NATIONAL Assessment Centre Services. [wef 1 Jan/09] MMAY2D066783

Date In: 07/08/2020 14:29	Job description	Date & Time Completed	Done by
Ref No: NBB1 Jul2000 8190/4	SAS e-filing		
Veh No: SJX5991L	E-mail (Ajuda 8hrs, AIC 2hrs)		
D.O.A: 07/08/2020 09:20	I-Motor Claim Form	MT10T9910001	07/08/2020 15:20
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/Witsn		

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

TP Particulars: Veh No: SHD3580D. 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 :

N/A 2004084

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30);		
2) DA : Damage Assessment ($100); INC ($80)		
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 2010)		
6) TR : Re-Inspection $75		
7) NI : Idea DA + SMRT Survey $160		
8) NTUC Additional Services-		
OR:		
* N5: Courtesy Car / Tpt Allowance $3		
* N6: Repair Co-ordination $10		
* N7: Post Repair Inspection $23		
* N8: DV / Collect Excess Coordination $3		
TF (N11) : TF (Non INC) against INC $30		
9) N12: Idea Mobile 30		
Invoice dated Fee Charged		
Invoice dated Fee Charged		

1 / 2 / 3

MNA420066743 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 07/08/2020 14:29
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 witholding 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	07/08/2020 14:29
Date Of Accident	07/08/2020 09:20
Exact Location Of Accident	ALONG FARRER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX5991L

Insured/Policyholder

Name Of Registered Owner	NG KOK KENG
NRIC No	SXXXX680G
Email Address	YINGTINGNG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90098181
Alternative Phone No	OTHERS-92298338

Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA
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	5101777918-02
Cover Note Number	

Driver

Name of Driver	NG YING TING
NRIC No	TXXXX204E
Date Of Birth	02/05/2000
Occupation	INDOOR
Date Of Driving Pass	10/07/2019
Driving Experience	1 YEAR AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90098181
Fax Number	
Contact Number	OTHERS-92298338
EMail Address	YINGTINGNG@GMAIL.COM

Address	62 FARRER ROAD #05-06
Postcode	268847
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	SHD3581D
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KOH JOO SENG
NRIC/Passport Number	SXXXX117H
Contact Number	96653325
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

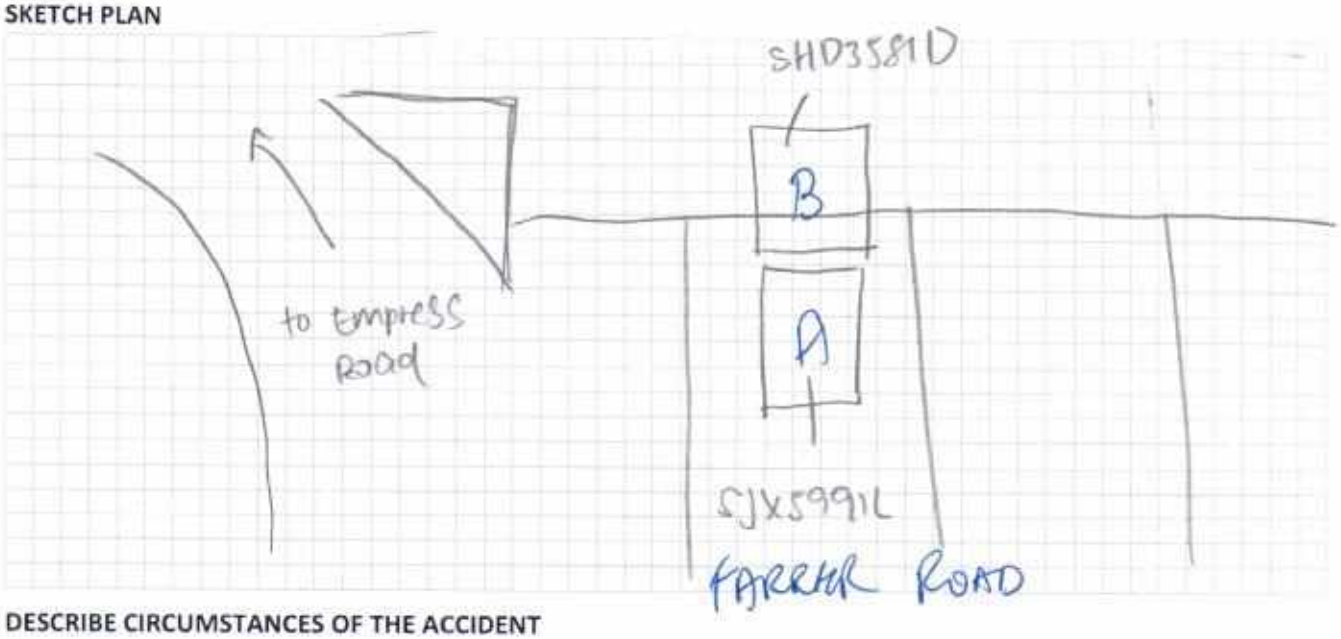
Policyholder's Signature
Date & Time: 07/08/2020 12:53pm

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12:53pm

07/08/2020

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~It was~~ Traffic Light turned amber, taxi (SHD3581D) crossed the line but decided to come to a sudden stop. While I was decelerating to a stop so I can stop right before the stop line, I was not able to come to a complete stop in time, hence my car (SJX5991L) hit the back of the taxi. To be specific, my car's number plate hit the taxi's back lower bumper. Accident happened at traffic light on Farrer road

DECLARATION

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

Policyholder's Signature
Date & Time: 07/08/2020 12:28

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07/08/2020 12:28

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

07/08/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (07 / 08 / 2020) (DD/MM/YYYY), TIME: (09 : 21) (HH:MM)

LOCATION: Farrer Road

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJX5991L
   b) INSURANCE COMPANY: NTUC INCOME
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: NISSAN TEANA
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Grocery
   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: Ng Kok Keng (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1655680G CONTACT: 90098187
   c) ADDRESS: 62 Farrer Road, #05-06 (S268847)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER
   a) NAME: Ng Ying Ting (MALE / FEMALE) 92298338
   b) NRIC/FIN/PASSPORT: T0017204E CONTACT:
   c) ADDRESS: 62 Farrer Road, #05-06 (S268847)
   *d) DATE OF BIRTH: (02 / 05 / 2000) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS

* No of passenger (including driver) (1)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: daughter
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: SHD3581D MODEL: HONDA
   b) DRIVER'S NAME: Koh Joo Seng
   c) NRIC/FIN/PASSPORT: S0091117H CONTACT: 96653327

* No of passenger (including driver) (1)

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

* No of passenger (including driver) (___)

Email =

VIDEO

Claim Handling

Accident MT/1099210

Policy No.	5101777918-02	Vehicle No.	SJK5991L	GST Registration No.	
Certificate No.					
Policyholder Name	NG KOK KENG			Policyholder NRIC	S1637880D
Product Code	PRIVATE CAR INSURANCE	Driver Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90098181	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
cPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	07/08/2020 15:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/08/2020	Time of Accident hh:mm	09:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG FARRER ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	300.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YDED OD Excess	2500.00	YDED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	3100.00	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	62 FARRER ROAD	Address 2	#05-06 SPARROW VILLAGE	Address 3	SINGAPORE 268847
Address 4		Address Type	Singapore address	Post Code	268847
Unit No.		Related Policy Number	5101777918-02		

03 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NG YING TING	Driver NRIC	T0017204B	Driver DOB	02/05/2000
Regular Date of Driver License	10/07/2019	Driver Age	20	Driving Experience	1
Contact No.(Mobile)	92298338	Contact No.(Office)		Contact No.(Home)	
Address 1	62 FARRER ROAD	Address 2	#05-06 SPARROW VILLAGE	Address 3	SINGAPORE 268847
Address 4		Address Type	Foreign address	Post Code	268847
Unit No.	05-06				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SJK5991L	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 New

Claim Type *	DO+MK	Insured Name	NG KOK KENG	Insured NRIC	S1637880D
Contact No.(Mobile)	90098181	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		GI Vehicle Number	SJK5991L	TP Vehicle Number	SHD3381D
Claim Description	SJK5991L / SHD3381D ON 7 Aug 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/08/2020 15:19	Claim Close Date		Date Received	07/08/2020 00:
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1099210	Claim No.	001
Last Doc Received	Yes No	Upload Date	07/08/2020 15:20

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

Send Ma

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (GI)
	NAC_BUKIT_MERAH_BOON (N) NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 07 Aug 2020 15:20	Photos	Normal	Photos 2020-8-7	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Aug 2020 15:20	Photos		Normal	Photos 2020-8-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Aug 2020 15:20	Photos		Normal	Photos 2020-8-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Aug 2020 15:20	Photos		Normal	Photos 2020-8-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Aug 2020 15:20	Photos		Normal	Photos 2020-8-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Aug 2020 15:19	Photos		Normal	Photos 2020-8-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Aug 2020 15:19	Photos		Normal	Photos 2020-8-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Aug 2020 15:19	Photos		Normal	Photos 2020-8-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Aug 2020 15:19	Photos		Normal	Photos 2020-8-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Aug 2020 15:19	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Aug 2020 15:19	SAS		Normal	SAS 2020-8-7

Video List

Uploaded By/Date	Folder Date	File Name	?	Source

Display in New Window | Scan 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) SJX5991L
Date of Accident 07/08/2020 12:53
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5101777918-02		NG KOK KENG	S1655680G	GPC	drivo CLASSIC	SJX5991L	SJX5991L	28/06/2020	27/06/2021

Continue