NATIONAL Assessment Centre Services. (wef 1 Jan/05) . MAIA42002342?

	Job description	Date &Time Completed	Done by
Date In: 21/07/2020 16:58	SAS e-filing		
Ref No: NBA/INC20002387/Y	E-mail (Within 8hrs, AIC 2hrs)		
Veh No: SKD 6063K	I-Motor Claim Form	MT/IL085815-001	21/07/2020 17:21
D.O.A 21/07/2020 14:20	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / (TP) / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: PA 8438Z 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 [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]	[illegible]	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 [illegible]

NA2001605

Claimant's Particulars [illegible]

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Cal. 1:

2/3

[illegible]		[illegible]	[illegible]
1) AR : Accident Reporting ($30);	INC ($30)		
2) DA : Damage Assessment ($100);	$40/$45		
3) TF : Towing Fee	$120		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey) (wef 10 Jan 2005) For claiming against INC Only	$75		
6) TR : Re-Inspection	$160		
7) N1 : Idea DA + SMRT Survey			
8) NTUC Additional Services:-			
OD:	$5		
* N5: Courtesy Car / Tpt Allowance	$10		
* N6: Repair Co-ordination	$25		
* N7: Post Repair Inspection	$5		
* N8: DV / Collect Excess Coordination	$20		
TP (N11) : TP (Non INC) against INC	30		
9) N12: Idea Mobile			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

MNA420023422 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 21/02/2020 16:58
SUBMITTED BY: ROSLI BIN 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	21/02/2020 16:58
Date Of Accident	21/02/2020 14:20
Exact Location Of Accident	BAKER HUGHES AT NO.273 JLN AHMAD IBRAHIM (629150)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKD663K
Insured/Policyholder	
Name Of Registered Owner	CHIA TECK KHOON
NRIC No	SXXXX435C
Email Address	ENGSOONLOH@DYNACODE.COM.SG
Mobile Phone No	(LOCAL) +65-97890330
Alternative Phone No	OTHERS-83211988
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
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	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	5082232536-03
Cover Note Number	
Driver	
Name of Driver	LOH ENG SOON
NRIC No	SXXXX561C
Date Of Birth	25/02/1986
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2004
Driving Experience	15 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97890330
Fax Number	
Contact Number	OTHERS-83211988
EMail Address	ENGSOONLOH@DYNACODE.COM.SG

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**.
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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.

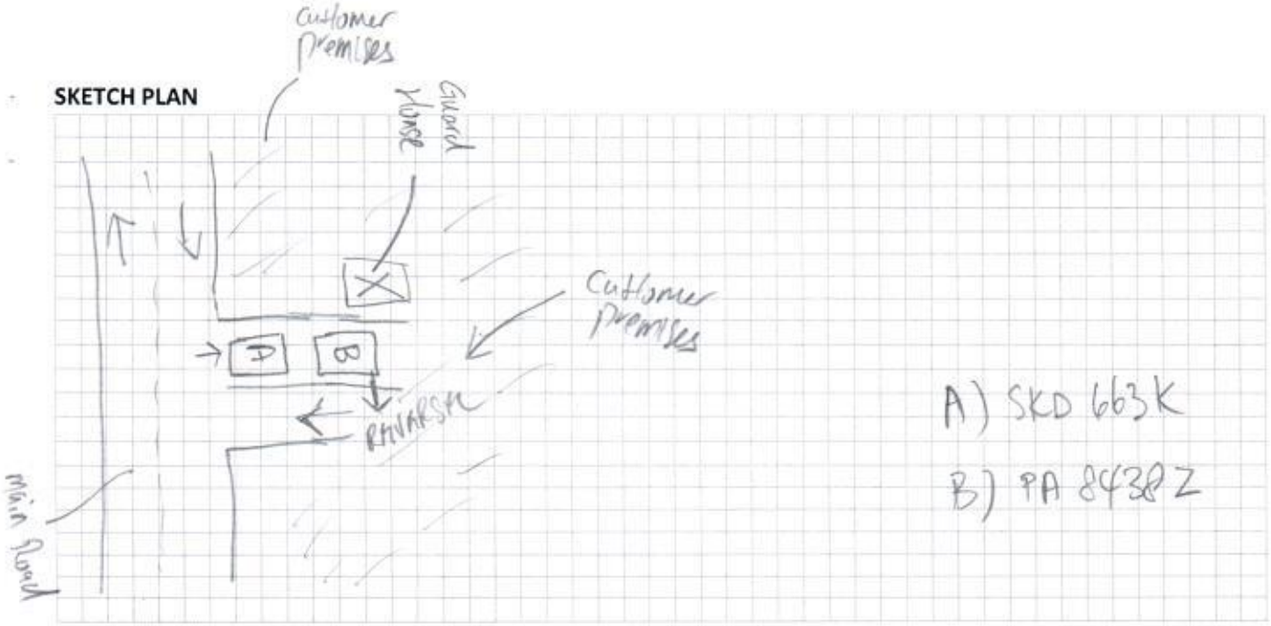
   (e) the information so collected under (d) above may be shared / disclosed:

   (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:	21/02/2020 1540 Driver's Signature (If driver is not the policyholder) Date & Time:	21/02/2020 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While turning in to customer premises, the vehicle B was dropping passengers and I was waiting to change pass at the Security office. After dropping the passengers, vehicle B driver want to leave the premises. Instead of making a turn in customer premises, the driver in vehicle B Suddenly Reverse without checking any vehicle behind him. The Road is a one direction, he should not reverse. By the time I horn him is too late, the Back of vehicle B hit the front of my vehicle.

Eye witness : Security Guard
Name : Dhanush
mobile : 8814 1908

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: 21/02/2020 1600	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 21/02/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 02 / 2020) (DD/MM/YYYY), TIME: (14 : 50) (HH:MM)

LOCATION: 273 Jalan Ahmad Ibrahim Spore 629150 (Baker Hughes)

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKP663K
   b) INSURANCE COMPANY: NTUC Income
   c) POLICY NUMBER: S0822325 36-03
   d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Honda Shuttle
   f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Customer 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: CHIA TECK KHOON (MALE) / FEMALE)
   b) NRIC/FIN/PASSPORT: S1573435C CONTACT: 97340330
   c) ADDRESS: Block 132 #04-16 Clarence Lane Clarence Ville Spore 140132
   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) (1)

3. DRIVER
   a) NAME: Loh Eng Soon (MALE) / FEMALE)
   b) NRIC/FIN/PASSPORT: S3604561C CONTACT: 83211988
   c) ADDRESS: 105A Depot Road #10-613 Spore 101105
   * d) DATE OF BIRTH: (25 / 02 / 1486) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR) / (OUTDOOR)
   f) DATE OF DRIVING PASS 10/07/~~07~~ 2014
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

* No of passenger (including driver) (1)

   a) VEHICLE NUMBER: PA 8438Z MODEL: TOYOTA HIACE
   b) DRIVER'S NAME: LEE YEW HIANG
   c) NRIC/FIN/PASSPORT: S0208719G CONTACT: 9431 2962
9. THIRD PARTY VEHICLE

* No of passenger (including driver) (__)

   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

email : engsoon.loh@dynacode.com.sg

VIDEO

Exit

Claim Handling

Accident MT/1085315

Policy No.	5082232536-03	Vehicle No.	SKD663K	GST Registration No.	
Certificate No.					
Policyholder Name	CHIA TECK KHOON			Policyholder NRIC	S1573435C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97890330	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	21/02/2020 17:19	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/02/2020	Time of Accident hh:mm	14:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BAKER HUGHES AT NO.273 JLN AHMAD IBRAHIM (629150)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIEO OD Excess	0.00	YIEO 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 132 #04-16	Address 2	CLARENCE LANE	Address 3	CLARENCE VILLE
Address 4	SINGAPORE 140132	Address Type	Singapore address	Post Code	140132
Unit No.	04-16	Related Policy Number	5082232536-03		

OI Driver Info

Driver Name	LOH ENG SOON	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S8604561C	Driver DOB	25/02/1986
Register Date of Driver License	10/07/2004	Driver Age	33	Driving Experience	15
Contact No.(Mobile)	82211988	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.	SKD663K	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	CHIA TECK KHOON	Insured NRIC	S1573435C
Contact No.(Mobile)	97890330	Contact No. (Home)	62563430	Contact No. (Office)	62856787
Email Address	lkchia5@yahoo.com	OI Vehicle Number	SKD663K	TP Vehicle Number	PA8438Z
Claim Description	SKD663K / PA8438Z ON 21 Feb 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Release No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/02/2020 17:19	Claim Close Date		Date Received	21/02/2020 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1085315	Claim No.	001
Last Doc. Received	Yes No	Upload Date	21/02/2020 17:21

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 21 Feb 2020 17:21	Photos	Normal	Photos 2020-2-21		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2020 17:20	Photos	Normal	Photos 2020-2-21		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2020 17:20	Photos	Normal	Photos 2020-2-21		Edit

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2020 17:20	Photos		Normal	Photos 2020-2-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2020 17:20	Photos		Normal	Photos 2020-2-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2020 17:20	Photos		Normal	Photos 2020-2-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2020 17:20	Photos		Normal	Photos 2020-2-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2020 17:20	Photos		Normal	Photos 2020-2-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2020 17:20	Photos		Normal	Photos 2020-2-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2020 17:20	Photos		Normal	Photos 2020-2-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2020 17:20	Photos		Normal	Photos 2020-2-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2020 17:20	Photos		Normal	Photos 2020-2-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2020 17:20	Photos		Normal	Photos 2020-2-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2020 17:19	Photos		Normal	Photos 2020-2-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2020 17:19	Photos		Normal	Photos 2020-2-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2020 17:19	Photos		Normal	Photos 2020-2-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2020 17:19	Photos		Normal	Photos 2020-2-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2020 17:19	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-21	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 Feb 2020 17:19	SAS		Normal	SAS 2020-2-21	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) SKD663K

Date of Accident 21/02/2020 16:03

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5082232536-03		CHIA TECK KHOON	S1573435C	GPC	drivo CLASSIC	SKD663K	SKD663K	28/07/2019	27/07/2020

Continue