NATIONAL Assessment Centre Services. [wef 1 Jan'05] . MNA42018080

	Job description	Date &Time Completed	Done by
Date In: 10/08/2020 12:45			
Ref No: N/BA/INC20002288/N	SAS e-filling		
Veh No: SJG 9678K	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A 07/08/2020 08:25	I-Motor Claim Form	MT1083656-001	10/08/2020 14:15
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: SGW 6827.M 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 ( )

[illegible]

( ) 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: ( )

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

Injury :

[illegible]

NA2001502

[illegible]

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comment:

Cal. 1:

2 / 3

[illegible]			[illegible]
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)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-Inspection	$75		
7) N1 : Idea 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	$30		
9) N12: Idea 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 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	10/02/2020 12:49
Date Of Accident	07/02/2020 08:25
Exact Location Of Accident	AYE TOWARDS TUAS AFTER JURONG TOWN HALL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJG9678E
Insured/Policyholder	
Name Of Registered Owner	YU WEIHAO
NRIC No	SXXXX055C
Email Address	YAWEHA@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91768860
Alternative Phone No	OTHERS-91768860
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
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	5110934092
Cover Note Number	
Driver	
Name of Driver	YU WEIHAO
NRIC No	SXXXX055C
Date Of Birth	14/02/1964
Occupation	INDOOR
Date Of Driving Pass	23/06/2008
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91768860
Fax Number	
Contact Number	OTHERS-91768860
EMail Address	YAWEHA@YAHOO.COM

Address	BLK 96A HENDERSON ROAD #37-52
Postcode	151096
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 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGW6827M
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIA AIK KUAN
NRIC/Passport Number	SXXXX578F
Contact Number	82019932
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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

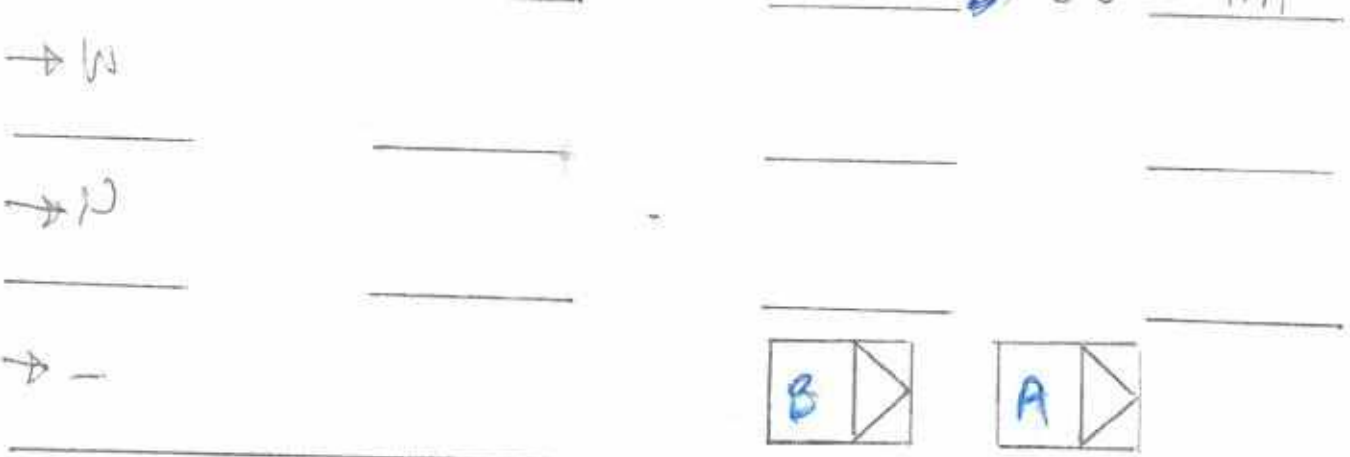
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	10/08/2020 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN AYE TOWARDS JURONG TOWN HALL AFTER JURONG TOWN HALL

A) SJG 9678E

B) SGW 6827M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on AYE going to work.

I was travelling on the extreme right hand lane. Traffic was heavy the vehicle in front of me had slowed down and I followed to slow down as my vehicle was slowly down SGW 6827M bang onto the rear of my vehicle

The driver was a Chia Aik Kuan I propose to have private settlement but he refused.

DECLARATION

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

Policyholder's Signature
Date & Time: 4/1/19

Driver's Signature
(If driver is not the policyholder)
Date & Time: 4/1/19

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 10/02/2020

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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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	10/12/2019
Date Of Accident	07/10/2019 9.35am
Exact Location Of Accident	AYE Towards Tuas after Jurong Town Hall
Country/State of Loss	
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJB9678C
Insured/Policyholder	
Name Of Registered Owner	YU WEI HAO
Co Reg No	S7370805C
Email Address	yuweihao@yahoo.com
Mobile Phone No	91768860
Alternative Phone No	
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	TP.
If No, Please state action to be taken	
Vehicle Category	
Insurance Company	
Name of Insurance Company	NTUC.
Type Of Coverage	
Fleet Policy	
Policy Number	
Cover Note Number	
Driver	
Name of Driver	YU WEIHAO
NRIC No	S7370805C
Date Of Birth	14/5/1974
Occupation	
Date Of Driving Pass	23/06/2003
Driving Experience	
Gender	Male.
Mobile Number	91768860
Fax Number	
Contact Number	
EMail Address	yuweihao@yahoo.com

Address	
Postcode	
Was driver an employee of the Insured's Company	
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	Rd The Rain
Weather Conditions	clear
Road Surface	dry

Other Information

Was any foreign vehicle involved in this accident?	
Was any body injured in the Accident?	
Was any other material or property damaged?	/
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	
If Yes,Please state which Police Station	
Was notice of Intended Prosecution given?	/
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	
Was there any video captured by Car Camera?	
Remarks/ Reasons:	

DETAILS OF OTHER VEHICLE/PROPERTY 1

Vehicle Registration Number	SBW 6827M
Vehicle Make/Model/Colour	TY Vios
Details Of Properties	
Name of Driver	CHIA AIK KUAN
NRIC/Passport Number	S7531578F
Contact Number	82019932.
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

Claim Handling

Accident MT/1083656

Policy No.	5110934092	Vehicle No.	SJG9678E	GST Registration No.	
Certificate No.					
Policyholder Name	YU WEIHAO				
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Policyholder NRIC	
Contact No.(Mobile)	91768860	Contact No.(Office)		Loading	
Email Address		Special Remark		Contact No.(Home)	
KFK	○ No ○ Yes	TCA	○ No ○ Yes	eCode	
NCD Protection	No	NCD Entitlement(%)	20	eCode Reason	
				Private Hire	

Accident Details

Report Date	10/02/2020 14:06	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	07/02/2020	Time of Accident hh:mm	08:25	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE TOWARDS TUAS AFTER JURONG TOWN HALL				

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?	
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 96A #37-52	Address 2	HENDERSON ROAD	Address 3	
Address 4	SINGAPORE 151096	Address Type	Singapore address	Post Code	
Unit No.	37-52	Related Policy Number	5110934092		

OI Driver Info

Driver Name	YU WEIHAO	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2708055C	Driver DOB	
Register Date of Driver License	23/06/2008	Driver Age	55	Driving Experience	
Contact No.(Mobile)	91768860	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 96A #37-52	Address 2	HENDERSON ROAD	Address 3	
Address 4	SINGAPORE 151096	Address Type	Singapore address	Post Code	
Unit No.	37-52				
Does he own a Singapore Registered car?	○ Yes ○ No	Driver Vehicle No.	SJG9678E	Driver Insurer Company	

Declaration

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

Modification History

Claim 001 **New**

Claim Type *			OD-MX	Insured Name	YU WEIHAO
Contact No.(Mobile)				Contact No. (Home)	68112180
Email Address				OI Vehicle Number	SJG9678E
Claim Description			SJG9678E / SGW8827M ON 7 Feb 2020		
Preferred Workshop		Insured Liability	Not at Fault		
Request No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered			10/02/2020 14:14	Claim Close Date	
Report Taken By			ROSLI WAHAB		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1083656	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	10/02/2020 14:15		
Path *			Category *	Confidential	Urgency *

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

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 14:15	Photos		Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 14:15	Photos		Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 14:15	Photos		Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 14:15	Photos		Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 14:15	Photos		Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 14:15	Photos		Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 14:15	Photos		Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 14:15	Photos		Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 14:14	Photos		Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 14:14	Photos		Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 14:14	Photos		Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 14:14	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 14:14	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 14:14	SAS		Normal	SAS 2020-2-10

Video List

Uploaded By/Date	Folder Date	File Name		Sourc

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) SJG9678E

Date of Accident 07/02/2020 12:46

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5110934092		YU WEIHAO	S2708055C	GPC	drivo CLASSIC	SJG9678E	SJG9678E	22/07/2019	21/07/2020

Continue