

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA 170000697

Date In: 7/1/20 - 18:18	Job description	Date & Time Completed	Done by
Ref No: HA/NC20000096/4	SAS e-filing		
Veh No: 56J2331R	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 31/12/19-18:40	i-Motor Claim Form	7/1/20 18:40	7/1/20 18:33
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: Vch No: 56J2331R 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

HA 2000 86	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
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:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (N-in INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	02/01/2020 18:18
Date Of Accident	31/12/2019 16:40
Exact Location Of Accident	KRETA AYER CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ2731R
Insured/Policyholder	
Name Of Registered Owner	HONG HEE KENG
NRIC No	SXXXX973B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91441448
Alternative Phone No	OFFICE-91441448

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180 SB (R18 BI)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107259384
Cover Note Number	

Driver

Name of Driver	HONG HEE KENG (FANG XIQING)
NRIC No	SXXXX973B
Date Of Birth	06/09/1972
Occupation	INDOOR
Date Of Driving Pass	27/01/2017
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91441448
Fax Number	
Contact Number	OFFICE-91441448
Email Address	NOEMAIL

Address	BLK 996B BUANGKOK CRESCENT #08-899
Postcode	532996
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 ON COLLISION
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)	4
Passenger 1	NAME: : CHIA SAI KHENG GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - 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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ9744U
Vehicle Make/Model/Colour	HYUNDAI AVANTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NUR HALMI BIN BULAT

NRIC/Passport Number	SXXXX156G
Contact Number	91372557
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	HONG HEE KENG (FANG XIQING)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLJ2731R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHIA SAI KHENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLJ2731R
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.
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 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

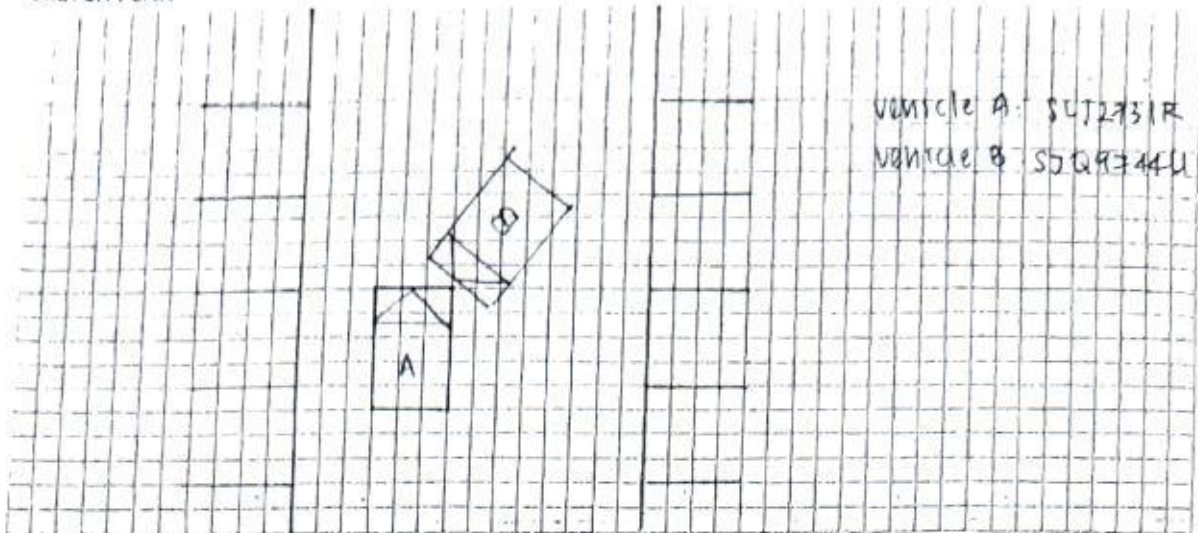
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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 the stated time and date, I was in a car park along Kreta Ayer. I couldn't remember the block there.

My vehicle was moving along in the car park and I came to a complete stop as I saw a vehicle with car plate number SJQ9744U (veh B) was travelling towards me and the path is narrow.

After my vehicle was stationary for about 2-3 seconds, vehicle B suddenly drove onto my vehicle front right portion.

Both of us alighted from our vehicle to check on the damages. We exchanged particulars and agreed to proceed to claim.

My mother, wife and son was in the car. My mother and I felt pain in the neck afterwards. We went to see the doctor as the pain is more prominent and were given 2 days of MC.

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.:

Date of Accident: 31/12/2019 Accident Time: 16.40 (24-HR-Format)
 Accident Place: Kiota Ayer
 Vehicle Reg. No. (Car Plate No.): SLJ2731R
 Vehicle Make/Model: CLA 180 (shooting Brake)
 Insurance Company: NTUC Income Policy No.: _____
 Owner or Company Name / IC No.: Hong Hee Keng (87232973B)
 Owner or Company Contact No.: _____ Owner's Hp: 91441448 Company Tel: _____
 DRIVER'S Name / IC No.: HONG HEE KENG / S7232973B
 DRIVER'S Date Of Birth: 06/09/1972 DRIVER'S License Pass Date: 27/1/2017
 Relationship of Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address: Blk 996B, #08-899 Buangkok Crescent S'pt 53296
 DRIVER'S Contact No. / Alt No.: 1) 91441448 2) _____
 DRIVER'S Occupation: INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address: max.hong@live.com.sg
 Weather & Road Surface: CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
 Reporting Type: Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 4 (2 female; 1 male) 2 injuries
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SJQ 97444</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Hyundai Areta</u>	Vehicle Make/Model: _____
Name Driver: <u>NUR Halmi Bin Bala +</u>	Name Driver: _____
IC No. Driver: <u>S7910156G</u>	IC No. Driver: _____
Driver's Contact & Add: <u>9137 2557</u>	Driver's Contact & Add: _____

passenger A Mother - Chia Sen Kheng
 passenger B Son
 passenger C Wife

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107259384		HONG HEE KENG	S7232973B	GPC	drive PREMIUM	SLJ2731R	SLJ2731R	02/02/2019	30/05/2020

Policy Information

Policy No.	5107259384	Policyholder Name	HONG HEE KENG	Policyholder NRIC	S7232973B
Certificate No.					
Address	BLK 702 #08-351 WEST COAST ROAD SINGAPORE 120702				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	01/02/2019	Effective Date	02/02/2019 00:00	Expiry Date	30/05/2020 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	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 702 #08-351	Address 2	WEST COAST ROAD	Address 3	SINGAPORE 120702
Address 4		Address Type	Singapore address	Post Code	120702
Unit No.		Related Policy Number	5107259384		

Insured Object: SLJ2731R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	30/10/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 02 Feb 2019 TO 30 May 2020 In view of this amendment, an additional premium of \$734.45 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>

Continue

Cancel

Claim Handling

Accident MT/1078254

Policy No.	5107259384	Vehicle No.	SLJ2731R	GST Registration No.	
Certificate No.					
Policyholder Name	HONG HEE KENG	Cover Type	drive PREMIUM	Policyholder NRIC	S7232973B
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	91441448	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	02/01/2020 18:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	31/12/2019	Time of Accident (hh:mm)	16:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KRETA AYER CARPARK				
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 702 #08-351	Address 2	WEST COAST ROAD	Address 3	SINGAPORE 120702
Address 4		Address Type	Singapore address	Post Code	120702
Unit No.		Related Policy Number	5107259384		
OT Driver Info					
Driver Name	HONG HEE KENG	Driver Type	Main Driver	Driver DOB	06/09/1972
Unnamed driver Name		Driver NRIC	S7232973B	Driving Experience	2
Register Date of Driver License	27/01/2017	Driver Age	47	Contact No. (Home)	0
Contact No. (Mobile)	91441448	Contact No. (Office)	0	Address 3	BUANGKOK TROPICA
Address 1	BLK 996B	Address 2	BUANGKOK CRESCENT	Post Code	532996
Address 4	SINGAPORE 532996	Address Type	Singapore address		
Unit No.	08-899				
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		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	HONG HEE KENG	Insured NRIC	S7232973B
Contact No. (Mobile)	91441448	Contact No. (Home)	67753489	Contact No. (Office)	
Email Address		OT Vehicle Number	SLJ2731R	TP Vehicle Number	51Q9744U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NRIC *			
Claimant Address					
Claim Description	SLJ2731R / 51Q9744U ON 31 Dec 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/01/2020 18:33	Claim Close Date		Date Received	02/01/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					











Save Submit

Attachment

Accident No.	MT/1078254	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/01/2020 18:33	
Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="radio"/> Yes <input checked="" type="radio"/> No	Normal	
Browse... Clear	Please Select	<input type="radio"/> Yes <input checked="" type="radio"/> No	Normal	
Browse... Clear	Please Select	<input type="radio"/> Yes <input checked="" type="radio"/> No	Normal	
Browse... Clear	Please Select	<input type="radio"/> Yes <input checked="" type="radio"/> No	Normal	
Browse... Clear	Please Select	<input type="radio"/> Yes <input checked="" type="radio"/> No	Normal	
Browse... Clear	Please Select	<input type="radio"/> Yes <input checked="" type="radio"/> No	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (OO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2020 18:33	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2020 18:33	SAS		Normal	SAS 2020-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2020 18:33	Photos		Normal	Photos 2020-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2020 18:33	Photos		Normal	Photos 2020-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2020 18:33	Photos		Normal	Photos 2020-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2020 18:33	Photos		Normal	Photos 2020-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2020 18:33	Photos		Normal	Photos 2020-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2020 18:33	Photos		Normal	Photos 2020-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2020 18:33	Photos		Normal	Photos 2020-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Jan 2020 18:33	Photos		Normal	Photos 2020-1-2

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Scan and uploading