

# NATIONAL Assessment Centre Services

Date In: 10/01/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20000676/13	SAS e-filing		
Veh No: SLV645G	E-mail (within 8hrs, A&D 2hrs)		
D.O.A: 09/01/20 2100	i-Motor Claim Form	MT/1079545-001	
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: SJ08F21L	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. ( )

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

NA2000531	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int. Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tp 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: Idno 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	10/01/2020 15:25
Date Of Accident	09/01/2020 21:00
Exact Location Of Accident	CLAYMORE HILL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLV645G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PLATINUM MOTORING
Co Reg No	5XXXX190J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65842502
<b>Vehicle Particulars</b>	
Manufacturer	PORSCHE
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	MOTOR TRADE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5088310646-02
Cover Note Number	
<b>Driver</b>	
Name of Driver	FREDERICK NG JUN MING
NRIC No	SXXXX462D
Date Of Birth	06/01/1994
Occupation	INDOOR
Date Of Driving Pass	10/06/2015
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93668262
Fax Number	
Contact Number	
EMail Address	FREDD@HOTMAIL.SG

Address	34 FLORA DRIVE #04-26
Postcode	506893
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 - 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**

PLS REFER TO THE ATTACHED STATEMENT.

**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	SJQ8821L
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.
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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.
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.:

AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 09.01.2020 at about 2100 hours. I was travelling along claymore Hill. Vehicle SJQ P821L Suddenly brake and i was unable to brake in time. I ~~collided~~ and hit onto the rear portion of veh B

## 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.:



Go gle Maps Claymore Hill

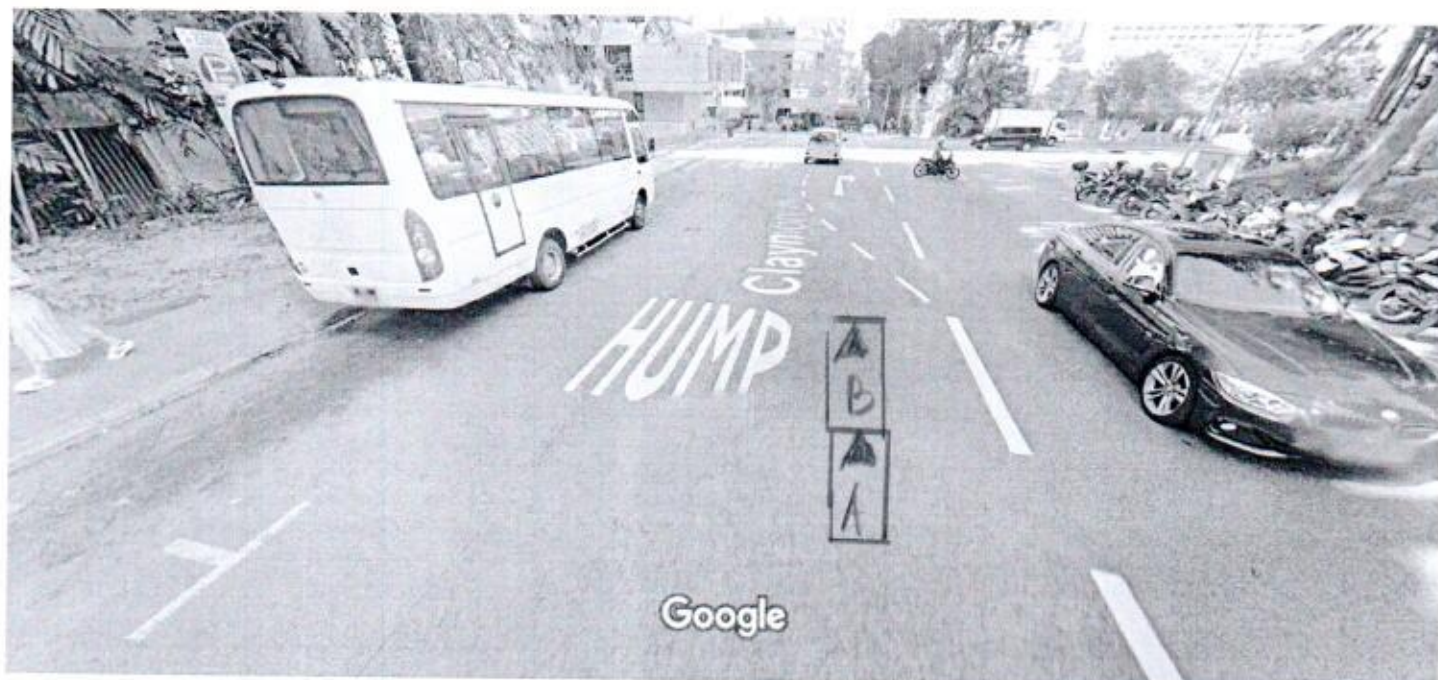


Image capture: Mar 2019 © 2020 Google

Singapore

Google

Street View

CLAYMORE HILL

A - SLV645G  
B - SJQ8821L

T Galleria by  
DFS, Singapore

Shaw T

ORCHARD

My Desktop  
Notice of Loss

Policy Query

Policy No.

S088310646-02

Date of Accident

09/01/2020 21:00

Vehicle No.(For Motor)

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5088310646-02		PLATINUM MOTORING	53356190J	GMT	Third Party		MAX OH QIN SHENG/S9331584G_FREDERICK NG JUN MING/S9400462D_WONG ZHEN ZHONG BENJAMIN/S9016498H_OH KHUAN HONG /S9223000G_NG ENG HOE/S1771522D	01/03/2019	29/02/2020

Continue

Claim Handling

Accident MT/1079545

Policy No.	50H8310646-02	Vehicle No.		GST Registr
Certificate No.				
Policyholder Name	PLATINUM MOTORING			Policyholder I
Product Code	MOTOR TRADE INSURANCE	Cover Type	Third Party	Loading
Motor Trade Plate No.	SLVH45D	Motor Trade Driver Name	FREDERICK NG JUN MING	Motor Trade I
Contact No.(Mobile)	93668262	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	15	Private Hire

Accident Details

Report Date	10/01/2020 18:47	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/01/2020	Time of Accident hh:mm	21:00	Country of Ar
Reporting Centre		Orange Force		ICM No.
Accident Location	CLAYMORE HILL			

Excess

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

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-25 PAYA UBI INDUSTRIAL I	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-24	Related Policy Number	50H8310646-02	

OT Driver Info

Driver Name	FREDERICK NG JUN MING	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S9400462D	Driver DOB
Register Date of Driver License	10/06/2015	Driver Age	26	Driving Exper
Contact No.(Mobile)	93668262	Contact No.(Office)	0	Contact No.(I
Address 1	34 FLORA DRIVE	Address 2	PALM ISLES	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-25			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure

Declaration

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

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	93668262	Contact No. (Home)	
Email Address		OT Vehicle Number	
Claim Description	/ SJQ8821L ON 9 Jan 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By	ROSILINDA	Claim Close Date	10/01/2020 18:47
		Workshop Repairer	

Print AK letter

Save Submit



Attachment

Accident No. M1/1079545

Claim No. 001

Last Doc. Received \* Yes No

Upload Date 10/01/2020 00:00

Path \*

Category \*

Confid.

Choose File No file chosen

Clear Please Select NO

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Choose File No file chosen

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Message Read

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Attachment List


Attachment

Uploaded By/Date

Category

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Urgency




NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2020 18:47

NRIC/ Driving License

Y

Normal


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NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2020 18:47

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Video List

Uploaded By/Date

Folder Date

File Name

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Display in New Window

Scan and uploading