

# NATIONAL Assessment Centre Services.

[ver 1.3 Jan 2005]

NA00064512

Date In: 30/07/2020 17:15	Job description	Date & Time Completed	Done by
Ref No: 1/34/INC 200078924	SAS e-filing		
Veh No: 9MM 623E	E-mail (by date time, AIC time)		
DOA: 29/07/2020 14:46	I-Motor Claim Form	MT11098482-001	30/07/2020 17:52
OID: 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/Witness		

Preferred Wksp / INC Assign Wksp / OW: (	Toll:	Fax:
TP Participants:	Veh No: GBJ9921R	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 ( )	

( ) 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury:	
Date/Time:	

NA0003929	
Driver/Owner:	1) All Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
	4) PF: Follow-Through Survey \$120
	5) PF: Follow-Through Survey (Resurvey) \$30
	For claim against INC Only, over 10 Jan 2005
	6) TR: Re-inspection \$75
	7) RI: IDao DA + SMRT Survey \$160
	8) NIUC Additional Services
	ON:
	* NS: Courtesy Car / Tpl Allowance \$5
	* NG: Repairs Co-ordination \$10
	* NR: Post Repair Inspection \$25
	* ND: DV / Collect Insurance Coordination \$5
	TP (RI): TP (Non-INC) replace 120
	2) 12: 12: Mobile \$0
	Invoice dated
	Invoice dated
	Fee Charged
	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 30/07/2020 17:15  
Date Of Accident 29/07/2020 14:40  
Exact Location Of Accident ANG MO KIO INDUSTRIAL PARK 2 NEAR BLK 5023  
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM623E  
**Insured/Policyholder**  
Name Of Registered Owner KOO PENG SIAH  
NRIC No SXXXX221A  
Email Address GALISTENKOO@GMAIL.COM  
Mobile Phone No (LOCAL) +65-97997348  
Alternative Phone No OTHERS-97997348

Vehicle Particulars

Manufacturer BMW  
Model 328I  
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 REPORTING ONLY  
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 5111247347-01  
Cover Note Number

Driver

Name of Driver KOO PENG SIAH  
NRIC No SXXXX221A  
Date Of Birth 19/04/1967  
Occupation OUTDOOR  
Date Of Driving Pass 10/08/1989  
Driving Experience 30 YEARS AND 11 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-97997348  
Fax Number  
Contact Number OTHERS-97997348  
EMail Address GALISTENKOO@GMAIL.COM

Address	BLK 251 CHOA CHU KANG AVENUE 2 #16-296
Postcode	680251
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	SIDE SWIPE
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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ9927R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	QUEK KWANG CHOON
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### 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**.
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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:

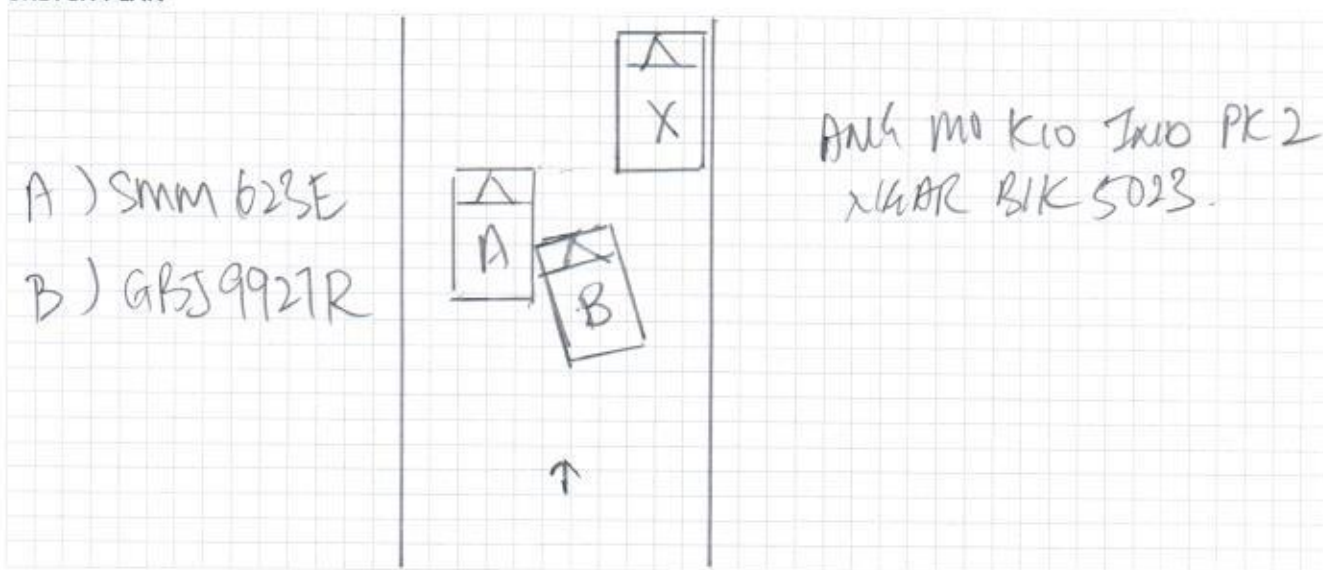
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

ON 29/07/2020 AT ABOUT 14:39HRS I WAS AT ANG MO KIO PK 2 TRAVELLING STRAIGHT & WANTED TO TURN LEFT. THE ROAD WAS ONE WAY STREET BOTH SIDE WAS FACTORY HOUSES. WHEN I SAW VAN B GBJ 9927R SIGNALLING RIGHT, SO I KEPT MOVING & OVERTAKE IT. SUDDENLY I HEAR A SOUND, I SWP MY CAR SAW THE VEHICLE B BRUSH AGAINST MY RIGHT SIDE OF MY CAR.

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

ACCIDENT DATE: (29/07/20) (DD/MM/YYYY), TIME: (14:39) (HH:MM)

LOCATION: Ang Mo Kio Industrial Park 2 near 811c

5023

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMM 623 E  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: S111247347-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: BMW / 328i  
 f) TYPE: (SEDAN / 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: KOO PENG SIAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1792221A CONTACT: 97997348  
 c) ADDRESS:

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

### DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

\* d) DATE OF BIRTH: (19/04/1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16/08/1989

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) clear

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: GBJ 9927 R MODEL:  
 b) DRIVER'S NAME: OUEK KWANG CHUAN  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
 (including driver)  
 (1)

\* No of passenger  
 (including driver)  
 ( )

\* No of passenger  
 (including driver)  
 ( )

email = galistinkoo@gmail.com  
 VIDEO YES

Claim Handling

Accident MT/1098482

Policy No.	511247347-01	Vehicle No.	SMM623E	GST Registration No.		
Certificate No.						
Policyholder Name	KOO PENG SIAH					
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Policyholder NRIC	S1792221A	
Contact No.(Mobile)	97997348	Contact No.(Office)		Leading	0	
Email Address	galistenkoo@gmail.com	Special Remark		Contact No.(Home)		
KFK	No Yes	TCA	No Yes	eCode	No	
NCD Protection	No	NCD Entitlement(%)	50	eCode Reason		
▼ Accident Details			Private Hire			No
Report Date	30/07/2020 17:29	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe	
Date of Accident	29/07/2020	Time of Accident hh:mm	14:40	Country of Accident	Singapore	
Reporting Centre		Orange Force		ICM No.		
Accident Location	ANG MO KIO INDUSTRIAL PARK 2 NEAR BLK 5023					
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess	100.00			
OD Standard Excess	600.00	TP Standard Excess	0.00			
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver Is Covered?	Covered	
Additional Excess	0					
Total OD 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 251 #16-296	Address 2	CHOA CHU KANG AVENUE 2	Address 3	SINGAPORE 680251	
Address 4		Address Type	Singapore address	Post Code	680251	
Unit No.		Related Policy Number	511247347-01			
▼ OI Driver Info						
Driver Name	KOO PENG SIAH	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	S1792221A	Driver DOB	19/04/1967	
Register Date of Driver License	10/08/1989	Driver Age	53	Driving Experience	30	
Contact No.(Mobile)	97997348	Contact No.(Office)		Contact No.(Home)		
Address 1	BLK 251 #16-296	Address 2	CHOA CHU KANG AVENUE 2	Address 3	SINGAPORE 680251	
Address 4		Address Type	Singapore address	Post Code	680251	
Unit No.						
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SMM623E	Driver Insurer Company	NTUC	
Declaration						
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No			

Modification History

Claim 001 New

Claim Type *	OO-MX	Insured Name	KOO PENG SIAH	Insured NRIC	S1792221A		
Contact No.(Mobile)		Contact No. (Home)	67657621	Contact No. (Office)	NIL		
Email Address		Vehicle Number	SMM623E	Vehicle Number	GBJ9927R		
Claim Description	SMM623E / GBJ9927R ON 29 Jul 2020				Name of Preferred Workshop		
Preferred Workshop		Insured Liability	Not at Fault				
Report No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered				Claim Close Date	30/07/2020 17:31	Date Received	30/07/2020 00:
Report Taken By	ROSLI WAHAB						
<input type="checkbox"/> Print AK letter							
<div>Save Submit</div>							

Attachment

Accident No.	MT/1098482	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/07/2020 17:32		
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		
Send Mes					
▼ Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2020 17:32		Photos	Normal	Photos 2020-7-30	

2/2



Hello, NAC\_BUKIT\_MERAH\_800676

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.

Date of Accident

29/07/2020 17:14

Vehicle No.(For Motor)

SMM623E

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5111247347-01		KOO PENG SIAH	S1792221A	GPC	drivo CLASSIC	SMM623E	SMM623E	21/07/2020	20/07/2021

Continue