

NATIONAL Assessment Centre Services

Date In: 16/06/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20006339/13	SAS e-filing		
Veh No: SGM3128U	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 16/06/20 1300	i-Motor Claim Form	MT/1094556-001	
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: (N-51	Tel:	Fax:
TP Particulars:	Veh No: YQ1746P	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

Client's Particulars:	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tp 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: 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	16/06/2020 14:27
Date Of Accident	16/06/2020 13:00
Exact Location Of Accident	ALONG SERANGOON RD/MOONSTONE LANE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGM3128U
Insured/Policyholder	
Name Of Registered Owner	SU KWE HUAT
NRIC No	SXXXX718F
Email Address	KWEHUAT@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98366885
Alternative Phone No	OTHERS-98366885
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5031571735-11
Cover Note Number	
Driver	
Name of Driver	SU KWE HUAT
NRIC No	SXXXX718F
Date Of Birth	19/06/1975
Occupation	INDOOR
Date Of Driving Pass	27/02/1997
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98366885
Fax Number	
Contact Number	OTHERS-98366885
EEmail Address	KWEHUAT@YAHOO.COM

Address	BLK 483 RIVER VALLEY ROAD #03-11
Postcode	248368
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	RAINING
Road Surface	WET

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

PLS REFER TO THE ATTACHED 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	YQ1746P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEE KOK HEE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SU KWE HUAT
------	-------------

Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGM3128U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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)**

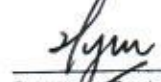
I understand, acknowledge, agree and consent that:

- (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.

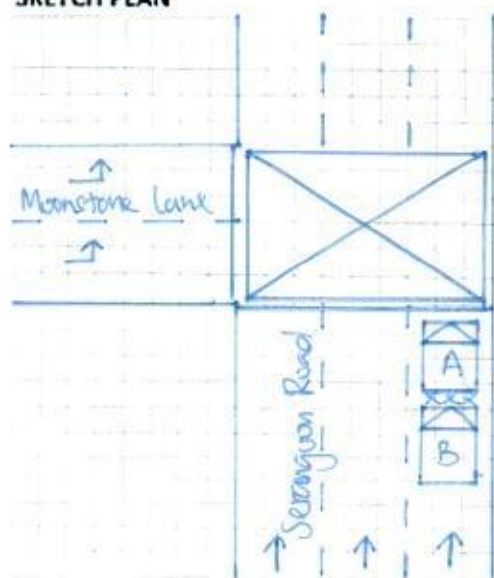
X


Policyholder's Signature
Date & Time:


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

 23/06/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



Veh A: SGM3128U

Veh B: YQ1746P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SGM3128U) traveling along Serangoon Road on first lane of a 3-lanes road. my vehicle was stationary before the stop line due to the traffic light was red. Out of sudden, vehicle B (YQ1746P) came from rear and collided directly onto the rear portion of my vehicle.

DECLARATION

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

Policyholder's Signature

Date & Time:

16/

Driver's Signature

(If driver is not the policyholder)

Date & Time:

23/06/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Vehicle No.	SGM3128U		Model / Make	Honda Jazz
Date of Accident	16/6/2020			
Time of Accident	1300	HRS		
Location of Accident	Along Serangoon Road / Moonstone Lane			
Exact purpose use during accident	work			
Name of Owner	Su Kwe Huat			
Telephone No.	H/P : 98366885	Home :	Office :	
NRIC	S7572718F			
Address	BLK 483 River Valley Road #03-11 S(248368)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5031571735-10			
Name of Driver	As Above If No,			
NRIC	Any Passengers : -			
Date of birth	19/6/1975			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	27/2/1997			
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.	Su Kwe Huat 98366885			
Name And Contact No.				
Police Report	No,	If Yes, Where?		
Vehicle B No.	YQ1746P	Any Passengers : -		
Name of Driver	Lee Kok Hee	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	Rear portion			
Camera Recorder	Yes / No			
Email Address	kwehuat@yahoo.com			
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Brandon			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

16/06/2020 13:00

Vehicle No.(For Motor)

SGM3128U

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"/>	5031571735-11		SU KWE HUAT	S7572718F	GPC	drive CLASSIC	SGM3128U	SGM3128U	13/10/2019	12/10/2020

Continue

Claim Handling

Task TransferExit

Accident MT/1094556

LOS SAI SUB

Policy No.5031571735-11

Certificate No.

Policyholder NameSU KWE HUAT

Product CodePRIVATE CAR INSURANCE

Contact No.(Mobile)98366885

Email Address

KPK☒ No ☐ Yes

NCD ProtectionYes

Vehicle No.SGM3128U

Cover Typedrive CLASSIC

Contact No.(Office)0

Special Remark

TCA☒ No ☐ Yes

NCD Entitlement(%)50

GST Registration No.

Policyholder NRICS7572718F

Loading0

Contact No.(Home)0

eCodeNo

eCode Reason

Private HireNo

Accident Details

Report Date16/06/2020 14:41

Date of Accident16/06/2020

Reporting CentreNATIONAL ASSESSMENT CENTR

Accident LocationALONG SERANGOON RD/MOONSTONE LANE

Accident Report Within 24 hrsYes

Time of Accident hh:mm13:00

Orange ForceNo

Accident TypeCollision - Head to Rear

Country of AccidentSingapore

ICM No.

Total Excess Applicable

Excess TypePer Accident

Windscreen Excess100.00

OD Standard Excess600.00

YIED OD Excess0.00

Additional Excess0.00

Total OD Excess Applicable500.00

TP Standard Excess0.00

YIED TP Excess0.00

Total TP Excess Applicable0.00

Driver is Covered?Covered

Benefits

GST Registered Information

GST RegisteredNo

GST Registration No.

Modification History

GST Registration Date

GST Status VerifiedYes

Policyholder Mailing Address

Address 1BLK 86 #15-592

Address 2REDHILL CLOSE

Address 3SINGAPORE 150086

Address 4

Address TypeSingapore address

Post Code150086

Unit No.

Related Policy Number5031571735-11

OI Driver Info

Driver NameSU KWE HUAT

Unnamed driver Name

Register Date of Driver License01/01/2003

Contact No.(Mobile)98366885

Address 1483 RIVER VALLEY ROAD

Address 4

Unit No.#03-11

Does he own a Singapore Registered car?☒ Yes ☐ No

Driver TypeMain Driver

Driver NRICS7572718F

Driver Age44

Contact No.(Office)0

Address 2VALLEY PARK

Address TypeSingapore address

Driver DOBS19/06/1975

Driving Experience17

Contact No.(Home)0

Address 3SINGAPORE 248368

Post Code248368

Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?0 mg

Any injury?☒ Yes ☐ No

Modification History

Investigation

Claim 001 OD-MX

New

Claim Case Officer

LOS SAI SUB

Claim TypeOD-MX

Contact No.(Mobile)98366885

Email Addressvincent.su@indulphoenix.com

Claim DescriptionSGM3128U / YQ1746P ON 16 Jun 2020

Preferred Workshop ProgramYes

Preferred Repair Option

Preferred Workshop Nameunknown

Insured Liability report

Not at fault

Insured NameSU KWE HUAT

Contact No.(Home)66480359

Q1 Vehicle NumberSGM3128U

Insured NRICS7572718F

Contact No.(Office)NIL

TP Vehicle NumberYQ1746P

Name of Preferred Workshop

Date Registered16/06/2020 14:48

Claim Close Date

Date Received16/06/2020 00:00

Report Taken ByROSINDA

Workshop Repairer

Total Loss but Repaired

☒ Print AK letter

Modification History

Special Claim Creation Approval

Approval

Reason

Remarks

Attachment

Accident No.MT/1094556

Last Doc. Received☒ Yes ☐ No

Claim No.001

Upload Date16/06/2020 00:00

Path *

Category *

Confidential

Urgency *

Description *

Choose FileNo file chosen

ClearPlease Select

NO

Normal

Choose FileNo file chosen

ClearPlease Select

NO

Normal

Clear

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jun 2020 14:47	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jun 2020 14:47	SAS		Normal	SAS 2020-6-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jun 2020 14:47	Photos		Normal	Photos 2020-6-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jun 2020 14:47	Photos		Normal	Photos 2020-6-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jun 2020 14:47	Photos		Normal	Photos 2020-6-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jun 2020 14:47	Photos		Normal	Photos 2020-6-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jun 2020 14:47	Photos		Normal	Photos 2020-6-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jun 2020 14:47	Photos		Normal	Photos 2020-6-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jun 2020 14:47	Photos		Normal	Photos 2020-6-16		Edit
Video List							
Uploaded By/Date		Folder Date	File Name		Source	Action	