

NATIONAL Assessment Centre Services

Part 1 Jan 2005

MAIA 1200 56517

Date In: 3/7/20 10:32	Job description	Date & Time Completed	Done by
Ref No: MA11MC 2000 6932/4	SAS e-filing		
Veh No: SMP 6855Y	E-mail (within 3hrs, A/C 2hrs)		
DTA: 1/7/20 19:00	I-Motor Claim Form	MT/1096005 ⁰⁰¹	3/7/20 15:54
UD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wsep / INC Assign Wsep / QW: (Tel:	Fax:
TP Particulars:	Veh No: Barrier	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 repairer.

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

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

Remarks:	INC () / Non-INC ()	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	Action

MA2003538		Invoice Itemization Checklist	Amount	Amount
Claimant's Particulars:		1) AR: Accident Reporting (\$30)		20.00
Driver/Owner:		2) DA: Damage Assessment (\$100)	INC (\$50)	
Contact No:		3) TP: Towing Fee	\$40/\$45	
Damaged Portion:		4) PT: Follow-Through Survey	\$120	
QC Checked by (Bug-In-Charge):		5) PT: 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:		
		Q1:		
		• 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: 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	03/07/2020 10:32
Date Of Accident	01/07/2020 19:00
Exact Location Of Accident	BIZHUB 28 28 SENANG CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP6855Y
Insured/Policyholder	
Name Of Registered Owner	KOH TECK FONG TERENCE
NRIC No	SXXXX499B
Email Address	TERENCEKOH@LIVE.COM
Mobile Phone No	(LOCAL) +65-91145930
Alternative Phone No	OFFICE-91145930

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115924729
Cover Note Number	

Driver

Name of Driver	KOH TECK FONG TERENCE
NRIC No	SXXXX499B
Date Of Birth	21/08/1987
Occupation	INDOOR
Date Of Driving Pass	30/10/2009
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91145930
Fax Number	
Contact Number	OFFICE-91145930
EMail Address	TERENCEKOH@LIVE.COM

Address	BLK 19 CHAI CHEE RD #02-332
Postcode	461019
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	HIT BY FALLEN TREE / OTHER OBJECTS
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	1
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)	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?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	BARRIER
Vehicle Make/Model/Colour	
Details Of Properties	G.TECH PTE LTD
Vehicle Category	GOVERNMENT
Name of Driver	STEVEN GOH
NRIC/Passport Number	
Contact Number	93802971/68477421
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.



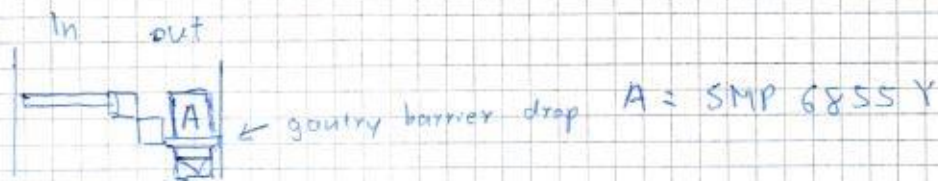
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Exit Bizhub 28 at around 7pm on 01/07/2020, upon exiting, the Gantry Pole managed by Gr. Tech Pte Ltd dropped onto my car and hit my Right Passenger's side Top Door Frame. Called Gr. Tech Pte Ltd and Steven Goh the Operation Manager on 02/July 2020 reviewed the CCTV from Bizhub 28 and knowledge that they are at fault and will bear the repair cost of the damages.

He mentioned on the phone that if repair cost less than \$500.00 they will pay direct to the workshop. If more than \$500.00, they will process the claim through their own ~~own~~ insurance.

DECLARATION

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


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.:

ACCIDENT STATEMENT

7pm like that

ACCIDENT DATE: 01 / 07 / 2020 (DD/MM/YYYY), TIME: 19 : 00 (HH:MM)

LOCATION: Bizhub 28 28 Senang Cres

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMP6855Y
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
 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: G. Tech Pte Ltd (Gantry Operator) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 93802971 / 68477421
 c) ADDRESS: 16 New Industrial Road Hudson TechnoCentre
#01-09 Singapore 536204

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Koh Teck Fong Terence (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8725499B CONTACT: 91145930
 c) ADDRESS: Blk 19 Chai Chee Road #02-332 S461019

*d) DATE OF BIRTH: 21 / 08 / 1987 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10+

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

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: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

TERENCEKOH@LIVE.COM

Email = terencekoh@live.com

fax =

VIDEO = Yes. I haven't retrieve

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="03/07/2020 09:42"/>
Vehicle No.(For Motor)	<input type="text" value="SMP6855Y"/>	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 type="radio"/>	5115924729		KOH TECK FONG TERENCE	S87254998	GPC	drivo CLASSIC	SMP6855Y	SMP6855Y	01/02/2020	08/10/2020

Claim Handling

Accident MT/1096005

Policy No.	5115924729	Vehicle No.	SMP6855Y	GST Registration No.	
Certificate No.					
Policyholder Name	KOH TECK FONG TERENCE			Policyholder NRIC	S6725499B
Product Code	PRIVATE CAR INSURANCE	Cover Type	DRIVE CLASSIC	Loading	0
Contact No.(Mobile)	91145930	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No M
RPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	03/07/2020 15:48	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	01/07/2020	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BIZHUB 28 28 SENANG CRESCENT				

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	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

Benefits

Coverage	Sum Insured		
Transport Allowance	99999999.99		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 19 #02-332	Address 2	CHAI CHEE ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	461019
Unit No.		Related Policy Number	5115924729		

OI Driver Info

Driver Name	KOH TECK FONG TERENCE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S6725499B	Driver DOB	21/08/1987
Register Date of Driver License	30/10/2009	Driver Age	32	Driving Experience	10
Contact No.(Mobile)	91145930	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 19 #02-332	Address 2	CHAI CHEE ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	461019
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver vehicle No.		Driver Insurer Company	

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	KOH TECK FONG TERENCE	Insu
Contact No.(Mobile)	91145930	Contact No.	62432515	Cont
Email Address	terencekoh@live.com	Vehicle Number	SMP6855Y	TP
Claim Description	SMP6855Y / BARRIER ON 1 Jul 2020			Nam
Preferred Workshop		Insured Liability	Not at Fault	Worl
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received	
Report Taken By	SHAN HUI			
Print AK letter				

Save Submit

Attachment

Accident No.	MT/1096005	Claim No.	001
Last Doc. Received	Yes No	Upload Date	01/07/2020 15:58

Path *

Choose File No file chosen

Choose File No file chosen

Category *

Confidential

Urgency *

Clear

Please Select

No

Normal

Clear

Please Select

No

Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jul 2020 15:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jul 2020 15:54	SAS		Normal	SAS 2020-7-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jul 2020 15:54	Photos		Normal	Photos 2020-7-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jul 2020 15:54	Photos		Normal	Photos 2020-7-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jul 2020 15:54	Photos		Normal	Photos 2020-7-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jul 2020 15:54	Photos		Normal	Photos 2020-7-3
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jul 2020 15:53	Photos		Normal	Photos 2020-7-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jul 2020 15:53	Photos		Normal	Photos 2020-7-3
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jul 2020 15:53	Photos		Normal	Photos 2020-7-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jul 2020 15:53	Photos		Normal	Photos 2020-7-3

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
		Display in New Window	Scan and uploading	