NATIONAL Assessment Centre Services.

MHA4300 7 1169

	Job description	Date & Time Completed	Done by
Date In: 20/08/2020 16:02	SAS e-filling		
Ref No: NBA/INC200828814	E-mail (Within 8hrs, AIC 2hrs)		
Veh No: SBN 3567P	I-Motor Claim Form	M7/11006 17-001	20/08/2020 16:53
D.O.A: 20/08/2020 06:40	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	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: SKZ 4760X 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 ( )

[illegible]

( ) 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: ( )

[illegible]

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > $3000] ( )

Injury :

[illegible]

MA2004460

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

[illegible]		
1) AR : Accident Reporting ($30);		
2) DA : Damage Assessment ($100); INC ($10)		
3) TP : 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 2000) $75		
6) TR : Re-inspection $160		
7) NI : Idea DA + SMRT Survey		
8) NTUC Additional Services:		
OR: $3		
*N5: Courtesy Car / Tpt Allowance $10		
*N6: Repair Co-ordination $25		
*N7: Post Repair Inspection $3		
*N8: DV / Collect Excess Coordination $30		
TP (N11): TP (Non INC) against INC 30		
9) N12: Idea Mobile		
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 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	20/08/2020 16:02
Date Of Accident	20/08/2020 06:40
Exact Location Of Accident	ALONG PIE (TOWARDS CHANGI) NEAR CTE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBN3567P

Insured/Policyholder

Name Of Registered Owner	SHERMAINE LOH WAI FUN MRS.SHERMAINE TANG
NRIC No	SXXXX023H
Email Address	WOONNKLOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97424665
Alternative Phone No	OTHERS-96675772

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	DRIVING SON TO ARMY CAMP
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5034620155-11
Cover Note Number	

Driver

Name of Driver	LOH NGAI KUN
NRIC No	SXXXX699C
Date Of Birth	08/06/1963
Occupation	INDOOR
Date Of Driving Pass	10/06/1982
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96675772
Fax Number	
Contact Number	OFFICE-64677803
EMail Address	WOONNKLOH@GMAIL.COM

Address	20 MOUNT SINAI ROAD
Postcode	276854
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	AFTER RAIN
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?	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)	2
Passenger 1	NAME: : SON GENDER: : MALE

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	SKZ4760X
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZULKARNAEN BIN MOHAMED SARIP
NRIC/Passport Number	SXXXX705A
Contact Number	90010305
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to assess the claims below.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may affect your claim and may lead to repudiation of policy liability.
4. The rules and conditions of the relevant insurance companies, including deductibles, may apply with respect to any insurance claim(s).
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded to the insurers or the GIA Claims Management Centre established by the General Insurance Association of Singapore (GIA), for the sole purpose that the use of this report will be made available upon request to the insurance parties.
7. By the submission of this report to the insurers, you hereby confirm that the contents of this report is the truth and nothing but the truth.
8. **Consent under the Personal Data Protection Act (PDPA)**

   I understand, acknowledge, agree and consent to:

   (a) My insurer, my representative, the General Insurance Association of Singapore ("**GIA**"), their personnel to collect, use, disclose and/or process my personal data (whether such data was provided in this form or any other manner) provided by me or permitted by me (or any representative) (collectively, the "**Personal Information**") and disclose and transfer such Personal Information to all insurers who have received, will receive, or may receive this accident (all insurers who have received or will be collectively referred to as the "**Insurers**"), the following parties, their subsidiary, holding companies, associates and affiliates, and any relevant government agency/authority (such as the police, for the purposes of):

   (i) processing, handling and/or dealing with my claims, including the settlement of the claims and any recovery investigations relating to the claims;

   (ii) investigating the accident and/or my claims;

   (iii) performance evaluation, training and other internal purposes as may be required by the Insurers;

   (iv) maintaining my claims records, including the keeping of correspondence, statements, photos, reports and the like, 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 laws, regulations, rules, codes of practice, guidelines, requirements or assistance in relation to any of the above,

   (collectively, the "**Purposes**");

   (b) all Insurers who have received, will receive or may receive the Personal Information from the Insurers and/or GIA to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

   (c) my Personal Information may be disclosed by any of the Insurers and/or GIA to their data processors (as defined in the Personal Data Protection Act 2012 of Singapore), including their agents, contractors and third party service providers who process personal data on behalf of the Insurers and/or GIA for one or more of the above Purposes.

   (d) my Personal Information is to be disclosed and used to create a claims history for the purpose of insurers investigating claims and managing their risk and portfolio and for statistical purposes.

   (e) the information provided under (d) above may be obtained / disclosed

   (i) to all insurers and/or any other third parties that assist in the processing, handling, settling, contesting or managing the claims, investigations, law enforcement and government agencies as reasonably required for the purposes stated; or

   (ii) for compliance with requirements under any applicable laws, regulations, codes of practice, guidelines, rules, orders or requests issued by any court, legislative, regulatory, governmental, tax, law enforcement or other authorities (including industry associations or agencies) in Singapore and/or elsewhere.

Name of Policyholder / Driver
Date & Time

Name of Witness
(if the Policyholder/Driver is unavailable)
Date & Time: 26 of Jan 10:30 hours

Signature of the Policyholder / Driver
Name
NRIC/FIN No.

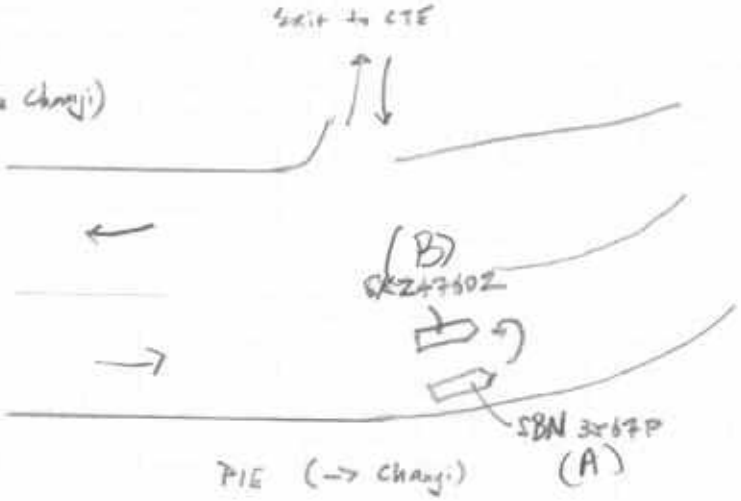
26/01/2024

SKETCH PLAN

Date : 20-08-2020

Time : Around 6:40am

Location : Along PIE (towards Changi)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the morning of 20-08-20 (Thursday), around 6:40 am, I was driving my son along the PIE (towards Changi). The road was wet from an earlier rain. The rain had stopped.

My car was on the center most lane. As the car went onto the white line on the right side of the lane, I could feel the tyres skidding and the car turned / rotated towards one side. I tried to correct the turning but the car turned in another direction.

I think the car must have spun one or half a circle before it came to a halt. While spinning, it hit another car (SKZ 4760Z).

After the accident, both drivers pulled over to the side of the PIE.

My son and I were not injured.

My car was damaged in front (bonnet) & both front sides. The left rear door was dented.

The other car (SKZ 4760Z) had one driver (Mr Zulkarnain Bin Mohamad Lanip) (IC: S7408705A) with two passengers. Mr Zulkarnain and his passenger (Mr Jumadi Bin Mohamad) came out to inspect both his car and my car. His car was damaged on the driver's right hand side. I understand this was a rented car. As Mr Jumadi Bin Mohamad was in a rush to go to Geylang, he asked for some money to take a taxi here. I gave him thirty dollars.

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: 20-08-20 16:20 hours

20/08/2020

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

ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 08 / 2020) (DD/MM/YYYY). TIME: (around 06 : to) (HH:MM)

LOCATION: Along PIE (Towards changi) near CTE exit

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SBN 3567 P
   b) INSURANCE COMPANY: ~~NTUC~~ INCOME
   c) POLICY NUMBER: 80346 40155 - 11
   d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY~~ / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Toyota Vios
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: driving son to army camp
   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: LOH WAI FUN SHERMAINE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S6899023H CONTACT: 97424664
   c) ADDRESS: 20, Mount Sinai Rd (S276854)

   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER
   a) NAME: LOH NGAI KUN (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1612694C CONTACT: 96675772 / 64677803
   c) ADDRESS: 20, Mount Sinai Road S276854
   *d) DATE OF BIRTH: (08 / 06 / 1963) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 30 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Brother
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Wet - but was not raining)
   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: SKZ 4760 X MODEL: NISSAN
   b) DRIVER'S NAME: ZULKARNAEN BIN MOHAMED SARIF
   c) NRIC/FIN/PASSPORT: S7405705A CONTACT: 90010705
9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

SDN

* No of passenger (including driver) (2)

* No of passenger (including driver) (03)

* No of passenger (including driver) (__)

email = woonkloh@gmail.com

VIDEO - No - all car

Claim Handling

Accident MT/1100617

Policy No.	5034620155-11	Vehicle No.	SBN3567P	GST Registration No.	
Certificate No.					
Policyholder Name	SHERMAINE LOH WAI FUN MRS SHERMAINE TANG			Policyholder NRIC	S6899023H
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	87424665	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	25	Private Hire	No

Accident Details

Report Date	20/08/2020 16:12	Accident Report Within 24 Hrs	Yes	Accident Type	Others
Date of Accident	20/08/2020	Time of Accident hh:mm	06:40	Country of Accident	Singapore
Reporting Centre		Orange Force		TOH No.	
Accident Location	ALONG PIE (TOWARDS CHANGI) NEAR CTE EXIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YDED OD Excess	0.00	YDED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	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	20 MOUNT SINAI ROAD	Address 2	HENRY PARK	Address 3	SINGAPORE 276854
Address 4		Address Type	Singapore address	Post Code	276854
Unit No.		Related Policy Number	5034620155-11		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LOH NGAI KUN	Driver NRIC	S1612609C	Driver DOB	30/06/1963
Register Date of Driver License	10/06/1982	Driver Age	57	Driving Experience	38
Contact No.(Mobile)	96673772	Contact No.(Office)	94677803	Contact No.(Home)	
Address 1	20 MOUNT SINAI ROAD	Address 2	4 HENRY PARK	Address 3	SINGAPORE 276854
Address 4		Address Type	Foreign address	Post Code	276854
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SBA3567P	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 New

Claim Type *	OD-PDI	Insured Name	SHERMAINE LOH WAI FUN MRS	Insured NRIC	S6899023H
Contact No.(Mobile)	87424665	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	WAIFUN.LOH@GMAIL.COM	OI Vehicle Number	SBN3567P	TP Vehicle Number	SKZ4760X
Claim Description	SBN3567P / SKZ4760X ON 20 Aug 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Earnest No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/08/2020 16:51	Claim Close Date		Date Received	20/08/2020 00:
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1100617	Claim No.	001
Last Doc. Received	Yes No	Upload Date	20/08/2020 16:53

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 Mes

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_80067B(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2020 16:53	Photos	Normal	Photos 2020-8-20	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Aug 2020 16:53	Photos		Normal	Photos 2020-8-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Aug 2020 16:53	Photos		Normal	Photos 2020-8-20
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Aug 2020 16:51	Photos		Normal	Photos 2020-8-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Aug 2020 16:51	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Aug 2020 16:51	SAS		Normal	SAS 2020-8-20

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) SBN3567P

Date of Accident 20/08/2020 15:43

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5034620155-11		SHERMAINE LOH WAI FUN MRS SHERMAINE TANG	S6899023H	GPC	Third Party, Fire & Theft	SBN3567P	SBN3567P	06/02/2020	05/02/2021

Continue