

NATIONAL Assessment Centre Services. [ver 1 Jan 2005] MWA 1200 25356

| | | | |
|---|--|---------------------------|---------------|
| Date In: 26/2/20 14:08 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC 2000 3213/64 | SAS e-filing | | |
| Veh No: SMG 1421X | E-mail (within 3hrs, A/C 2hrs) | | |
| DOA: 25/2/20 17:20 | I-Motor Claim Form | MT/1085900 ⁰⁰¹ | 26/2/20 14:34 |
| DR: <input checked="" type="radio"/> Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whse | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: (| Fax: (|
| TP Particulars: | Veh No: SJR 6700K | 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 repolter.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 2000 3213/64)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

| Date/Time | Action |
|-----------|--------|
| | |
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| | | | |
|---------------------------------|---|-------------|------------|
| MA 2001679 | Invoice Preparation Checklist | Amc (\$) | Basic (\$) |
| Client's Particulars: | 1) AR: Accident Reporting (\$30); | 30.00 | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) PT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) IT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors Comments: | For claiming against INC Only (ver 10 Jan 2005) | | |
| Ref: 1: | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services: | | |
| | ON: | | |
| | *N5: Courtesy Car / Tpt Allowance \$3 | | |
| | *N6: Repair Coordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$3 | | |
| | TP (Nil): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idao Mobile \$0 | | |
| | 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 | 26/02/2020 14:08 |
| Date Of Accident | 25/02/2020 17:20 |
| Exact Location Of Accident | ALONG SIMS AVE TWDS SIMS AVE EAST |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMG1421X |
| Insured/Policyholder | |
| Name Of Registered Owner | WONG KOO FU |
| NRIC No | SXXXX677B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-83996464 |
| Alternative Phone No | OFFICE-83996464 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | ESTIMA |
| 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 | 5106113487-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | WONG KOO FU |
| NRIC No | SXXXX677B |
| Date Of Birth | 08/02/1954 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 24/09/1980 |
| Driving Experience | 39 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83996464 |
| Fax Number | |
| Contact Number | OFFICE-83996464 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------|
| Address | BLK 26 JLN BERSEH #13-158 |
| Postcode | 200026 |
| 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 - MAJOR/MINOR RD |
| 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) | 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

REFER TO 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 | SJR6700K |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | JACK SIM JUEK WAH |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|------|-------------|
| Name | WONG KOO FU |
|------|-------------|

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SMG1421X

YES

NO

| | | | |
|-----------------------------------|--|-------------------|----------------------------|
| Vehicle No. | SMG 1421X | Model / Make | Toyota Estima |
| Date of Accident | 25/2/2020 | | |
| Time of Accident | 1720 | HRS | |
| Location of Accident | Along Sims Avenue towards Sims Avenue East | | |
| Exact purpose use during accident | Private use | | |
| Name of Owner | Wong Koo Fu | | |
| Telephone No. | H/P : 8399 6464 | Home : | Office : |
| NRIC | S2134677B | | |
| Address | BLK 26 Jalan Berseh #13-158 S(200026) | | |
| Claim type | OD | THIRD PARTY | REPORTING ONLY |
| Insurance Company | NTUC | | |
| Type of Coverage | Comprehensive | Third Party | Third Party / Fire / Theft |
| Policy No. | | | |
| Name of Driver | As Above If No, | | |
| NRIC | | | Any Passengers : |
| Date of birth | 8/2/1954 | | |
| Occupation | Outdoor / Indoor | | |
| Driving License Pass Date | 24/9/1980 | | |
| Gender | Male / Female | | |
| Contact No. | H/P : | Home : | Office : |
| Address | | | |
| Driver have any own vehicle | No, If yes, Reg No. | | |
| Relationship | Employee, If no, state | Owner | |
| Weather condition | Clear | Raining Other | |
| Road Surface | Dry | Wet Other | |
| Any Injuries | No, If Yes, Who? | | |
| Name And Contact No. | Wong Koo Fu | | |
| Name And Contact No. | | | |
| Police Report | No, If Yes, Where? | | |
| Vehicle B No. | STR 6700K | Any Passengers : | |
| Name of Driver | Jack Sim Juek Wah | Contact No. : | |
| Vehicle C No. | | Any Passengers : | |
| Vehicle D No. | | Any Passengers : | |
| Vehicle E no. | | Any Passengers : | |
| Vehicle F No. | | Any Passengers : | |
| Vehicle G No. | | Any Passengers : | |
| Witness Name | | Witness Contact : | |
| Accident Portion | Front left portion | | |
| Camera Recorder | Yes / No | | |
| Email Address | keechang2002@yahoo.com.sg | | |
| | | | |
| PARTICULAR WORKSHOP | Twincar Automotive Pte Ltd | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | Zi Ting | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP EMAIL ADDRESS | Sales@n51.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.
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.

8 

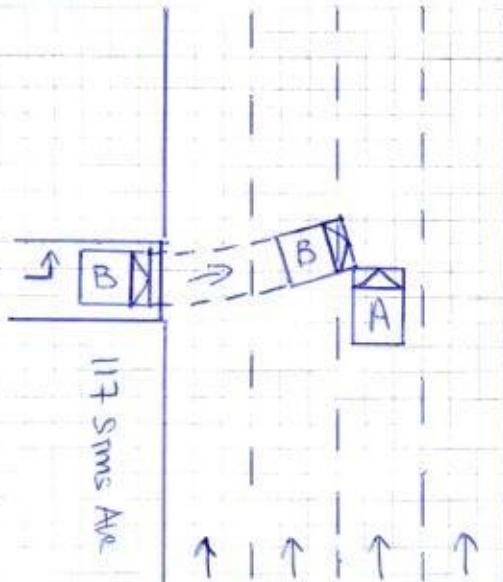
Policyholder's Signature
Date & Time:



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



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

SKETCH PLAN

Veh A: SMG1421X
 Veh B: SJR6700K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SMG1421X) traveling along Sims Avenue towards Sim Avenue East on second lane of a 4-lanes, road. Somewhere at 117 Sims Avenue, the traffic was slow suddenly vehicle B (SJR6700K) drove out from the minor road. As a result, the front right portion of vehicle B collided onto the front left portion of my vehicle.

DECLARATION

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

2

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.:

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

| | | | |
|---------------------------------------|---------------------------------------|--------------------|---|
| Policy No. | <input type="text"/> | Date of Accident | <input type="text" value="25/02/2020 14:07"/> |
| Vehicle No.(For Motor) | <input type="text" value="SMG1421X"/> | Certificate Number | <input type="text"/> |
| <input type="button" value="Search"/> | | | |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|---------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | 5106113487-01 | | WONG KOO FU | S2134677B | GPC | drive CLASSIC | SMG1421X | SMG1421X | 12/01/2020 | 11/01/2021 |

Claim Handling

Accident MT/1085900

| | | | | | |
|---|---|-------------------------------|---|------------------------|------------------------------|
| Policy No. | S106113487-01 | Vehicle No. | SMG1421X | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | WONG KOO FU | | | Policyholder NRIC | S21346778 |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 83996464 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KPI | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | Yes | NCD Entitlement(%) | 50 | Private Hire | No |
| ▼ Accident Details | | | | | |
| Report Date | 26/02/2020 14:31 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Major/Minor Road |
| Date of Accident | 25/02/2020 | Time of Accident hh:mm | 17:20 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | ALONG SIMS AVE TWOS SIMS AVE EAST | | | | |
| ▼ 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 26 #13-15B | Address 2 | JALAN BERSEH | Address 3 | SINGAPORE 200026 |
| Address 4 | | Address Type | Singapore address | Post Code | 200026 |
| Unit No. | | Related Policy Number | S106113487-01 | | |
| ▼ O1 Driver Info | | | | | |
| Driver Name | WONG KOO FU | Driver Type | Main Driver | Driver DOB | 08/02/1954 |
| Unnamed driver Name | | Driver NRIC | S21346778 | Driving Experience | 39 |
| Register Date of Driver License | 24/09/1980 | Driver Age | 66 | Contact No.(Home) | |
| Contact No.(Mobile) | 83996464 | Contact No.(Office) | | Address 3 | SINGAPORE 200026 |
| Address 1 | BLK 26 #13-15B | Address 2 | JALAN BERSEH | Post Code | 200026 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input 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 | WONG KOO FU | Insured NRIC | S21346778 | | |
| Contact No.(Mobile) | 83996464 | Contact No.(Home) | 62938031 | Contact No.(Office) | | | |
| Email Address | | O1 Vehicle Number | SMG1421X | TP Vehicle Number | SJR6700K | | |
| Claim Description | SMG1421X / SJR6700K ON 25 Feb 2020 | | | | Name of Preferred Workshop | 0 | |
| Preferred Workshop | 0 | Insured Liability | Not at Fault | GIA report | Received | | |
| Finalisation | Yes | Repair Option | Preferred Workshop, Name unknown | Claim Case Date | 26/02/2020 14:33 | Date Received | 26/02/2020 |
| Date Registered | | | | Report Taken By | LIEW SHAN HUI | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | | | |

Save Submit

Attachment

| | | | |
|--------------------------|---|-------------|------------------|
| Accident No. | MT/1085900 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 26/02/2020 14:34 |
| Path * | | | |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Message Read | | Clear | Please Select |
| ▼ Attachment List | | | |
| Category * | Confidential | Urgency * | Desc |
| Please Select | NO | Normal | |
| Please Select | NO | Normal | |
| Please Select | NO | Normal | |
| Please Select | NO | Normal | |
| Please Select | NO | Normal | |
| Please Select | NO | Normal | |
| Please Select | NO | Normal | |

| Attachment | Uploaded By/Date | Category |  | Urgency | Description | M |
|---|--|-----------------------|---|---------|---------------------------------|---|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Feb 2020 14:34 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-2-26 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Feb 2020 14:34 | SAS | | Normal | SAS 2020-2-26 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Feb 2020 14:34 | Photos | | Normal | Photos 2020-2-26 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Feb 2020 14:34 | Photos | | Normal | Photos 2020-2-26 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Feb 2020 14:34 | Photos | | Normal | Photos 2020-2-26 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Feb 2020 14:33 | Photos | | Normal | Photos 2020-2-26 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Feb 2020 14:33 | Photos | | Normal | Photos 2020-2-26 | |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Feb 2020 14:33 | Photos | | Normal | Photos 2020-2-26 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Feb 2020 14:33 | Photos | | Normal | Photos 2020-2-26 | |
| Video List | | | | | | |
| Uploaded By/Date | Folder Date | File Name |  | Source | | |
| <div>Display in New Window</div> <div>Scan and uploading</div> | | | | | | |