

NATIONAL Assessment Centre Services. part 1 of 001

MA200513

Date In: 21/09/2020 11:13	Job description	Date & Time Completed	Done by
Ref No: NBATA000034614	SAS e-filing		
Veh No: SEC 97583	E-mail (Vehicle Reg, AIC Reg)		
DOA: 21/09/2020 14:55	I-Motor Claims Form	21/09/2020 14:55	
OD <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (with or OD Reg, TP Reg)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Agent		

Preferred Wksp / INC Acctg Wksp / OW: ( ) Yrs: ( ) Fwd: ( )

TP Ref/Refers: ( ) Veh No: SFL 3585U 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: YRS ( ) / 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# YRS ( ) / NO ( ) ; Towing Co: ( )

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

Injury: \_\_\_\_\_

MA200513	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TPI Towing Fee \$40/\$45	
Damaged Portion:	4) PT Follow-Through Survey \$110	
QC Checked by (Engi-In-Charge):	5) PT Follow-Through Survey (Resurvey) \$10	
	For claiming against INC Only (over 10 days)	
	6) TPI Re-inspection \$75	
	7) NI (New DA + EMRT Survey) \$160	
	8) NTUC Additional Services	
	ONT	
	*NI: Courtesy Car / Tpt Allowance \$5	
	*NI: Repairs Co-ordination \$10	
	*NI: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Co-ordination \$5	
	TP (NI) : YP (Non-INC) against DRG \$20	
	9) NI: Idex Mobile	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

MA200513

## 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	28/09/2020 11:13
Date Of Accident	25/09/2020 14:55
Exact Location Of Accident	SLIP RD FROM MACPERSON RD TOWARDS PIE (CHANGI)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC9758S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	Q LEASING
Co Reg No	5XXXX683L
Email Address	KKW.SS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81330780
Alternative Phone No	OFFICE-81330780

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
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	THIRD PARTY
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	5111294417-01
Cover Note Number	

### Driver

Name of Driver	KO KWOK WENG
NRIC No	SXXXX624C
Date Of Birth	18/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	13/04/1981
Driving Experience	39 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81330780
Fax Number	
Contact Number	OTHERS-81330780
EEmail Address	KKW.SS@HOTMAIL.COM

Address	BLK 643 CHOA CHU KANG STREET 64 #02-49
Postcode	640643
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	SFL3535U
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	A A ANWARDEED
NRIC/Passport Number	SXXXX300Z
Contact Number	97884477
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLANIMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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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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/mall 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:

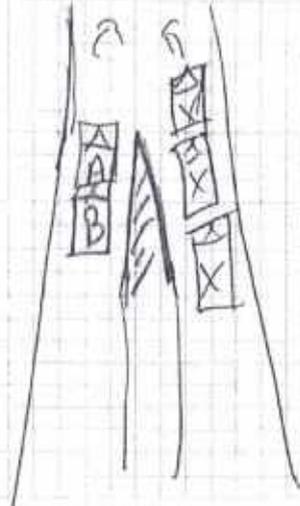
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

2228851044 8810702-053

SKETCH PLAN

SLIP RD FROM MAAC PARSON TOWARD PIR (CHARTER)



A) SKC9758C  
 B) SFL 3535U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 25/09/2020 AT ABOUT 14:55 I WAS TRAVELLING AT THE SLIP ROAD FROM MAAC PARSON TOWARDS PIR CHARTER & SLOW DOWN MY VEHICLE TO GIVE WAY TO CARS THAT WAS EXITING FROM PIR. SUDDENLY I FELT A BANG FROM THE REAR & COME DOWN SAW A CAR SFL 3535U BANG ON TO THE REAR 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.:

*[Signature]* 28/9/20.

*[Signature]* 28/09/2020  
 ROSLI LUTAHAS

# ACCIDENT STATEMENT

ACCIDENT DATE: 25/9/2020 (DD/MM/YYYY), TIME: 14.53 (HH:MM)

LOCATION: SUP RD FROM MAC PARSON TOWARD PIA (CHONG)

## 1. DETAILS OF VEHICLE

- SKC 9758S
- a) VEHICLE NUMBER: \_\_\_\_\_  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: VOLKSWAGEN JETTA  
f) TYPE: (SALOON / 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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: KO KWOK WENG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1373624 CONTACT: 81330780  
c) ADDRESS: BLK 643 #02-49 CLK ST. 69  
S'680643

\*d) DATE OF BIRTH: 18/05/1959 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR) 13/04/1981  
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: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear  
b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

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: SFL35354 MODEL: AUDI  
b) DRIVER'S NAME: AA ANWARDEED  
c) NRIC/FIN/PASSPORT: S21773002 CONTACT: 97884477

## 9. THIRD PARTY VEHICLE

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

\*No of passenger  
(Including driver)  
( )

\*No of passenger  
(Including driver)  
( )

\*No of passenger  
(Including driver)  
( )

Email = kkw.ss@hotmail.com

VIDEO

**Claim Handling**

**Accident MT/1104742**

Policy No.	5111294417-01	Vehicle No.	SKC97585	GST Register
Certificate No.	5111294417-01-000095			Policyholder I
Policyholder Name	Q LEASING			Leading
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Contact No.(I)
Contact No.(Mobile)	81330780	Contact No.(Office)		eCode
Email Address		Special Remark		eCode Reason
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	Private Hire
NCD Protection	No	NCD Entitlement(%)	0	

**Accident Details**

Report Date	28/09/2020 11:32	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/09/2020	Time of Accident hh:mm	14:55	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	SLIP RD FROM MACPERSON RD TOWARDS PIE (CHANGI)			

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covi
YIED OD Excess	0.00	YIED TP Excess	0.00	
Additional Excess	0.00			
Total OD Excess Applicable	2,000.00	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	317 OUTRAM ROAD	Address 2	#02-39 CONCORDE SHOPPING	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5111300367-01	

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	KO KWOK WEN	Driver NRIC	S1371624C	Driving Exper
Register Date of Driver License	13/04/1981	Driver Age	61	Contact No.(I)
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1	BLK 643 #02-49	Address 2	JURONG WEST STREET 61	Post Code
Address 4		Address Type	Foreign address	
Unit No.	02-49			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SKC97585	Driver Insure

**Declaration**

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

Claim 001 OD-MX **New**

Claim Type *	DD-MX	Insured Name	
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	SKC97585 / SFL3535U DN 25 Sept 2020		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	GLA report
Date Registered	28/09/2020 11:45	Received	
Report Taken By	ROSLI WAHAB	Claim Close Date	
		Workshop Repairer	

Print AK letter



28 Sep 2020 11:41



NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2020 11:41	Photos	Normal	P
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2020 11:41	Photos	Normal	P
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2020 11:41	SAS	Normal	

Video List

Uploaded By/Date	Folder Date	File Name	
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[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.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111294417-01	5111294417-01-000095	Q LEASING	53384683L	GFM	drive CLASSIC	SKC9758S	SKC9758S	20/07/2020	19/07/2021

Continue