

NATIONAL Assessment Centre Services, [redacted] [redacted] SN082113-0000

Date In: 11/01/2021 19:28	Job description	Date & Time Completed	Done by
Ref No: NBS/INC210004734	SAS e-filing		
Veh No: 86P 8182M	E-mail (Update this, A/C this)		
D.O.A: 11/1/2020 12:51	I-Motor Claim Form	11/1/2021 15:23:00	11/01/2021 19:38
OD : TP : Reporting Only	I-Motor W/O (Within: OD 3hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Witness		

Preferred Wksp / INC Assign Wksp / OW: (		Tel:	Fax:
TP Particulars:	Veh No: SDH 8113R	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 Recovery Photo (Repair Cost > \$3000) ()		

Injury:

[illegible]

7A 200594

Driver/Owner:	1) AT: Accident Reporting	\$400.00
Contact No:	2) DA: Damage Assessment (\$100x)	\$400.00
Uninjured Portion:	3) PT: Towling Fee	\$120.00
	4) PT: Follow-Through Survey	\$30.00
	5) PT: Follow-Through Survey (Resurvey)	\$30.00
	6) TI: Re-inspection	\$75.00
	7) NI: IDao DA + SMRT Survey	\$160.00
	8) NTUC Additional Services	

ON:	\$3
* NS: Courtesy Car / Tpl Allowance	\$10
* NS: House Coordination	\$25

• ND: Post Repair Inspection	\$3
• ND: DV / Collect Witness Coordination	\$25
• ND: DV / Collect Witness Coordination	\$25
• ND: DV / Collect Witness Coordination	\$25

	Invoice dated	Fee Charged	Paid
		Fee Charged	

Invoice dated

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	11/01/2021 19:28 (SGT)
Date of Accident	19/12/2020 12:55 (SGT)
Exact Location of Accident	Upper Aljunied Rd, Singapore
Additional Location Information	JUNCTION OF JOO SENG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP8182M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG YEW MENG JOE
NRIC No	SXXXX789D
Email Address	jw-wkspace@yahoo.com.sg
Mobile Phone No	(Phone) +65-98437241
Alternative Phone No	+65-92227431

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5017521653-14
Cover Note Number	-

DRIVER

Name of Driver	SOH YI TING (SU YITING)
NRIC No	SXXXX856G

Date Of Driving Pass	11/10/2006
Driving experience	14 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92227431
Alt. Phone Number	-
Email Address	jw-wkspace@yahoo.com.sg
Address	BLK 105 ALJUNIED CRESCENT #04-223
Address complement	-
Postcode	380105
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WONG YEW MENG JOE
Gender	Male

PASSENGER 2

Name	SON
Gender	Male

PASSENGER 3

Name	DAUGHTER
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 INVOLVED

Vehicle Registration Number	SDH8113R
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KARAN ANAND
NRIC No	SXXXX856Z
Contact Number	(Phone) +65-98299053
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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3. Information provided must be as **truthful and accurate as possible**. Any willful 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' 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

11/01/2021

1510hrs

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

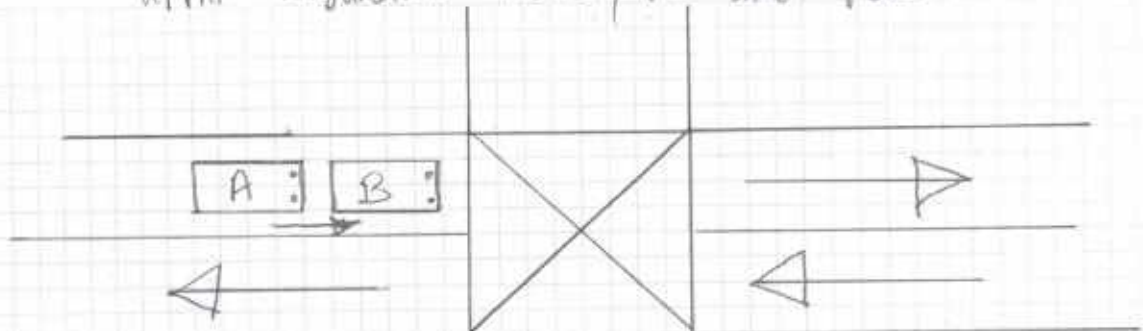
11 JAN 2021 15-09

Witnessed by Reporting Centre Personnel

11/01/2021

Sketch Plan

UPPER ALJUNIA ROAD / TOO SANG FORD



A) SGP 8182M

B) SDH 8113R

Describe Circumstances of the Accident

We are on our way home. We stopped at the T-junction of Aljunied Road & Joo Seng Road, as it was red-light.

I ~~was~~ accidentally unknowingly released my footbrake, and gently 'kissed' at the back of the car in front.

Both parties got down to check and inspect our cars, and found out that there is no visible sign of damage.

I apologize to the driver, and we had a common agreement that if needed please contact us for compensation, as the other party claimed that the car belongs to his mum. Hence he ~~was~~ needs to go back and check with her.

Yaf.

However we did not received any calls. Few weeks later, we received a claim on our insurance.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time
15/7/2020

Driver's Signature (If driver is not the policyholder) / Date & Time
11 JAN 2021 15.17

Witnessed by Reporting Centre Personnel
11/01/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (19/12/2020) (DD/MM/YYYY), TIME: (12.55) (HH:MM)

LOCATION: ~~100~~ UPPER ALJUNIED ROAD JUNCTION TO JOO SENG ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGP 8182M
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: SD17521653-14
 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: GANG HOME
 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: NONG YEN MING JOE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8118789D CONTACT: 98437241
 c) ADDRESS: B105, ALJUNIED CRESENT, #04-223, S(380105)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: SDH YI TING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S82388566 CONTACT: 92227431
 c) ADDRESS: B105, ALJUNIED CRESENT, #04-223, S(380105)

* d) DATE OF BIRTH: (01/11/1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11 OCT 2006

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: SDH 8113R MODEL: HYUNDAI
 b) DRIVER'S NAME: KARAN ANAND
 c) NRIC/FIN/PASSPORT: S84398562 CONTACT: 98299053

9. THIRD PARTY VEHICLE

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

email = jw-wkspac@yahoo.com.sg

VIDEO

Claim Handling

Accident MT/1115683

Policy No.	5017521653-14	Vehicle No.	SGP8182M	GST Registration No.
Certificate No.				
Policyholder Name	WONG YEW MENG JOE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		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	31/12/2020 10:06	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/12/2020	Time of Accident hh:mm	12:58	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	373 UPPER ALJUNIED ROAD			

▼ 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				
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 105 #04-223	Address 2	ALJUNIED CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5017521653-14	

▼ 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?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Driver Vehicle No.		Driver Insurer Comp.

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	WONG YI
Contact No.(Mobile)	98437241	Contact No. (Home)	6641130
Email Address	jw_wkspac@yahoo.com.sg	O1 Vehicle Number	SGP8182
Claim Description	SGP8182M / SDH8113R ON 19 Dec 2020		
Preferred Workshop	Insured Liability	Fully at Fault	
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	11/01/2021 19:33	Claim Close Date	
Report Taken By	RDSLI WAHAB		
<input type="checkbox"/> Print AK letter			

Save Submit

Attachment

Path •

[illegible]

Clear

Clear

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Clear

Category *

Confidential

Please Select

☐ NO ☒ YES

Please Select

110 5

Please Select

NO	2
----	---

Please Select

NO 2

Please Select

NO. 2

Please Select

NO	2
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 19:34	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 19:34	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 19:34	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 19:34	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 19:33	Photos	Normal	Photos 2
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 19:33	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 19:33	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 19:33	NRIC/ Driving License	Y	NRIC/ Driving Li
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 19:33	SAS	Normal	SAS 20

 Video List

Uploaded By/Date:	Folder Date	File Name	
			<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>

Hello, NAC_BUKIT_MERAH_800676

[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="19/12/2020 15:08"/>							
Vehicle No.(For Motor)	<input type="text" value="SGP8182M"/>	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"/>	5017521653-14		WONG YEW MENG JOE	58118789D	GPC	Third Party, Fire & Theft	SGP8182M	SGP8182M	01/12/2020	30/11/2021
<input type="button" value="Continue"/>										