019 11:36

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_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 11:36	Photos		Normal	Photos 2019-12-27		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 11:36	Photos		Normal	Photos 2019-12-27		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 11:36	Photos		Normal	Photos 2019-12-27		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 11:36	Photos		Normal	Photos 2019-12-27		Edit

						
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 11:36	Photos		Normal	Photos 2019-12-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 11:36	Photos		Normal	Photos 2019-12-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 11:36	Photos		Normal	Photos 2019-12-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 11:36	Photos		Normal	Photos 2019-12-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 11:35	Photos		Normal	Photos 2019-12-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 11:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 11:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 11:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 11:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 11:35	SAG		Normal	SAG 2019-12-27	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_800678

Change Language | Change Password | Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) SCZ3399H
Date of Accident 26/12/2019 10:14
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5108936368		FOK EN CI, KELVIN (HUO EN CI)	S8524682E	GPC	Drive PREMIUM	SCZ3399H	SCZ3399H	16/01/2019	15/01/2020

Continue