

# NATIONAL Assessment Centre Services.

Just 1 Jan 2001

SA10827/P0003

Date In: 25/01/2021 15:51	Job description	Date & Time Completed	Done by
Ref No: X/BA/INC21001K814	SAS e-illing		
Veh No: SLV 7355 Y	E-mail (4 jobs max, AIC 2 hrs)		
D.O.A: 23/01/2021 15:45	I-Motor Claim Form	mt1118613-001	25/01/2021 15:58
OD: TP / Reporting Only	I-Motor W/O (Wildcat OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/VKaz		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SK 311D	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 repairer.

( ) 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NA2100671	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)	
Contact No:	3) TP: Towing Fee \$40/45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$20	
	For claiming against INC Only (w/ P10 Inc 2100)	
	6) TR: Re-inspection \$73	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NIUC Additional Services	
	ON:	
	* NI: Courtesy Car / Tpl Allowance \$3	
	* NI: Repair Coordination \$10	
	* NI: Post Repair Inspection \$23	
	* NI: DV / Collect Uncover Coordination \$3	
	TP (NI) / TP (w/ INC) against DTC \$20	
	9) NI: Idea Mobile	
	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	25/01/2021 15:51 (SGT)
Date of Accident	23/01/2021 15:45 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	ROBIN ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV7355Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LESTER NG PECK JOO
NRIC No	SXXXX832Z
Email Address	chrisdesagon@gmail.com
Mobile Phone No	(Phone) +65-91005000
Alternative Phone No	+65-91005000

#### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	5106344277-02
Cover Note Number	-

#### DRIVER

Name of Driver	LESTER NG PECK JOO
NRIC No	SXXXX832Z

Date Of Driving Pass	30/12/1992
Driving experience	28 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91005000
Alt. Phone Number	+65-91005000
Email Address	chrisdesagon@gmail.com
Address	BLK 31 TELOK BLANGAH RISE #11-346
Address complement	-
Postcode	090031
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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	SJK5111D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKC4889E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LESTER NG PECK JOO
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SLV7355Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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="23/01/2021 15:53"/>
Vehicle No.(For Motor)	<input type="text" value="SLV7355Y"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5106344277-02		LESTER NG PECK JOO	S1600832Z	GPC	drive PREMIUM	SLV7355Y	SLV7355Y	12/01/2021	11/01/2022



## 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.
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. The 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.

### 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.

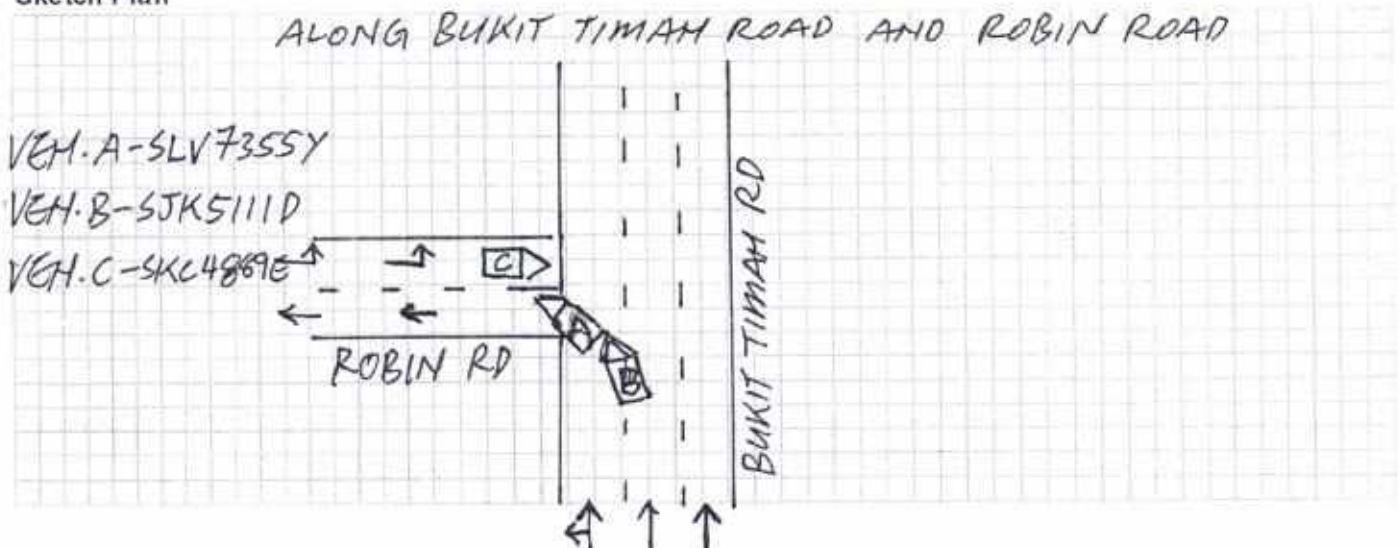
Policyholder's Signature / Date & Time

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

25/01/2021

Witnessed by Reporting Centre Personnel

### Sketch Plan




**Describe Circumstances of the Accident**


On the stated date and time I vehicle A was traveling straight on the stated venue. As I gradually slowed down and signal my intention to turn left into Robin Road, vehicle B hit onto my vehicle rear & right portion causing my vehicle to surge forward, mounting the kerb and then hitting onto vehicle C right portion.


I wish to state that only the front left and the rear left wheels of my vehicle mounted the kerb.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

 25/01/2024  
Witnessed by Reporting Centre Personnel



8

Date of Accident : 23/1/2021 Accident Time: 1545 (24-HR-Format)  
Accident Place : ALONG BUKIT TIMAH RD AND ROBIN RD  
Vehicle No. (Car Plate No.) : SLV735Y Make/Model: Audi A3 Sedan 1.0 TFSI  
Insurance Company : NTUC Policy No: 5106344277-02  
Owner or Company Name / IC No. : Lester Ng Peck Joo S1600832Z  
Owner or Company Contact No. : 91005000 Owner's Hp — Company Tel —  
DRIVER'S Name / IC No. : AS ABOVE  
DRIVER'S Date Of Birth : 14/10/1963 DRIVER'S License Pass Date 30/12/1992  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER  
DRIVER'S Address : Blk 31 Telok Blangoh Rise #11-346  
DRIVER'S Contact No / Alt No. : 1) — 2) —  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : CHRISDESAGION@GMAIL.COM  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 01  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): NECK, BACK,

Other Party Driver's Particular (if any)

(B) Vehicle No: <u>SJK 5111 D</u> Vehicle Make/Model: _____ Name Driver: _____ IC No. Driver/Contact: _____	(C) Vehicle No: <u>SKC 4889 E</u> Vehicle Make/Model: _____ Name Driver: _____ IC No. Driver/Contact: _____
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\* NEW - Passenger's name & gender:



## Claim Handling

## ▼ Accident MT/1118613

Task Transfer Exit

LOS SAL SUB

Policy No.	5106344277-02	Vehicle No.	SLV7355Y	GST Registration No.	
Certificate No.					
Policyholder Name	LESTER NG PECK JOO	Cover Type	drive PREMIUM	Policyholder NRIC	S16008322
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91005000	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode	No
KPK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Endowment(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

## ▼ Accident Details

Report Date	25/01/2021 15:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/01/2021	Time of Accident hh:mm	15:45	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTI	Orange Force	No	ICM No.	
Accident Location	ALONG BUKIT TIMAH ROAD AND ROBIN ROAD				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

## ▼ Benefits

Coverage		Sum Insured	99999999.99
Excess Waiver			

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 103B #05-47	Address 2	BIDADARI PARK DRIVE	Address 3	SINGAPORE 342103
Address 4		Address Type	Singapore address	Post Code	342103
Unit No.		Related Policy Number	5106344277-02		

## ▼ OI Driver Info

Driver Name	LESTER NG PECK JOO	Driver Type	Main Driver	Driver DOB	14/10/1963
Unnamed driver Name		Driver NRIC	S16008322	Driving Experience	24
Register Date of Driver License	01/01/1997	Driver Age	57	Contact No.(Home)	
Contact No.(Mobile)	91005000	Contact No.(Office)		Address 3	SINGAPORE 342103
Address 1	BLK 103B #05-47	Address 2	BIDADARI PARK DRIVE	Post Code	342103
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SLV7355Y	Driver Insurer Company	NTUC

## ▼ Declaration

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

## ▼ Investigation

## Claim 001 OD-MX

New

## ▼ Claim Case Officer

Claim Type	OD-MX	Insured Name	LESTER NG PECK JOO	Insured NRIC	S1600
Contact No.(Mobile)	91005000	Contact No.(Home)	66766035	Contact No.(Office)	
Email Address	LESTER.NG21@GMAIL.COM	OI Vehicle Number	SLV7355Y	TP Vehicle Number	5JK51
Claim Description	SLV7355Y / 5JK51110 ON 23 Jan 2021			Name of Preferred Workshop	
Preferred Workshop	Yes	Preferred Repair Option	Preferred Workshop	Insured Liability	Not Received Fault
Date Registered	25/01/2021 16:00	Claim Close Date		Date Received	25/01/2021

1/25/2021

## Claim Handling ( Claim MT/1118613 / Claim 001 OD-MX)

Report Taken By

Name:  
unknown

ROSLI WAHAB

Workshop Repairer

Total Loss but  
Repaired

Print AK letter

Modification History

## Special Claim Creation Approval

Approval

Reason

Remarks

## Attachment

Accident No.

MT/1118613

Last Doc. Received

☒ Yes ☐ No

Claim No.

001

Upload Date

25/01/2021 00:00

Path \*

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

Remove Item

Category \*

Confidential

Urgency \*

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Jan 2021 15:55	SAS	Normal	SAS 2021-1-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Jan 2021 15:47	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2021-1-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Jan 2021 15:47	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2021-1-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Jan 2021 15:47	Photos	Normal	Photos 2021-1-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Jan 2021 15:47	Photos	Normal	Photos 2021-1-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Jan 2021 15:47	Photos	Normal	Photos 2021-1-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Jan 2021 15:47	Photos	Normal	Photos 2021-1-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Jan 2021 15:46	Photos	Normal	Photos 2021-1-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Jan 2021 15:46	Photos	Normal	Photos 2021-1-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Jan 2021 15:46	Photos	Normal	Photos 2021-1-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Jan 2021 15:46	Photos	Normal	Photos 2021-1-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Jan 2021 15:46	Photos	Normal	Photos 2021-1-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Jan 2021 15:46	Photos	Normal	Photos 2021-1-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Jan 2021 15:46	Photos	Normal	Photos 2021-1-25

## Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="23/01/2021 15:53"/>
Vehicle No.(For Motor)	<input type="text" value="SLV7355Y"/>	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 checked="" type="radio"/>	5106344277-02		LESTER NG PECK JOO	S16008322	GPC	drive PREMIUM	SLV7355Y	SLV7355Y	12/01/2021	11/01/2022
<input type="button" value="Continue"/>										



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 832Z

### Vehicle Details

Vehicle No.: SLV7355Y

Vehicle to be Exported: No

Intended Deregistration Date: 28 Feb 2021

Vehicle Make: AUDI

Vehicle Model: A3 SEDAN 1.0 TFSI S TRONIC (LED)

Primary Colour: White

Manufacturing Year: 2017

Engine No.: CHZ600638

Chassis No.: WAUZZZ8VXJ1031251

Maximum Power Output: 85.0 kW (113 bhp)

Open Market Value: \$23,895.00

Original Registration Date: 12 Jan 2018

First Registration Date: 12 Jan 2018

Transfer Count: 0

Actual ARF Paid: \$25,453.00

### Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 11 Jan 2028

PARF Rebate Amount: \$19,089.00

### Intended COE Rebate Details

COE Expiry Date: 11 Jan 2028

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 10

QP Paid: \$41,400.00

COE Rebate Amount: \$28,412.00

**Total Rebate Amount: \$47,501.00**

The information contained herein is correct as at 25 Jan 2021

OK