

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 06/03/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20003692/12	SAS e-filing		
Veh No: 5J15055M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/03/20 1515	i-Motor Claim Form	MT/1087236-001	
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: F5831XX	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

NA2001847

Invoice Preparation Checklist

Amt (\$) 1st Bill Amt (\$) Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) RT: 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:-
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 \$20
- 9) N12: Idac 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	06/03/2020 16:31
Date Of Accident	06/03/2020 15:15
Exact Location Of Accident	188 JOHOR BAHRU JUNC OF LOR 2
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJJ5055M
Insured/Policyholder	
Name Of Registered Owner	CHOO WEE TONG
NRIC No	SXXXX595G
Email Address	JOHNSONCHOO.SG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91262851
Alternative Phone No	OTHERS-91262851
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALLION
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	5073479030-04
Cover Note Number	
Driver	
Name of Driver	CHOO WEE TONG
NRIC No	SXXXX595G
Date Of Birth	13/09/1967
Occupation	INDOOR
Date Of Driving Pass	18/03/2003
Driving Experience	16 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91262851
Fax Number	
Contact Number	OTHERS-91262851
EMail Address	JOHNSONCHOO.SG@GMAIL.COM

Address	286 TELOK KURAU ROAD #05-01
Postcode	423911
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	SIDE SWIPE
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

I WAS TRAVELLING STRAIGHT ALONG 188 JOHOR BAHRU ON THE EXTREME LEFT LANE. WHEN APPROACHING THE JUNC OF JALAN DUA, I SLOW DOWN MY VEH SUDDENLY VEH(B) BEARING REG NO FS8314X FROM MY LEFT CUT INTO MY LANE AND HIT ONTO MY FRT LEFT SIDE PORTION OF MY VEH AND LEFT SIDE MIRROR COVER DAMAGED AND DROPPED.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FS8314X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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.
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:

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

A hand-drawn graph on grid paper. A straight line with a positive slope is drawn across the grid. The line is labeled "BS PER ATTACHED" in capital letters, written diagonally above the line. The line starts at a point on the left and extends towards the upper right.

P/s refer to the statement.

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

Policyholder's Signature
Date & Time:

Driver's Signature _____

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

Google Maps 250 188

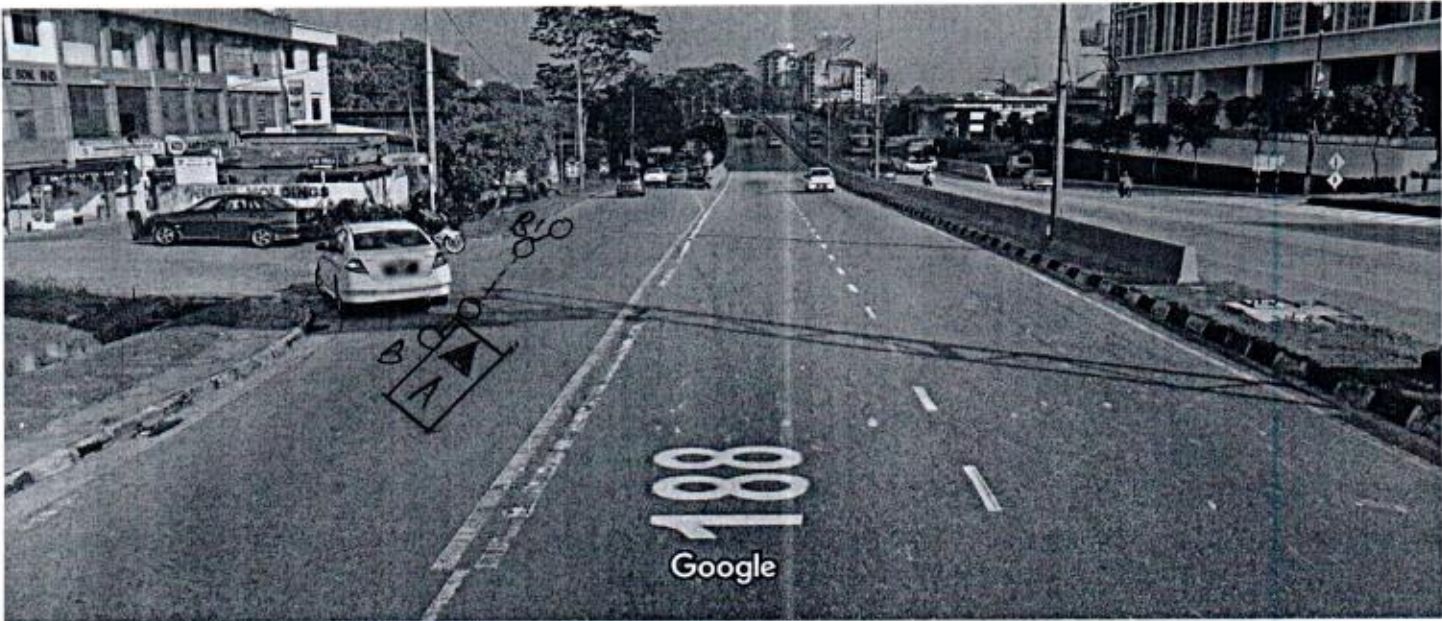


Image capture: Jun 2019 © 2020 Google

Johor Bahru, Johor



Street View



188 JOHOR BAHRU
JUNG OF LOR 2

A- 5115055M
B- F58314X

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

08/03/2020 15:15

Vehicle No.(For Motor)

SJJ5055M

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5073479030-04		CHOO WEE TONG	S2677595G	GPC	drive CLASSIC	SJJ5055M	SJJ5055M	15/09/2019	14/09/2020

Continue

johnsonchoo.sg@gmail.com
91262851

Claim Handling

Accident MT/1087236

Policy No.	5073479030-04	Vehicle No.	SJJ5055M	GST Registration No.	
Certificate No.					
Policyholder Name	CHOO WEE TONG			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	91262851	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	
▼ Accident Details					
Report Date	06/03/2020 17:05	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	06/03/2020	Time of Accident hh:mm	15:15	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	188 JOHOR BAHRU JUNC OF LOR 2				
▼ 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	0.00				
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	286 TELOK KURAU ROAD	Address 2	#05-01 PRESTIGE LOFT	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5073479030-04		
▼ OI Driver Info					
Driver Name	CHOO WEE TONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2677595G	Driver DOB	
Register Date of Driver License	18/03/2003	Driver Age	52	Driving Experience	
Contact No.(Mobile)	91262851	Contact No.(Office)	0	Contact No.(Home)	
Address 1	286 TELOK KURAU ROAD	Address 2	PRESTIGE LOFT	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	#05-01				
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 type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	CHOO WEE TONG	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJJ5055M	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJJ5055M / FS8314X ON 6 Mar 2020				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	06/03/2020 17:12	Claim Close Date		Date Received	
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save

Submit

Attachment

♥

Accident No. MT/1087236

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 06/03/2020 00:00

Path *

Category *

Confidential

Urgency

Browse...

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Please Select

NO

Normal

Browse...

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Please Select

NO

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NO

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Refresh

Attachment List

Attachment


Uploaded By/Date

Category

🔑

Urgency

Description




NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Mar 2020 17:12

NRIC/ Driving License

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Normal

NRIC/ Driving License 2020-3-




NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Mar 2020 17:12

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SAS 2020-3-6




NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Mar 2020 17:12

Photos

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Photos 2020-3-6




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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 06 Mar 2020 17:08

Photos

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Photos 2020-3-6

Video List

Uploaded By/Date

Folder Date

File Name

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Source

Display in New Window

Scan and uploading