

NATIONAL Assessment Centre Services.

[Ref: 1 Jan 08] M/A 80083301

Date In: 24/09/2020 16:03	Job description	Date & Time Completed	Done by
Ref No: M/A 80083301 027314	SAS e-filing		
Veh No: SKR 251G	E-mail (24hrs, AIO 24hrs)		
DOA: 24/09/2020 07:50	1-Motor Claims Form	m1104461-001	24/09/2020 16:54
OD: TP: Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Insurer:	Veh No: GBH 608V	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 repair.		
() 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: _____

NA 2005/11	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) Towing Fee	\$100
Damaged Portion:	4) PT: Follow-Through Survey	\$100
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$100
	For claiming against INC Only (over 10 Jan 2009)	\$75
	6) TR: Re-inspection	\$100
	7) NI: 100% DA + EMRT Survey	\$100
	8) NTUC Additional Services	
	9) NI: 100% DA	\$30
	10) NI: 100% DA + EMRT Survey	\$100
	11) NI: 100% DA + EMRT Survey	\$100
	12) NI: 100% DA + EMRT Survey	\$100
	13) NI: 100% DA + EMRT Survey	\$100
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	100) NI: 100% DA + EMRT Survey	\$100

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	24/09/2020 16:03
Date Of Accident	24/09/2020 07:50
Exact Location Of Accident	AYE TOWARDS JURONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR2857G
Insured/Policyholder	
Name Of Registered Owner	MAH CHAO HOCK
NRIC No	SXXXX221E
Email Address	WILLIAMSMAH8@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87199002
Alternative Phone No	OTHERS-87199002

Vehicle Particulars

Manufacturer	HONDA
Model	CITY
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103645651-01
Cover Note Number	

Driver

Name of Driver	MAH CHAO HOCK
NRIC No	SXXXX221E
Date Of Birth	11/09/1972
Occupation	OUTDOOR
Date Of Driving Pass	15/01/2001
Driving Experience	19 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87199002
Fax Number	
Contact Number	OTHERS-87199002
EEmail Address	WILLIAMSMAH8@GMAIL.COM

Address	BLK 77A REDHILL ROAD #28-16
Postcode	151077
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 - 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)	2
Passenger 1	NAME: : PASSANGER 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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH6018U
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	QUEE BOON CHOU
NRIC/Passport Number	SXXXX653Z
Contact Number	96474209
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**.
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: 24/09/2020

16.10pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

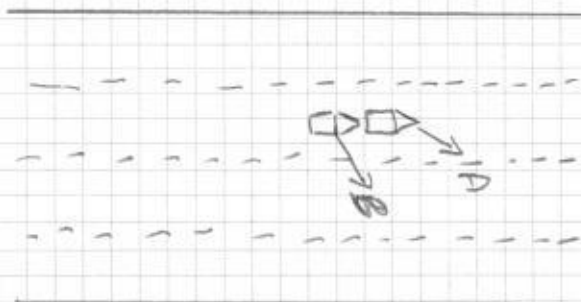
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

AyK towards JURONG



A) SKR 2857 G

B) GBH 60184

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling on AYK towards Jurong, I stopped due to the front car stopped and suddenly I felt a bump from the back.

DECLARATION

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

Policyholder's Signature

Date & Time: 24/09/2020

16.15pm.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

24/09/2020

Paul Chong

ACCIDENT STATEMENT

ACCIDENT DATE: (24/09/2020) (DD/MM/YYYY), TIME: (7.50 am) (HH:MM)

LOCATION: AYE towards Jurong

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKR28576
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER:
d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: HONDA CITY
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
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: MAH Chiao Hock (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7232221/E CONTACT: 87199002
c) ADDRESS: 77A Redhill Road #28-16 S'pore 151077

* 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: (11/09/1972) (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: Owner

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: GBH6018U MODEL: ISUZU
b) DRIVER'S NAME: QUEE BOON CHOU
c) NRIC/FIN/PASSPORT: S7874653Z CONTACT: 96474209

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

email =

VIDEO

Claim Handling

Accident MT/1104467

Policy No.	5103645651-01	Vehicle No.	SKR2857G	GST Registrati
Certificate No.				
Policyholder Name	MAH CHAO HOCK			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	87199002	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	24/09/2020 16:13	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/09/2020	Time of Accident hh:mm	07:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	AYE TOWARDS JURONG			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

▼ 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 77A #28-16	Address 2	REDHILL ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	28-16	Related Policy Number	5103645651-01	

▼ OI Driver Info

Driver Name	MAH CHAO HOCK	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7232221E	Driver DOB
Register Date of Driver License	15/01/2001	Driver Age	48	Driving Experi
Contact No.(Mobile)	87199002	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 77A #28-16	Address 2	REDHILL ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	28-16			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SKR2857G	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="radio"/> No <input type="radio"/>
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	MA
Contact No.(Mobile)	87199002	Contact No. (Home)	NI
Email Address	williamsmah8@gmail.com	OI Vehicle Number	SK
Claim Description	SKR2857G ON 24 Sept 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	24/09/2020 16:52	GIA report	Received
Report Taken By	ROSLI WAHAB		

☐ Print AK letter

Attachment

[illegible]

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Sep 2020 16:54	Photos		Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Sep 2020 16:52	SAS		Normal	S



Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="24/09/2020 16:02"/>							
Vehicle No.(For Motor)	<input type="text" value="SKR2857G"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5103645651-01		MAH CHAO HOCK	S7232221E	GPC	drive CLASSIC	SKR2857G	SKR2857G	29/01/2020	28/01/2021
<input type="button" value="Continue"/>										