

NATIONAL Assessment Centre Services [wef 1 Jan 05] **NA20025890**

Date In: <b>30/03/2020 17:05</b>	Job description	Date & Time Completed	Done by:
Ref No: <b>NBA/INC20004686/Y</b>	SAS e-filing		
Veh No: <b>SJA 1358L</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>29/03/2020 17:30</b>	i-Motor Claim Form	<b>MI109007-001</b>	<b>30/03/2020</b>
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		<b>17:31</b>
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **SJA 27K** 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

Claimant's Particulars :-	Invoice Preparation Checklist	
	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	In Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	Add Bill
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	9) NI: Idac Mobile \$30	
	TP (N11): TP (Non INC) against INC \$20	
	Invoice date: / 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	30/03/2020 17:05
Date Of Accident	29/03/2020 17:30
Exact Location Of Accident	SLIP RD FROM BISHAN RD TURN LEFT TO BISHAN ST 22
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY1358L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOH YOON LOONG
NRIC No	SXXXX429C
Email Address	GYLLOH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-94306813
Alternative Phone No	OTHERS-94306813

### Vehicle Particulars

Manufacturer	HONDA
Model	CITY-1.5 VTEC (A)
Exact Purpose for which vehicle was being used at time of accident	HEADING TO PICK CHILDREN
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5114684468
Cover Note Number	

### Driver

Name of Driver	LOH YOON LOONG
NRIC No	SXXXX429C
Date Of Birth	12/08/1959
Occupation	INDOOR
Date Of Driving Pass	01/09/1977
Driving Experience	42 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94306813
Fax Number	
Contact Number	OTHERS-94306813
EMail Address	GYLLOH@YAHOO.COM.SG

Address	BLK 81 LORONG 4 TOA PAYOH #07-432
Postcode	310081
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	SGA27K
Vehicle Make/Model/Colour	MERCEDES BENZ E200
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEO JIA LOONG
NRIC/Passport Number	SXXXX583B
Contact Number	9769976
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 30/3/2020  
9.15 am

Driver's Signature

(if driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (29/3/2020) (DD/MM/YYYY), TIME: (17:30) (HH:MM)

LOCATION: BISHAM RD (towards AMK) filter lane <sup>left</sup> to Bisham Street 22

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ71358L  
b) INSURANCE COMPANY: MTUC INCOME  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA CITY 1.5L I-VTEC  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Heading to pick children  
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: LOH YOUN LOONG (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: S1399424C CONTACT: 94306813  
C) ADDRESS: BLK 81 #07-432 LORONG 4 TUA TAYOH  
S'pore 310081

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- a) NAME: AD ABOUFA (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (12/08/1959) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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

- a) VEHICLE NUMBER: SGA 27K MODEL: Mercedes E200  
b) DRIVER'S NAME: NEO JIA LE  
c) NRIC/FIN/PASSPORT: S82Y3783B CONTACT: 97699576

## 9. THIRD PARTY VEHICLE

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

(1)

NUMBER OF  
PASSENGER  
INCLUDING DRIVER

(3)

NUMBER OF  
PASSENGER  
INCLUDING DRIVER

(1)

NUMBER OF  
PASSENGER  
INCLUDING DRIVER

1) EMAIL : gylbh@yahoo.com.sg

2) VIDEO :

Claim Handling

Accident MT/1090077

Policy No.	S114684468	Vehicle No.	SJY1358L	GST Registration No.	
Certificate No.					
Policyholder Name	LQH YOON LOONG			Policyholder NRIC	S1344429C
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	94306613	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
<b>Accident Details</b>					
Report Date	30/03/2020 17:23	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/03/2020	Time of Accident (H:mm)	17:30	Country of Accident	Singapore
Reporting Centre		Driver Force		ICM No.	
Accident Location	SLIP RD FROM BISHAN RD TURN LEFT TO BISHAN ST 22				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	0.00	Driver is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YED OD Excess	0.00	YED TP Excess	0.00		
Additional Excess		Total TP Excess Applicable	0.00		
Total OD Excess Applicable	0.00				
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 81 #07-432	Address 2	LORONG 4 TOA PAYOH	Address 3	TOA PAYOH PEAKVIEW
Address 4	SINGAPORE 310081	Address Type	Singapore address	Post Code	310081
Unit No.		Related Policy Number	S114684468		
<b>01 Driver Info</b>					
Driver Name	LQH YOON LOONG	Driver Type	Main Driver	Driver NRIC	S1344429C
Unnamed driver Name		Driver NRIC	S1344429C	Driver DOB	12/08/1959
Register Date of Driver License	01/05/1977	Driver Age	60	Driving Experience	42
Contact No.(Mobile)	94306613	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 81 #07-432	Address 2	LORONG 4 TOA PAYOH	Address 3	TOA PAYOH PEAKVIEW
Address 4	SINGAPORE 310081	Address Type	Singapore address	Post Code	310081
Unit No.					
Does he own a Singapore Registered Car?	Yes No	Driver Vehicle No.	SJY1358L	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 **NEW**

Claim Type *	GD-MX	Insured Name	LQH YOON LOONG	Insured NRIC	S1344429C
Contact No.(Mobile)	94306613	Contact No.(Home)	63558875	Contact No.(Office)	
Email Address	gyfion@yahoo.com.sg	01 Vehicle Number	SJY1358L	TP Vehicle Number	SGA27K
Claim Description	SJY1358L / SGA27K ON 29 Mar 2020				
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Workshop No.		Insured Liability	Fully at Fault	GIA report	Received
Finalisation	Yes	Insured Liability	Fully at Fault	GIA report	Received
Date Registered	30/03/2020 17:30	Claim Close Date		Date Received	30/03/2020 00:00
Report Taken By	ROSLI WAHAB				

Print A4 letter

Save Submit

Attachment

Accident No.	MT/1090077	Claim No.	001
Last Doc. Received	Yes No	Upload Date	30/03/2020 17:31
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 Text			

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 30 Mar 2020 17:31	Photos	Normal	Photos 2020-3-30		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Mar 2020 17:31	Photos	Normal	Photos 2020-3-30		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Mar 2020 17:31	Photos	Normal	Photos 2020-3-30		Edit

3/30/2020

Claim Handling(accident reporting Claim Task )



NAC_BUKIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Mar 2020 17:31	Photos	Normal	Photos 2020-3-30	Edit	
NAC_BUKIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Mar 2020 17:31	Photos	Normal	Photos 2020-3-30	Edit	
NAC_BUKIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Mar 2020 17:30	Photos	Normal	Photos 2020-3-30	Edit	
NAC_BUKIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Mar 2020 17:30	Photos	Normal	Photos 2020-3-30	Edit	
NAC_BUKIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Mar 2020 17:30	Photos	Normal	Photos 2020-3-30	Edit	
NAC_BUKIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Mar 2020 17:30	Photos	Normal	Photos 2020-3-30	Edit	
NAC_BUKIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Mar 2020 17:30	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-30	Edit
NAC_BUKIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Mar 2020 17:30	SAS	Normal	SAS 2020-3-30	Edit	

Video List

Uploaded by/Date	Folder Data	File Name	Source	Action
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Display in New Window Scan and Uploading

Hello, NAC\_BUKIT\_MERAH\_800676

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.  Date of Accident 29/03/2020 09:17

Vehicle No.(For Motor) SJY1358L 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="checkbox"/>	5114684468		LOH YOON LOONG	S1344429C	GPC	Third Party	SJY1358L	SJY1358L	09/12/2019	08/12/2020

Continue