

NATIONAL Assessment Centre Services (wef 1 Jan 05) **MLAN 0062029**

Date In: 23/1/05-12:08	Job description	Date & Time Completed	Done by
Ref No: NA/INC 2000 7599/24	SAS e-filing		
Veh No: SLX364VD	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/1/05-07:30	i-Motor Claim Form	NA/1097688-001	23/1/05 12:28
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 <u>Fax / Hand</u> to Owner/Wksp		

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

TP Particulars: Vch No: **5J43919B** 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 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		Ant (\$)	Ant (\$)
			for Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting	\$30;		
Contact No:	2) DA: Damage Assessment	\$100; INC (\$80)		
Damaged Portion:	3) TF: Towing Fee	\$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120		
	5) FT: Follow-Through Survey (Resurvey)	\$30		
Auditors' Comments:-	For claiming against INC only (wef 10 Jan 2005)			
	6) TR: Re-inspection	\$75		
Cat. 1:	7) N1: Idac DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
Cat. 2 / 3:	Q1*:			
	*N5: Courtesy Car / Tpl Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
	TP (N11): TP (N/A 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	23/07/2020 12:08
Date Of Accident	23/07/2020 07:30
Exact Location Of Accident	TPE TWDS SLE AFTER YIO CHU KANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX3644D
Insured/Policyholder	
Name Of Registered Owner	NG KWEE KIONG
NRIC No	SXXXX960J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96816646
Alternative Phone No	OFFICE-96816646

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
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	5109759323
Cover Note Number	

Driver

Name of Driver	NG KWEE KIONG
NRIC No	SXXXX960J
Date Of Birth	07/02/1963
Occupation	INDOOR
Date Of Driving Pass	19/07/1982
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96816646
Fax Number	
Contact Number	OFFICE-96816646
EEmail Address	NOEMAIL

Address	BLK 495E TAMPINES STREET 43 #13-374
Postcode	524495
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	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?	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU3919B
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)	

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.



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 Reporting Draft

VEHICLE NO: SLX3644D

MODEL: TOYOTA WISH

DATE OF ACCIDENT	23/7/2020		
TIME OF ACCIDENT	0730	HRS	AM/PM
LOCATION OF ACCIDENT	TPE TOWARDS SLE AFTER YIO CHU KANG		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	NG KWEE KIONG		
CONTACT NO.	96816646		
NRIC	S1620960J		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P		
INSURANCE CO.	NTUC		
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: SAME AS ABOVE		
NRIC			
DATE OF BIRTH			
OCCUPATION	OUTDOOR / <u>INDOOR</u>		
DATE OF DRIVING PASS			
GENDER	MALE / FEMALE		
CONTACT NO.	96816646	OFFICE:	HOME:
ADDRESS	BLK 495E TAMPINES STREET 43 #13-374 S(524495)		
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IF NO:		
WEATHER CONDITION	CLEAR / <u>RAINY</u> / OTHER: RAINY		
ROAD SURFACE	DRY / <u>WET</u> / OTHER: WET		
ANY INJURIES	<u>NO</u> / IF YES:		
CONTACT NO.			
POLICE REPORT	<u>NO</u> / IF YES:		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	SJU3919B	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.	ANY PASSENGER:		
VEHICLE D NO.	ANY PASSENGER:		
VEHICLE E NO.	ANY PASSENGER:		
VEHICLE F NO.	ANY PASSENGER:		
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">Ryder</div> Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) 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"/>	5109759323		NG KWEE KJONG	S1620960J	GPC	drive CLASSIC	SLX3644D	SLX3644D	25/05/2019	29/07/2020

Continue

▼ Policy Information

Policy No.	5109759323	Policyholder Name	NG KWEE KIONG	Policyholder NRIC	S1620960J
Certificate No.					
Address	BLK 495E #13-374 TAMPINES STREET 43 SINGAPORE 524495				
Product Name	PRIVATE CAR INSURANCE	Plan			
Group Policy Flag			N		
Policy Issue Date	24/05/2019	Effective Date	25/05/2019 00:00	Expiry Date	29/07/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	IMOTOR INSURE	Agent Tel.	68411279	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 495E #13-374	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE 524495
Address 4	Address Type		Singapore address	Post Code	524495
Unit No.	Related Policy Number		5109759323		

▶ Insured Object: SLX3644D

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	09/01/2020 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 25 May 2019 TO 29 Jul 2020 In view of this amendment, an additional premium of \$165.51 (inclusive of GST) is payable under your policy.

Continue Cancel

Claim Handling

Accident MT/1097688

Policy No.	5109759323	Vehicle No.	SLX3644D	GST Registration No.	
Certificate No.					
Policyholder Name	NG KWEE KIONG	Cover Type	drive CLASSIC	Policyholder NRIC	S1620960
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	96816646	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
▼ Accident Details					
Report Date	23/07/2020 12:23	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	23/07/2020	Time of Accident (h:mm)	07:30	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	TPE TWDS SLE AFTER YIO CHU KANG				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
DD Standard Excess	600.00	TP Standard Excess	0.00		
YIED DD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total DD 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	BLK 495E #13-374	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE 524495
Address 4		Address Type	Singapore address	Post Code	524495
Unit No.		Related Policy Number	5109759323		

▼ O1 Driver Info

Driver Name	NG KWEE KIONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1620960	Driver DOB	07/02/1963
Register Date of Driver License	19/07/1982	Driver Age	57	Driving Experience	38
Contact No. (Mobile)	96816646	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 495E	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE 524495
Address 4		Address Type	Singapore address	Post Code	524495
Unit No.	13-374				
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
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Modification History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	NG KWEE KIONG	Insured NRIC	S1620960
Contact No. (Mobile)	96816646	Contact No. (Home)	57876313	Contact No. (Office)	64506877
Email Address	stevenkk@yahoo.com	O1 Vehicle Number	SLX3644D	TP Vehicle Number	SJU39198
Claimant Type Claim Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLX3644D / SJU39198 ON 23 Jul 2020				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes	Insured Liability *	Not at Fault		
Date Registered	23/07/2020 12:28	Preferred Repair Option	Preferred Workshop, Name unknown		
Report Taken By	Jackson	Claim Close Date		GIA report	Received
				Date Received	23/07/2020 00:00

Print AK letter

Save Submit

Attachment

Accident No.	MT/1097688	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/07/2020 12:29

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 23 Jul 2020 12:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-7-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 23 Jul 2020 12:29	SAS	Normal	SAS 2020-7-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 23 Jul 2020 12:28	Photos	Normal	Photos 2020-7-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 23 Jul 2020 12:28	Photos	Normal	Photos 2020-7-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 23 Jul 2020 12:28	Photos	Normal	Photos 2020-7-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 23 Jul 2020 12:28	Photos	Normal	Photos 2020-7-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 23 Jul 2020 12:28	Photos	Normal	Photos 2020-7-23	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display In New Window	Scan and uploading	