

# NATIONAL Assessment Centre Services.

(ver 1 Jan 2001)

SN/082/150002

Date In: 05/01/2021 11:32	Job description	Date & Time Completed	Done by
Ref No: NA2100547	SAS e-filing		
Veh No: 592 69607	E-mail (Veh No, A/C No)		
D.O.A: 03/01/2020 12:38	I-Motor Claim Form	NA2100547-002	05/01/2020 11:36
OD: TP / Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / CW: (	Tel:	Fax:
TP Individual: VEH No: SLF9X91H	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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NA2100547	Driver/Owner:	Contract No:	Damaged Portion:	QC Checked by (Engr-In-Charge):	<table border="1"> <tr> <td>1) All: Accident Reporting (330)</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td>INC (\$10)</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$45</td> </tr> <tr> <td>4) PT: Follow-Through Survey</td> <td>\$120</td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$70</td> </tr> <tr> <td>7) NI: IDA + SMRT Survey</td> <td>\$160</td> </tr> <tr> <td>8) NTUC Additional Services</td> <td></td> </tr> <tr> <td>ON:</td> <td>\$3</td> </tr> <tr> <td>*NI: Courtesy Car / Tpt Allowance</td> <td>\$10</td> </tr> <tr> <td>*NI: Repair Coordination</td> <td>\$25</td> </tr> <tr> <td>*NI: Post Repair Inspection</td> <td>\$5</td> </tr> <tr> <td>*NI: DV / Collect Excess Coordination</td> <td>\$20</td> </tr> <tr> <td>TP (NI) / TP (SNA INC) against INC</td> <td>\$0</td> </tr> <tr> <td>2) NI: IDA Mobile</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td></td> </tr> </table>	1) All: Accident Reporting (330)		2) DA: Damage Assessment (\$100)	INC (\$10)	3) TP: Towing Fee	\$40/\$45	4) PT: Follow-Through Survey	\$120	5) PT: Follow-Through Survey (Resurvey)	\$30	6) TR: Re-inspection	\$70	7) NI: IDA + SMRT Survey	\$160	8) NTUC Additional Services		ON:	\$3	*NI: Courtesy Car / Tpt Allowance	\$10	*NI: Repair Coordination	\$25	*NI: Post Repair Inspection	\$5	*NI: DV / Collect Excess Coordination	\$20	TP (NI) / TP (SNA INC) against INC	\$0	2) NI: IDA Mobile		Invoice dated		Invoice dated	
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# 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	05/01/2021 11:32 (SGT)
Date of Accident	03/01/2021 12:38 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	BETWEEN BRADDELL EXIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL6960T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOH SIEW KHEONG
NRIC No	SXXXX933I
Email Address	lohsiewkheong121@gmail.com
Mobile Phone No	(Phone) +65-90609885
Alternative Phone No	+65-90609885

## VEHICLE PARTICULARS

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

## INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	3098762349-02
Cover Note Number	-

## DRIVER

Name of Driver	LOH SIEW KHEONG
NRIC No	SXXXX933I

Date Of Driving Pass	11/03/1974
Driving experience	46 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90609885
Alt. Phone Number	+65-90609885
Email Address	lohsiewkheong121@gmail.com
Address	BLK 98 WHAMPOA DRIVE #18-162
Address complement	-
Postcode	320098
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	Raining
Road Surface	Wet

#### 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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### 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	SLF9491H
Vehicle Manufacturer	Nissan
Vehicle Model	Note
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HO HUI MIN
NRIC No	SXXXX158G
Contact Number	(Phone) +65-81682622
Address	-
Address complement	-

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



## 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**.
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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.

#### 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.

  
Policyholder's Signature / Date &  
Time 1315 hrs

4/1/21

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

  
Witnessed by Reporting Centre  
Personnel

05/01/2021

Sketch Plan

C7H GARWILL BRADDELL FX17

A) SGL 6960T

B) SLF 9491H




Describe Circumstances of the Accident


ON 03/01/2020 AT ABOUT 12:38HRS I WAS TRAVELLING ALONG  
C19 BETWEEN <sup>BROADLEY</sup> EXIT TOWARDS PM. UNUSUAL WAS RAIN &  
ROAD SURFACE WAS WET. THE CAR IN FRONT OF ME GAVE BLOCK  
& I COULD NOT BRAKE ON TIME & HIT THE REAR OF THE CAR  
STF 94914 REAR PORTION

Declaration

We declare the foregoing particulars are true in every respect.

 4/1/21  
Policyholder's Signature / Date &  
Time 13/5hrs

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

 05/01/2020  
Witnessed by Reporting Centre  
Personnel



D/L

## ACCIDENT STATEMENT

ACCIDENT DATE: (3/1/2021) (DD/MM/YYYY), TIME: (12:38) (HH:MM)

LOCATION: CTE BETWEEN BRANDU EX17

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 6960 SGL 6960T  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
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: \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S 0179933-7 CONTACT: 90609885  
c) ADDRESS: APT. 1311C. 92 #18-162-whampoa DRIVE

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

DRIVER

- a) NAME: LOH JEFF KHEONG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S 0179933-7 CONTACT: 90609885  
c) ADDRESS: as above

\* d) DATE OF BIRTH: (25/11/1986) (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: SIF 9491 H MODEL: NISSAN 1014C  
b) DRIVER'S NAME: Ho Jui Min  
c) NRIC/FIN/PASSPORT: S864 S8624/58 4 CONTACT: 81682622

9. THIRD PARTY VEHICLE

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

email = lohsikwkhong121@gmail.com  
VIDEO

## Claim Handling

Accident MT/1116088

Policy No.	5098762349-02	Vehicle No.	SGL6960T	GST Registration No.
Certificate No.				
Policyholder Name	LOH SIEW KHEONG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<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	05/01/2021 10:55	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/01/2021	Time of Accident hh:mm	12:38	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE BETWEEN BRADDELL EXIT TOWARDS PIE			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	0.00	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 98 #18-162	Address 2	WHAMPDA DRIVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	18-162	Related Policy Number	5098762349-02	

## ▼ OI Driver Info

Driver Name	Driver Type		
Unnamed driver Name	Driver NRIC		Driver DOB
Register Date of Driver License	Driver Age		Driving Experience
Contact No.(Mobile)	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.	Driver Insurer Com

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	LOH SI
Contact No.(Mobile)	90609885	Contact No.(Home)	625236
Email Address		OI Vehicle Number	SGL6960T
Claim Description	SGL6960T / SLP9491H ON 3 Jan 2021		
Preferred Workshop	Insured Liability	Fully at Fault	
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	05/01/2021 11:24
<input type="checkbox"/> Print AK letter		Workshop Repairer	ROSLI WAHAB



Save Submit

## Attachment

Accident No.	MT/1116068	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/01/2021 11:36

Choose File	No file chosen	<div>Path *</div> <div>Category *</div> <div>Confidential</div>
Choose File	No file chosen	
Choose File	No file chosen	
Choose File	No file chosen	
Choose File	No file chosen	
Choose File	No file chosen	

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

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Jan 2021 11:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Jan 2021 11:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Jan 2021 11:36	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Jan 2021 11:35	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Jan 2021 11:35	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Jan 2021 11:35	NRIC/ Driving License	Y	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Jan 2021 11:35	NRIC/ Driving License	Y	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Jan 2021 11:35	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

03/01/2021 13:05

Vehicle No.(For Motor)

SGL6960T

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098762349-02		LOH SIEW KHEONG	S0179933I	GPC	Third Party	SGL6960T	SGL6960T	26/03/2020	25/03/2021