

NATIONAL Assessment Centre Services.

part 1 Jan 2021

SA6082114000E

Date In: 04/01/2021 18:56	Job description	Date & Time Completed	Done by
Ref No: XBA7AC200009717	SAS e-filing		
Veh No: STR 1071A	E-mail (A-Jobs 3hrs, AIG 3hrs)		
D.O.A: 04/01/2021 09:56	I-Motor Claims Form	mythm6037-001	04/01/2021 18:56
OID: 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/VV132		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: 811515K	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: ()	
Date of Injury: ()	
Location: ()	
Weather: ()	
Witness: ()	
Police: ()	
Insurance: ()	

NA2100538	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PF: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (w/ 10 Jan 2021)	
	6) TR: Re-inspection	\$75
	7) NI: IDA + EMRT Survey	\$160
	8) INUG Additional Services:	
	ON:	
	* NS: Courtesy Car / Tpl Allowance	\$3
	* NS: Repair Coordination	\$18
	* NI: Post Repair Inspection	\$23
	* NI: DV / Collect Excess Coordination	\$3
	TP (NI) / TP (NS+INC) against INC	\$20
	9) NI: IDA Mobile	\$0
	Invoice dated	
	Invoice dated	
	Fee Charged	
	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	04/01/2021 18:46 (SGT)
Date of Accident	04/01/2021 09:50 (SGT)
Exact Location of Accident	West Coast Rd, Singapore
Additional Location Information	CLEMENTI AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR1071A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG CHEE YONG (HUANG ZHIYONG)
NRIC No	SXXXX933Z
Email Address	lowwengkong18@gmail.com
Mobile Phone No	(Phone) +65-97765878
Alternative Phone No	+65-96749698

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5069431737-05
Cover Note Number	-

DRIVER

Name of Driver	LOW WENG KONG
NRIC No	SXXXX397Z

Date Of Driving Pass	17/11/1994
Driving experience	26 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96749698
Alt. Phone Number	-
Email Address	lowwengkong18@gmail.com
Address	BLK 441A CLEMENTI AVENUE 3 #13-05
Address complement	-
Postcode	121441
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
Gender	Female

PASSENGER 2

Name	MAID
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU5215K
Vehicle Manufacturer	Hyundai

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN KOK BOON
NRIC No	SXXXX063B
Contact Number	(Phone) +65-97667564
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

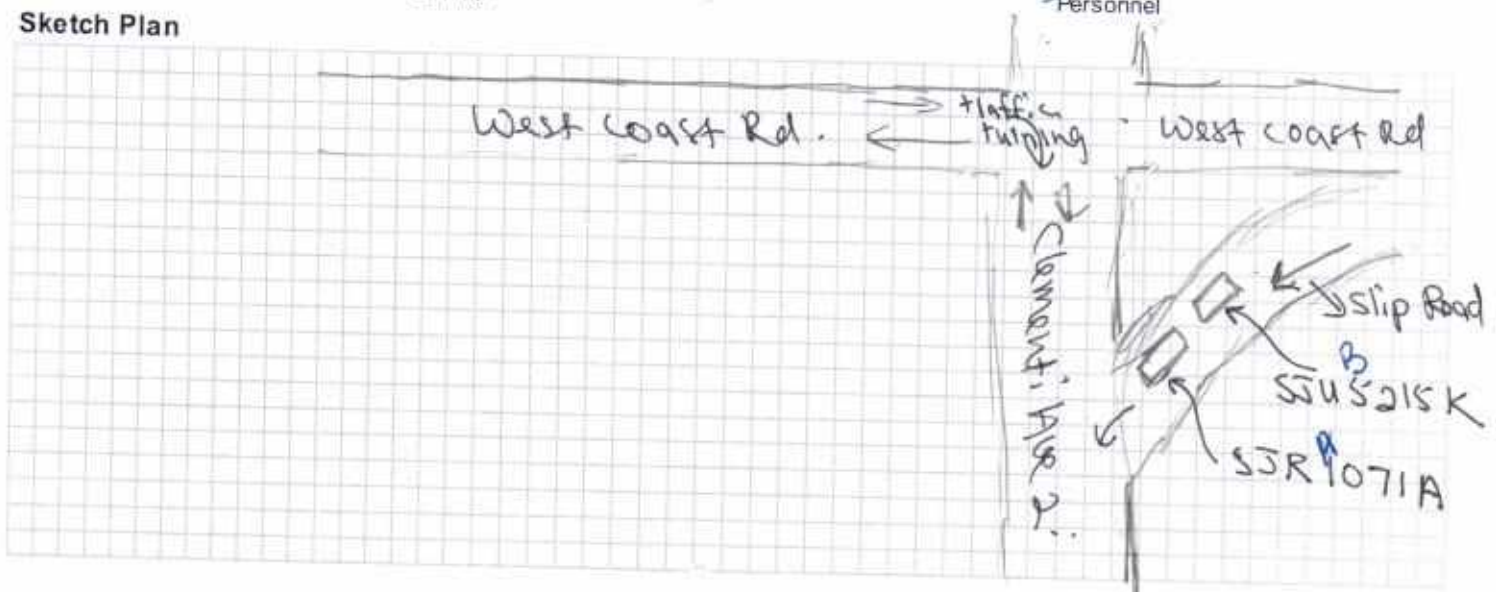
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





Describe Circumstances of the Accident

At about 0950hrs, the accident happened at the Slip Rd. going toward Clementi Ave 2, the traffic light at the junction of West Coast Rd & Clementi Ave 2. At that time, the traffic starts to turn into Clementi Ave 2 from West Coast Rd. My car has stopped at the slip road, and I heard a loud bang - this car S345215K bang into my car.

Declaration

We declare the foregoing particulars are true in every respect.

 4/5/2021
Policyholder's Signature / Date & Time


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

 08/01/2020
Witnessed by Reporting Centre Personnel

(Filing Date)

ACCIDENT STATEMENT

ACCIDENT DATE: (4 / 01 / 2021) (DD/MM/YYYY), TIME: (0950 hr) (HH:MM)

LOCATION: Junction of Clementi Ave 2 and West Coast Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR 1071A
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
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: 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: LOW WENG KONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0152397-2 CONTACT: 96749698
c) ADDRESS: Blk 441A, Clementi Ave 3 #13-05
S'pore 121441

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above Mr Chuan Yong (Thomas Zhi Yong)
b) NRIC/FIN/PASSPORT: S7719332 (MALE / FEMALE)
c) ADDRESS: _____ CONTACT: 97765878

* d) DATE OF BIRTH: (21 / 01 / 1950) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) Retire

f) DATE OF DRIVING PASS: 17.11.1994

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Friend

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: SJ4 5215 K MODEL: Hyundai

b) DRIVER'S NAME: Tan Kok Boon

c) NRIC/FIN/PASSPORT: S69150638 CONTACT: 97667564

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

VIDEO lowwengkong18@gmail.com

Claim Handling

Accident MT/1116037

Policy No.	5069431737-05	Vehicle No.	SJR1071A	GST Registration No.
Certificate No.				
Policyholder Name	NG CHEE YONG (HUANG ZHIYONG)			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97765878	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TGA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	04/01/2021 18:43	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/01/2021	Time of Accident hh:mm	09:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	WEST COAST RD JUNCTION OF CLEMENTI AVE 2			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	600.00	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	BLK 420 #04-211	Address 2	CLEMENTI AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5069431737-05	

▼ OI Driver Info

Driver Name	LOW WENG KONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	50152397Z	Driver DOB
Register Date of Driver License	17/11/1994	Driver Age	70	Driving Experience
Contact No.(Mobile)	96749698	Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJR1071A	Driver Insurer Com

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 OD-MX

New

Claim Type *	OD-MX	Insured Name	NG CHI
Contact No.(Mobile)	97765878	Contact No. (Home)	665924
Email Address		OI Vehicle Number	SJR1071A
Claim Description	SJR1071A / SJUS215K ON 4 Jan 2021		
Preferred Workshop Consult No. Finalisation	Yes	Insured Liability	Not at Fault
Date Registered	04/01/2021 18:54	Preferred Repair Option	Preferred Workshop, Name unknown
		GIA report	Received
		Claim Close Date	

Report Taken By

ROSLI WAHAB

Workshop
Repairer☐ Print AK letter
















Save

Submit

Attachment

Accident No.	MT/1116037	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/01/2021 18:56
Path * <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div>		Category * <div> <div>Clear</div> <div>Please Select</div> <div>NO</div> </div> <div> <div>Clear</div> <div>Please Select</div> <div>NO</div> </div> <div> <div>Clear</div> <div>Please Select</div> <div>NO</div> </div> <div> <div>Clear</div> <div>Please Select</div> <div>NO</div> </div> <div> <div>Clear</div> <div>Please Select</div> <div>NO</div> </div> <div> <div>Clear</div> <div>Please Select</div> <div>NO</div> </div>	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 18:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 18:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 18:56	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 18:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 18:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 18:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 18:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 18:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 18:54	NRIC/ Driving License	Y	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jan 2021 18:54	SAS	Normal	SAS

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.

Date of Accident

04/01/2021 12:48

Vehicle No.(For Motor)

SJR1071A

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"/>	S069431737-05		NG CHEE YONG (HUANG ZHIYONG)	S7717933Z	GPC	drive CLASSIC	SJR1071A	SJR1071A	09/06/2020	08/06/2021

Continue