NATIONAL Assessment Centre Services. [ref (Job no)]. MNAY20066174

Date In: 05/08/2020 16:38	Job description	Date & Time Completed	Done by
Ref No: NEA/INC20008101/Y	SAS e-filing		
Veh No: SNO3355S	E-mail (Sgable 6hrs, AIC 2hrs)		
D.O.A: 04/08/2020 16:00	I-Motor Claim Form	MT1098965-002	05/08/2020
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		16:48
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SMT7546L , 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 ( )

( ) 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 :

NA2004045

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($100); INC ($10)		
3) TF : 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 : Idea DA + SMRT Survey	$160	
8) NTUC Additional Services:-		
OR		
*N5: Courtesy Car / Tpt Allowance	$5	
*N6: Repair Co-ordination	$10	
*N7: Post Repair Inspection	$25	
*N8: DV / Collect Excess Coordination	$5	
TF (NTI) TYP (Non INC) against NTUC	$20	
9) N11: Idea 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	05/08/2020 16:24
Date Of Accident	04/08/2020 16:00
Exact Location Of Accident	HOLLAND ROAD TURNING RIGHT INTO FARRER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW3355S

Insured/Policyholder

Name Of Registered Owner	KWEK CHOON HIANG, ADDISON (GUO JUNXIAN)
NRIC No	SXXXX416G
Email Address	LEANNLXN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91556205
Alternative Phone No	OTHERS-90624810

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	5114667967
Cover Note Number	

Driver

Name of Driver	LIU XIAONA
NRIC No	SXXXX595Z
Date Of Birth	20/01/1988
Occupation	INDOOR
Date Of Driving Pass	07/09/2015
Driving Experience	4 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91556205
Fax Number	
Contact Number	OTHERS-90624810
EMail Address	LEANNLXN@GMAIL.COM

Address	BLK 129 BUKIT MERAH VIEW #13-168
Postcode	150129
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMT7546L
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NOOR MOHAMED
NRIC/Passport Number	
Contact Number	85719381
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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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

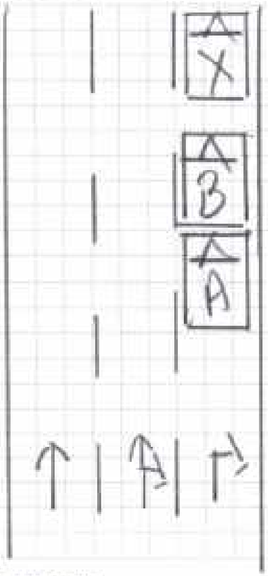
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 5/8/2020	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 05/08/2020

SKETCH PLAN HOLLAND ROAD TURNING RIGHT TO FARRER ROAD.

A) SLW 3355S

B) SMT 7546L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

8月4日下午4点 在等待红绿灯时. 我的脚踩住刹车的同时我在捡座位下的东西. 这时车滑行到前面并碰到前面 SMT 7546L Honda vezel 的车尾. 导致那辆车的车尾刮伤了一点. 车主要用保险解决.

我的车没有被刮伤到.

DECLARATION

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

Policyholder's Signature Date & Time:	[signature] Driver's Signature (If driver is not the policyholder) Date & Time: 5/8/2020	[signature] 05/08/2020 Reporting Centre Personnel's Signature Name: [signature] NRIC/FIN No.: [signature]

ACCIDENT STATEMENT

ACCIDENT DATE:(4 / 8 / 2020)(DD/MM/YYYY), TIME:(4 : 00 PM)(HH:MM)
LOCATION: ~~Queensway~~ to Holland Rd Turn Right to Farrar

1. DETAILS OF VEHICLE
   a)VEHICLE NUMBER: S/W 3355 S
   b)INSURANCE COMPANY: NTC
   c)POLICY NUMBER: RC41/32/409
   d)POLICY TYPE: (COMPREHENSIVE / (THIRD PARTY) / THIRD PARTY FIRE &THEFT)
   e)MAKE & MODEL: Honda vezel
   f)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g)VEHICLE CATEGORY:(PRIVATE / COMMERCIAL / MOTORCYCLE)
   h)PURPOSE OF USING AT ACCIDENT TIME: 4pm
   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: Kwek CHOON HiANG Addison (MALE)/ FEMALE)
   b)NRIC/FIN/PASSPORT: S8719416G CONTACT: 91556205
   c)ADDRESS: 129 Bukit Merah view #13-168 (150129)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

※ No of passenger (including driver) (1)

3. DRIVER
   a)NAME: Liu Xiao Na (MALE /(FEMALE))
   b)NRIC/FIN/PASSPORT: S8858545Z CONTACT: 90624810
   c)ADDRESS: 129 Bukit Merah view #13-168 (150129)
   *d)DATE OF BIRTH: (20 / 01 / 1988)(DD/MM/YYYY)
   e)OCCUPATION: (INDOOR / OUTDOOR)
   f)DATE OF DRIVING PASS
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /(NO))
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse
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:

※ No of passenger (including driver) (NO)

8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: SMT 7546L MODEL: Hoda vezel
   b) DRIVER'S NAME: Noor MOHAMED
   c) NRIC/FIN/PASSPORT: CONTACT: 8571938

※ No of passenger (including driver) (NO)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

email = leannlxn@gmail.com
VIDEO

Claim Handling

Accident MT/1098965

Policy No.	1114867967	Vehicle No.	SJW3355S	GST Registration No.	
Certificate No.					
Policyholder Name	KWEK CHOON HIANG, ADDISON (GUO JUNYIAN)			Policyholder NRIC	S8719416G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	NO
eW	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	05/08/2020 09:56	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	04/08/2020	Time of Accident hh:mm	16:05	Country of Accident	Singapore
Reporting Centre		Orange Force		IUM No.	
Accident Location	JUNCTION OF HOLLAND ROAD & COMMONWEALTH ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YEID OD Excess		YEID TP Excess		Driver is Covered?	Not Applicable
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	550 HAVELOCK ROAD	Address 2	#07-04	Address 3	SINGAPORE 169638
Address 4		Address Type	Singapore address	Post Code	169638
Unit No.		Related Policy Number	9414867967		

OS Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC			
Register Date of Driver License		Driver Age		Driver DOB	
Contact No.(Mobile)		Contact No.(Office)		Driving Experience	
Address 1		Address 2		Contact No.(Home)	
Address 4		Address Type	Foreign address	Address 3	
Unit No.				Post Code	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-NW	Insured Name	KWEK CHOON HIANG, ADDISO	Insured NRIC	S8719416G
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OC Vehicle Number	SJW3355S	TP Vehicle Number	SMT7349L
Claim Description	SJW3355S / SMT7349L ON 4 Aug 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Remark No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	05/08/2020 16:45	Claim Close Date		Date Received	05/08/2020 00
Report Taken By	ROSLI WAHAB				

Print AR letter

Save Submit

Attachment

Accident No.	MT/1098965	Claim No.	002
Last Doc. Received	Yes No	Upload Date	05/08/2020 16:46

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Attachment List

Send Mail

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Aug 2020 16:46	Photos	Normal	Photos 2020-8-5	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Aug 2020 15:46	Photos	Normal	Photos 2020-8-5	

	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Aug 2020 16:46	Photos		Normal	Photos 2020-8-5
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Aug 2020 16:46	Photos		Normal	Photos 2020-8-5
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Aug 2020 16:46	Photos		Normal	Photos 2020-8-5
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Aug 2020 16:45	Photos		Normal	Photos 2020-8-5
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Aug 2020 16:45	Photos		Normal	Photos 2020-8-5
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Aug 2020 16:45	Photos		Normal	Photos 2020-8-5
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Aug 2020 16:45	Photos		Normal	Photos 2020-8-5
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Aug 2020 16:45	NRIC/ Driving License	▾	Normal	NRIC/ Driving License 2020-8-5
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Aug 2020 16:43	SAS		Normal	SAS 2020-8-5

Video List

Uploaded By/Date	[illegible] Date	File Name		Source

Display in New Window | Start and uploading

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SJW3355S

Date of Accident 04/08/2020 14:58

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	S114667967		KWEK CHOON HIANG, ADDISON (GUO JUNXIAN)	S8719416G	GPC	drive CLASSIC	SJW3355S	SJW3355S	12/12/2019	11/12/2020

Continue

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S065S00200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : NMA4Y20066174 Vehicle Registration No: SJW3355S

Name(as shown in NRIC) : LIU XIAONA NRIC/FIN/Passport No : SXXXX595Z

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : ______ Singapore( )

Contact (Tel) : ______ Mobile No. : 9062 4810

Email Address : ______

Date of Accident : 04/08/2020 Time of Accident : 16:00

Place of Accident : HOLLAND ROAD TURNING RIGHT INTO FARRER ROAD

Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

EMAIL ADDRESS TO LEANNLXN@GMAIL.COM

05/08/2020

Policyholder / Driver's Signature
Date:

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