

NATIONAL Assessment Centre Services

[ver 1 Jan'09]

MNA 120048185

Date In	27/5/20 16:10	Job description	Date & Time Completed	Done by
Ref No	NA/INC 20005971/64	SAS e-filing		
Veh No	SLQ 9713K	E-mail (within 3hrs, AIC 2hrs)		
ICCA	23/5/20 18:50	I-Motor Claim Form	MT/1093318 ⁰⁰¹	28/5/20 09:29
(1) <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/Wksp		

Insured Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLS 2254 D.	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: YBS () / 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 from 06/08/2010)
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury:

Date/Time	Actions

MA 2003057	Invoice Itemisation Checklist	Am't (\$)	Am't (\$)
Claimant'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) FT: Follow-Through Survey \$120		
QC Checked by (Bugr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Assessors' Comments:	For claiming against INC Only (w/c 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + EMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*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 (Inc in 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	27/05/2020 16:10
Date Of Accident	23/05/2020 18:50
Exact Location Of Accident	SEBBAWANG RD TWDS SEBBAWANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ9713K
Insured/Policyholder	
Name Of Registered Owner	TS SERVICE
Co Reg No	5XXXX022D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91058329

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092913931-02
Cover Note Number	

Driver

Name of Driver	NG TENG SHENG
NRIC No	SXXXX918J
Date Of Birth	22/06/1964
Occupation	OUTDOOR
Date Of Driving Pass	19/01/1983
Driving Experience	37 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91058329
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 299A COMPASSVALE STREET #09-138
Postcode	541299
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 - CHANGE/CROSS LANE
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?	
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

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	SLS2254D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

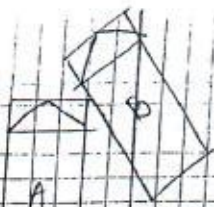
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my Insurer (collectively the "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.

TS SERVICE

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.:



Vehicle A:
S LQ 9713K

Vehicle B:
SLS234D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,
I was travelling straight on my vehicle on the extreme
left lane, out of the sudden vehicle B filtered into my
lane and collided onto the RHS of my vehicle. Driver of
vehicle B did not stop after the collision. I had to honk
and give chase. He refuse to exchange particulars. ~~and~~
Attach non injury police report.
Initial private settlement was brought up but driver of
vehicle B did not respond to texts or calls afterwards
hence I am filing this report for insurance claim
purposes. In-car camera faulty.

DECLARATION

☒ We declare the foregoing particulars are true in every respect.

TS SERVICE

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.:

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Ng Teng Sheng, NRIC: S1655918J, HP: 91058329, Address: Blk 299A Compassvale Street #09-138, has reported to the Police a non-injury traffic accident which occurred along Sembawang Road towards Sembawang on 23/05/2020 at about 1850hrs involving the following vehicles:

SLQ9713K – complainant's vehicle
SLS2254D

- 2 If this accident was reported to the Police within 24 hours of its occurrence,
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT (2) Lim Enjie

Date: 24/05/2020

Time: 1700hrs

HOUGANG NPP
81100T HOUGANG AVE 7
SINGAPORE 630357
TEL: 1800-2869999

S/D Ref: 13

Police Post/Unit: Hougang NPP

Original – to be issued to informant

Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

91655918J

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"/>
Vehicle No.(For Motor)	<input type="text" value="SLQ9713K"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5092913931-02		TS SERVICE	53332022D	GPC	drivo CLASSIC	SLQ9713K	SLQ9713K	27/07/2019	26/07/2020

Date of Accident : 23-05-2020 Accident Time: 1850hrs (24-HR-Format)
Accident Place : Sembawang Road twds Sembawang
Vehicle Reg. No. (Car Plate No.) : SLQ 9713K
Vehicle Make/Model : Honda Vezel
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : Ng Teng Sheng S16559187 TS Service
Owner or Company Contact No. : 91058329 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Ng Teng Sheng
DRIVER'S Date Of Birth : 22-06-1964 DRIVER'S License Pass Date 19 Jan 1983
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : Blk 299A compassvale St #09-138 S541299
DRIVER'S Contact No. / Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 02 - male passenger
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SLS2254D</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

Claim Handling

Accident MT/1093318

Policy No.	5092913931-02	Vehicle No.	SLQ9713K	GST Registrati
Certificate No.				
Policyholder Name	TS SERVICE			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91058329	Contact No.(Office)		Contact No.(H
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(%)	20	Private Hire

▼ Accident Details

Report Date	28/05/2020 09:25	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/05/2020	Time of Accident hh:mm	18:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	SEBBAWANG RD TWDS SEMBAWANG			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	2500.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	28/05/2020 09:27:46 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 141 #08-514	Address 2	BISHAN STREET 12	Address 3
Address 4	SINGAPORE 570141	Address Type	Singapore address	Post Code
Unit No.	08-514	Related Policy Number	5092913931-02	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	NG TENG SHENG	Driver NRIC	SXXXX918J	Driver DOB
Register Date of Driver License	19/01/1983	Driver Age	55	Driving Experi
Contact No.(Mobile)	91058329	Contact No.(Office)		Contact No.(H
Address 1	BLK 299A #09-138	Address 2	COMPASSVALE STREET	Address 3
Address 4	SINGAPORE 541299	Address Type	Singapore address	Post Code
Unit No.	09-138			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TS
Contact No.(Mobile)	NIL	Contact No. (Home)	
Email Address		OI Vehicle Number	SL
Claim Description	SLQ9713K / SLS2254D ON 23 May 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	28/05/2020 09:28	Claim Close Date	
Report Taken By	SHAN HUI		







☒ Print AK letter

Attachment

Accident No.	MT/1093318	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/05/2020 09:29

Path *	Category *	Confider
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>		

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2020 09:29	SAS		Normal	S
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2020 09:29	NRIC/ Driving License	Y	Normal	NRIC/ Drin
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2020 09:29	NRIC/ Driving License	Y	Normal	NRIC/ Drin
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2020 09:29	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2020 09:29	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2020 09:29	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2020 09:29	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2020 09:29	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2020 09:29	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2020 09:29	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2020 09:29	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2020 09:29	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2020 09:29	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2020 09:29	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2020 09:29	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 May 2020 09:29	Photos		Normal	Ph

Video List

Uploaded By/Date	Folder Date	File Name	
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>