

NATIONAL Assessment Centre Services

(N/A - J2-102)

Date In: 26/10/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20011632/13	SAS e-filing		
Veh No: 5J01842R	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 24/10/20 2030	I-Motor Claim Form	MT/1108039-001	
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 / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJT4733T	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 ()	

General Remarks:

() 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. ()

Remarks: (INC Hotline: 6788 6616)	Date & Time Completed:	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time: _____

Actions: _____

NA2005708

Claimant's Particulars:	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Date 1:	For claiming against INC Only (wef 10 Jan 2005)		
Date 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N/n INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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	26/10/2020 18:21
Date Of Accident	24/10/2020 20:30
Exact Location Of Accident	167 STIRLING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD1842R
Insured/Policyholder	
Name Of Registered Owner	WANG HUI SHENG
NRIC No	SXXXX044G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97576418
Alternative Phone No	OTHERS-97576418

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101411531-02
Cover Note Number	

Driver

Name of Driver	WANG HUI SHENG
NRIC No	SXXXX044G
Date Of Birth	15/10/1991
Occupation	OUTDOOR
Date Of Driving Pass	06/07/2012
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97576418
Fax Number	
Contact Number	OTHERS-97576418
EEmail Address	NOEMAIL

Address	BLK 114 RIVERVALE WALK #16-69
Postcode	540114
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL MAIL TO OD SUPPORT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT4733T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SER SOH KIANG JOANNE(XU SUJUAN)
NRIC/Passport Number	SXXXX992I
Contact Number	96881117(HUSBAND)
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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: 26/10/20

Driver's Signature

(If driver is not the policyholder)

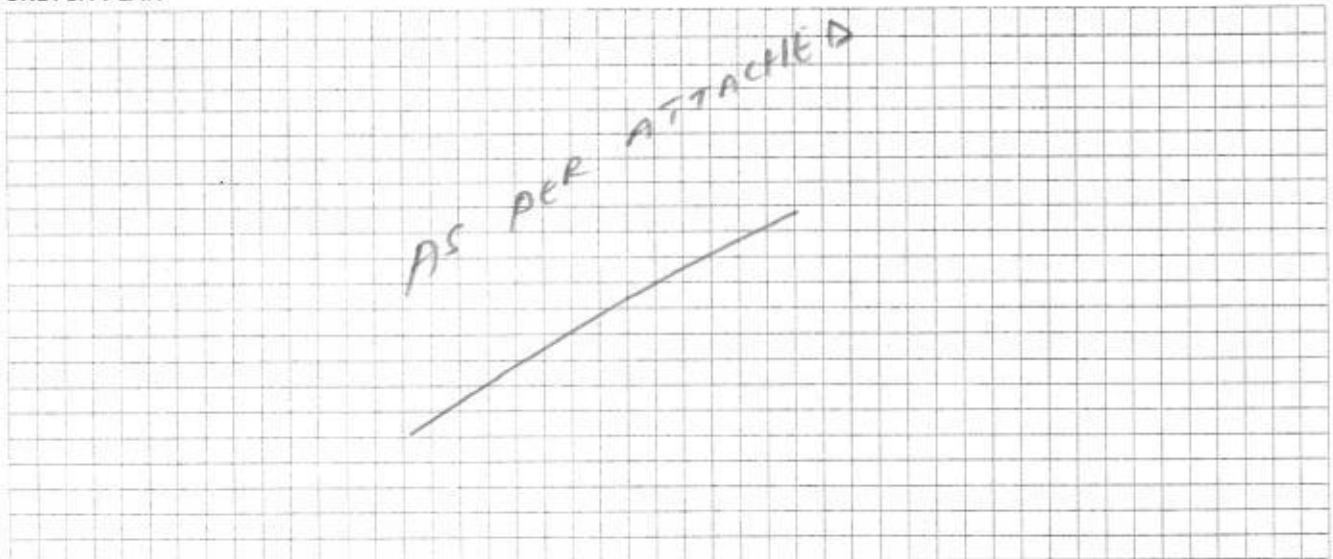
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was dropping off passenger (2) while grabbing at 167 Stirling Road. At the drop off point, while my vehicle was stationary, the other party's vehicle (SJT4733T) reverse and almost hit me. As it was getting too close, I horn and the other vehicle stopped. However, the vehicle started reversing at higher speed and hit my right front area of my vehicle. The other party drove off and upon seeing this, I came out of my car and blocked their path. They claimed that they were not aware of hitting my car. When I tried to exchange particulars (details) with the other party, they mentioned that the driver (wife), did not bring her IC or driving license. The details provided was sent to me the following day.

DECLARATION

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

Policyholder's Signature

Date & Time: 26/10/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Google Maps Singapore

167 STIRLING RD



Image capture: Jul 2019 © 2020 Google

Google

Street View

A - SJA1842R
B - SJT4733T

ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 10 / 20) (DD/MM/YYYY), TIME: (20 : 30) (HH:MM)

LOCATION: 167 STIRLING RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJD184JE
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: HONDA STREAM
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
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: WANG HUI SHENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S91380446 CONTACT: 97576418
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

- *d) DATE OF BIRTH: (15 / 10 / 1980) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 06/07/2012

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: SJT4733T MODEL: _____
b) DRIVER'S NAME: SER SOK KIANH JOANNE (XU SUJUAN)
c) NRIC/FIN/PASSPORT: S78259921 CONTACT: 96881117 (husband)

9. THIRD PARTY VEHICLE

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

Email =

fax =

video = yes



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5101411531-02
The Policyholder	: WANG HUIHENG BLK 114 #16-69 RIVERVALE WALK SINGAPORE 540114

Period of Insurance	: 12 Sep 2020 To 11 Sep 2021
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (Inclusive GST)	: S\$2,527.83

Interest Insured

Cover Type	: drive CLASSIC	
Primary Driver	: WANG HUIHENG	
Named Driver (1)	: N/A	
Named Driver (2)	: N/A	
Make/Model	: HONDA/STREAM	Capacity : 1800cc
Registration Number	: SJD1842R	Registration Year : 2008
Chassis Number	: RN61055285	Off-peak Car : No
Repair at Owner's Preferred Workshop	: No	Insure with COE : Yes
Excess (Section 1)	: S\$2,000	NCD Entitlement : 20%
Excess (Section 2)	: S\$1,500	NCD Protection : No
Windscreen Excess	: S\$100	
Additional Excess	: N/A	
Unnamed Driver Excess	: Please refer to Terms and Conditions	
Hire Purchase Company	: N/A	
Optional Cover		
Transport Allowance	: No	
Excess Waiver	: No	

Memo A : 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.
2) Section 1 clause 8 on Unnamed driver excess will not apply.

Endorsement Operative : N/A

Agency	: VV INSURANCE AGENCY PTE. LTD. (00000614878)
Date of Issue	: 01 Aug 2020 01:42 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive



Claim Handling

Accident MT/1108039

Policy No.	5101411531-02	Vehicle No.	SJD1842R	GST Registration No.	
Certificate No.					
Policyholder Name	WANG HUI SHENG			Policyholder NRIC	S9138044G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97576418	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Yes

▼ Accident Details

Report Date	27/10/2020 16:24	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	24/10/2020	Time of Accident hh:mm	20:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	167 STIRLING ROAD				

▼ 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 Covered?	Covered
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	BLK 114 #16-69	Address 2	RIVERVALE WALK	Address 3	SINGAPORE 5401
Address 4		Address Type	Singapore address	Post Code	540114
Unit No.	16-69	Related Policy Number	5101411531-02		

▼ O1 Driver Info

Driver Name	WANG HUI SHENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9138044G	Driver DOB	15/10/1991
Register Date of Driver License	06/07/2012	Driver Age	29	Driving Experience	8
Contact No.(Mobile)	97576418	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 114	Address 2	RIVERVALE WALK	Address 3	SINGAPORE 5401
Address 4		Address Type	Singapore address	Post Code	540114
Unit No.	#16-69				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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 *	OD-MX	Insured Name	WANG HUI SHENG	Insured NRIC	
Contact No.(Mobile)	97576418	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	HUI SHENG91@GMAIL.COM	OT Vehicle Number	SJD1842R	TP Vehicle Number	
Claim Description	SJD1842R / SJT4733T ON 24 Oct 2020				
Preferred Workshop		Insured Liability	Fully at Fault		
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Finalisation	Yes				
Date Registered				Claim Close Date	27/10/2020 16:29
Report Taken By				Workshop Repairer	ROSLINDA
					Total Loss but Repaired

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1108039	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

27/10/2020 00:00

Path *

Choose File

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No file chosen

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Confidential

NO

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Category *

Please Select

Confidential

NO

Urgency *

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Oct 2020 16:29	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Oct 2020 16:29	SAS		Normal	SAS 2020-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Oct 2020 16:29	Photos		Normal	Photos 2020-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Oct 2020 16:29	Photos		Normal	Photos 2020-10-27
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Oct 2020 16:28	Photos		Normal	Photos 2020-10-27

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<div>Display in New Window</div>	<div>Scan and uploading</div>