

NATIONAL Assessment Centre Services.

Ref: Jan 2021

SN: 0820040002

Date In: 04/12/2020 11:51	Job description	Date & Time Completed	Done by
Ref No: XBA/AL20016198/4	SAS e-Milling		
Veh No: SBP 1400 P	E-mail (Ljula Str, AIG 2hrs)		
D.O.A: 03/12/2020 22:45	I-Motor Claims Form	mt/1112380-201	04/12/2020
	I-Motor W/O (With/Out OD 2hrs, TP 4hrs)		12:01
Q1: TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whiz		

Preferred Wkip / INC Assign Wkip / QW: (Tel:	Fax:
TP Participant:	Veh No: SH 6935X	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 ()	
Process: (\$	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: ()

Date: ()

Time: ()

Location: ()

Witness: ()

Signature: ()

NA2006557

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

With:

Sub:

12/2

1) AIT: Accident Reporting (\$30)	INC (\$10)
2) DA: Damage Assessment (\$100)	\$40/\$40
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PF: Follow-Through Survey (Resurvey)	\$30
For claimant against INC Only (over 10 Jan 2021)	\$70
6) TR: Re-inspection	\$160
7) NI: ICAU DA + EMRT Survey	
8) NTUC: Additional Services	
ON:	
* NS: Courtesy Car / Tpl Allowance	\$3
* NG: Repair Coordination	\$10
* NT: Post Repair Inspection	\$23
* NO: DV / Collect Excess Coordination	\$3
* NI: NI / TP (vs INC) against LTR	\$20
* NT: NI / TP (vs INC)	\$0
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 Submission	04/12/2020 11:51 (SGT)
Date of Accident	03/12/2020 22:45 (SGT)
Exact Location of Accident	Bartley Rd, Singapore
Additional Location Information	SLIP ROAD TOWARDS SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBP1400P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH BOON KWANG, ROBERT
NRIC No	SXXXX624Z
Email Address	kohrob2010@gmail.com
Mobile Phone No	(Phone) +65-96843239
Alternative Phone No	+65-96843239

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113690408-01
Cover Note Number	-

DRIVER

Name of Driver	KOH BOON KWANG, ROBERT
NRIC No	SXXXX624Z

Date Of Driving Pass	19/08/1976
Driving experience	44 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96843239
Alt. Phone Number	+65-96843239
Email Address	kohrob2010@gmail.com
Address	BLK 14 #16-2811
Address complement	EUNOS CRESCENT
Postcode	400014
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SH6935X
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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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.

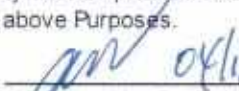
(collectively the "Purposes")

(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

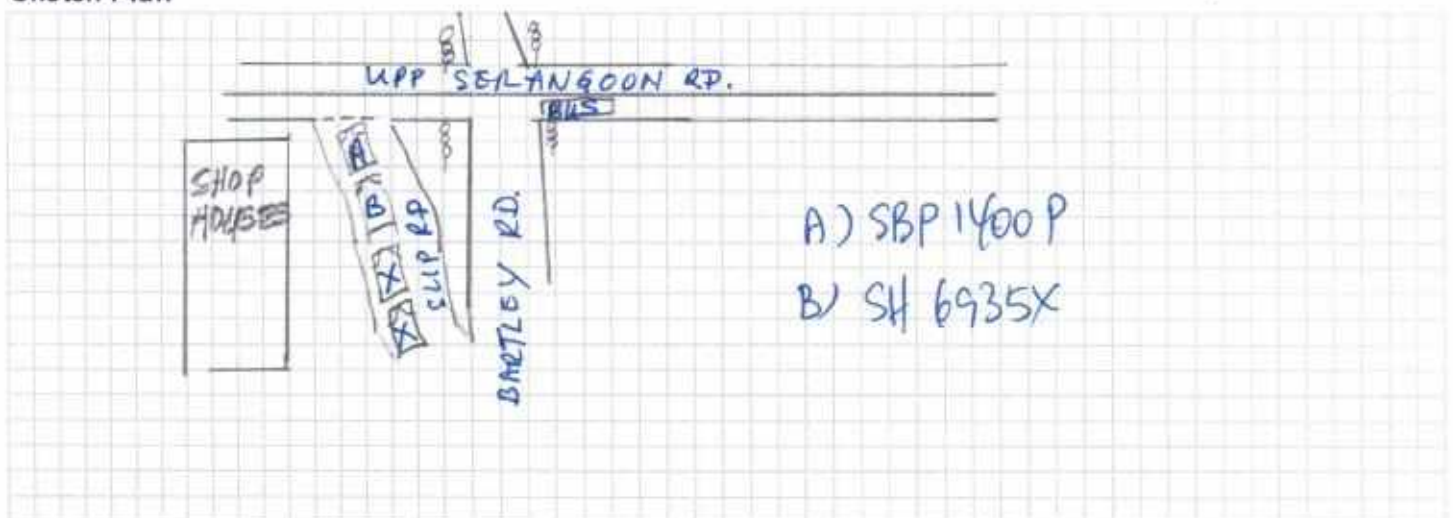
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 04/12/20
Policyholder's Signature / Date &
Time 10:59am

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

 04/12/2020
Witnessed by Reporting Centre
Personnel Rosal. Hartono

Sketch Plan




Describe Circumstances of the Accident


At about 10:40pm, I was travelling towards Upper Serangoon Rd with a passenger along Battley Rd. Upon approaching the junction of Battley Rd / Upper Serangoon Rd, I took the Slip Rd on the left side. I stopped my vehicle to look out for oncoming vehicles and noticed a bus approaching I, therefore stop and waited for it to pass. Suddenly, I felt a big bang on my car. I came out of my car after realising that the car behind me has crashed onto my car rear. After talking to the other NIUC Taxi SH6435X driver and taking pictures of the accident site and move off. The accident happened at about 10:45pm on the 03/12/2020.

Declaration

We declare the foregoing particulars are true in every respect.

 04/12/20
Policyholder's Signature / Date & Time
10:59am

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

 04/12/2020
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 03/12/2020 (DD/MM/YYYY), TIME: 22:45 (HH:MM)

LOCATION: Slip Road of Upp Serangoon Rd / Kartley Rd Junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SBP 1400 P
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5113690408-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA WISH
 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: KOH BOON KWANG, ROBERT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0085624/2 CONTACT: 96843239
 c) ADDRESS: 14, Eunos Crescent, #16-28/1
S. 400014

* 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: 11/01/1953 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) Class 3

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) X

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SH 6935X MODEL: HYUNDAI
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = kohrob2010@gmail.com

VIDEO

Claim Handling

Accident MT/1112380

Policy No.	5113690408-01	Vehicle No.	SBP1400P	GST Registration No.
Certificate No.				
Policyholder Name	KOH BOON KWANG, ROBERT			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96843239	Contact No.(Office)		Contact No.(Home)
Email Address	kohrob2010@gmail.com	Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	04/12/2020 11:55	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/12/2020	Time of Accident hh:mm	22:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Bartley Rd SLIP ROAD TOWARDS SERANGOON 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?
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 14 #16-2811	Address 2	EUNOS CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	16-2811	Related Policy Number	5113690408-01	

▼ Q1 Driver Info

Driver Name	KOH BOON KWANG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S0085624Z	Driver DOB
Register Date of Driver License	02/04/1980	Driver Age	67	Driving Experience
Contact No.(Mobile)	96843239	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 14 #16-2811	Address 2	EUNOS CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	16-2811			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SBP1400P	Driver Insurer Comp

Declaration

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

Claim 001

New

Claim Type *	DD-MX	Insured Name	KOH BOO
Contact No.(Mobile)	96843239	Contact No. (Home)	
Email Address		Q1 Vehicle Number	SBP1400
Claim Description	SBP1400P / SH6935X ON 3 Dec 2020		
Preferred Workshop		Insured Liability	Not at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
			04/12/2020 11:59
			Claim Close Date

ROSLI WAHAB

 Print AK letter

Save

Submit

Attachment

7

Accident No. MT/1112380

Claim No.	001
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Last Doc. Received: ☒ Yes ☐ No

Upload Date: 04/12/2020 12:01

Path •

Category *

Confidential

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO ✓

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO ▼

1564 J. Zhang

 Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Desc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Dec 2020 12:01	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Dec 2020 12:01	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Dec 2020 12:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Dec 2020 12:01	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Dec 2020 12:01	Photos	Normal	Photos 2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Dec 2020 11:59	Photos	Normal	Photos 2

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Dec 2020 11:59	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Dec 2020 11:59	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Dec 2020 11:59	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Dec 2020 11:59	NRIC/ Driving License	Y	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Dec 2020 11:59	SAS	Normal	SAS 20

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="03/12/2020 10:23"/>							
Vehicle No. (For Motor)	<input type="text" value="SBP1400P"/>	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"/>	5113690408-01		KOH BOON KWANG, ROBERT	S0085624Z	GPC	drive CLASSIC	SBP1400P	SBP1400P	07/11/2020	06/11/2021
<input type="button" value="Continue"/>										