

NATIONAL Assessment Centre Services.

(ver 1 Jan 2021)

SNOC/280003

Date In: 08/08/2021 11:55	Job description	Date & Time Completed	Done by
Ref No: NA2101810/4	SAS e-milling		
Veh No: SLZ 4289D	E-mail (Update sheet, A/C sheet)		
D.O.A: 05/08/2021 08:48	I-Motor Claim Form	MT/1120311-001	08/08/2021 12:02
	I-Motor W/O (With/Out OD sheet, TP sheet)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Pnx/Hand to Owner/Whse		

TP Insurer:

Preferred Wkcp / INC Assign Wkcp / QW:

TP Print/policy:

Veh No:

SMU 2858

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 Refor 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 > \$9000] ()

Injury:

NA2101812

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Call:

1) All Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$10)		
3) TP: Towing Fee	\$120		
4) PT: Follow-Through Survey	\$30		
5) PT: Follow-Through Survey (Resurvey)	\$30		
6) TLR: Re-inspection	\$160		
7) NI: IDA + SMRT Survey			
8) NIUC: Additional Services			
ON:			
• NI: Courtesy Car / Tpl Allowance	\$3		
• NI: Repair Coordination	\$23		
• NI: Post Repair Inspection	\$3		
• NI: DV / Collol Excess Coordination	\$25		
TP (NI) / TP (NI) INC against DGE	\$30		
9) NI: IDA Mobile			
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	08/02/2021 11:55 (SGT)
Date of Accident	05/02/2021 08:40 (SGT)
Exact Location of Accident	Yio Chu Kang, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ4289D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KO OON TIONG
NRIC No	SXXXX991Z
Email Address	mikeko1227@gmail.com
Mobile Phone No	(Phone) +65-93679989
Alternative Phone No	+65-93679989

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120273579
Cover Note Number	-

DRIVER

Name of Driver	KO OON TIONG
NRIC No	SXXXX991Z

Date Of Driving Pass	20/08/2013
Driving experience	7 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93679989
Alt. Phone Number	+65-93679989
Email Address	mikeko1227@gmail.com
Address	BLK 253 COMPASSVALE STREET #06-23
Address complement	-
Postcode	540253
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	Side Swipe
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	UNKNOWN
Gender	Female

PASSENGER 2

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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMU255S
Vehicle Manufacturer	-

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)	-

SKETCH PLAN

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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' 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

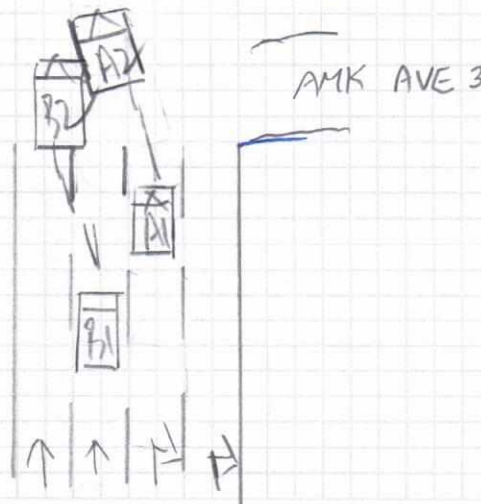
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A) SLZ 4289 D

B) SMU 2555




Describe Circumstances of the Accident

ON 05/07/2021 AT ABOUT 18:40HRS I WAS AT YIO CHU KANG ROAD JUNCTION OF BRIDGE NO K10 BVM 3. STOP AT TRAFFIC LIGHT. WHEN THE LIGHT CHANGE TO GREEN I SIGNAL LEFT TO CHANGI (BANK SIDE) NO CAR I MOVE, Suddenly A CAR I DID NOT NOTICE WHEN IT CAME FROM BEHIND AGAINST MY LEFT FRONT OF MY CAR SL2489D, I HAVE VIDEO BUT IT WAS FROZEN & I ASK HER FOR PRIVATE SETTLEMENT, NO ONE WAS INJURED, I HAVE 2 FEMALE PASSENGER ON BOARD.

Declaration

We declare the foregoing particulars are true in every respect.

 8/2/21
11am
Policyholder's Signature / Date & Time

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

 08/02/2021
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (05/02/2021) (DD/MM/YYYY), TIME: (08:40) (HH:MM)

LOCATION: 110 C/O KONG ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SL2 4289D
 b) INSURANCE COMPANY: NMC
 c) POLICY NUMBER: 5720273579
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MAZDA
 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: KO OON TIONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S14789912 CONTACT: 93679989
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NG NGOVIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

*d) DATE OF BIRTH: () (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:

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: SMU 2555 MODEL:
 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:

No of passenger
(including driver)
(2)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

email: =

VIDEO mikeko1227@gmail.com

Claim Handling

* Accident MT/1120311

Policy No.	5120273579	Vehicle No.	SLZ4289D	GST Registration No.
Certificate No.				
Policyholder Name	KO OON TIONG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	93679989	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	08/02/2021 11:55	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/02/2021	Time of Accident hh:mm	08:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	YIO CHU KANG 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 253 #06-23	Address 2	COMPASSVALE STREET	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5120273579	

▼ OI Driver Info

Driver Name	KO OON TIONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1478991Z	Driver DOB
Register Date of Driver License	20/08/2013	Driver Age	59	Driving Experience
Contact No.(Mobile)	93679989	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 253 #06-23	Address 2	COMPASSVALE STREET	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLZ4289D	Driver Insurer Comp.

Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	KO OON
Contact No.(Mobile)	93679989	Contact No. (Home)	
Email Address		OI Vehicle Number	SLZ4289
Claim Description	SLZ4289D / SMU255S ON 5 Feb 2021		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/02/2021 12:01	Claim Close Date	

Report Taken By

ROSLI WAHAB

Print AK letter

Save

Submit

Attachment

Accident No. MT/1120311 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 08/02/2021 12:02

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

Message Board

Clear

Category *

Please Select

Confidential

NO

Clear

Please Select

NO

Clear

Please Select

NO

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Please Select

NO

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NO

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Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:02	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:02	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:02	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:02	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:02	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:02	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:01	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:01	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:01	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:01	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:01	NRIC/ Driving License	Y	NRIC/ Driving L
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 12:01	SAS	Normal	SAS 20

Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

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="05/02/2021 10:50"/>
Vehicle No.(For Motor)	<input type="text" value="SLZ4289D"/>	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"/>	5120273579		KO OON TIONG	S1478991Z	GPC	drivo CLASSIC	SLZ4289D	SLZ4289D	18/12/2020	17/12/2021