

NATIONAL Assessment Centre Services (w/ 1 Jan 200)

NAI8002991

Date In: 06/01/2018 14:49	Job description	Date & Time Completed	Done by
Ref No: NAI/NAI80003634	SAS e-illing		
Veh No: SJA 675D	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 06/01/2018 10:45	f-Motor Claim Form	MT/0976653	06/01/2018 15:28
OD TP Reporting Only	1-Motor W/O (within 3hrs, TP 3hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: Yeh No: SJA 81267	INC () / Non-INC ()	
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (%)	(Note: BSL Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() 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: ()

Remarks: INC Up-line: 6788 0016	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury: ()

Date/Time	Action

NAI800172	Invoice Preparation Checklist	AMT (\$)	AMT (\$)
Customer's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Contact No:	3) TP: Towing Fee	\$10/\$45	
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
	5) RT: Follow-Through Survey (Resurvey)	\$30	
	For claimant against INC Only (w/ 10 Jan 200)		
	6) TR: Re-inspection	\$25	
	7) NI: DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	9) OT		
C. Checked by (Bgr-In-Charge):	*N1: Courtesy Car / Tpl Allowance	\$5	
	*N2: Repair Coordination	\$10	
	*N3: Post Repair Inspection	\$25	
	*N4: DV / Collect Unsett Coordination	\$5	
	TP (N1) + TP (N4) + SMRT Survey	\$20	
	*N5: IDMS Mobile	\$10	
	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 ability.
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 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 Report	06/01/2018 14:49
Date Of Accident	06/01/2018 10:45
Exact Location Of Accident	BOUNDARY ROAD OF JUNCTION OF SERANGOON AVENUE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA675D
Insured/Policyholder	
Name Of Registered Owner	CHONG WEE HIAN (ZHONG WEIXIAN)
NRIC No	S7205760J
Email Address	MICHAELCHONG2502@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90065450
Alternative Phone No	OFFICE-62538382

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095055883
Cover Note Number	

Driver

Name of Driver	CHONG WEE HIAN (ZHONG WEIXIAN)
NRIC No	S7205760J
Date Of Birth	25/02/1972
Occupation	INDOOR
Date Of Driving Pass	13/05/1992
Driving Experience	25 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90065450
Fax Number	
Contact Number	OFFICE-62538382
EMail Address	MICHAELCHONG2502@YAHOO.COM.SG

Address	BLK 975 HOUGANG STREET 91 #04-238
Postcode	530975
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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	SJY8126T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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.
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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

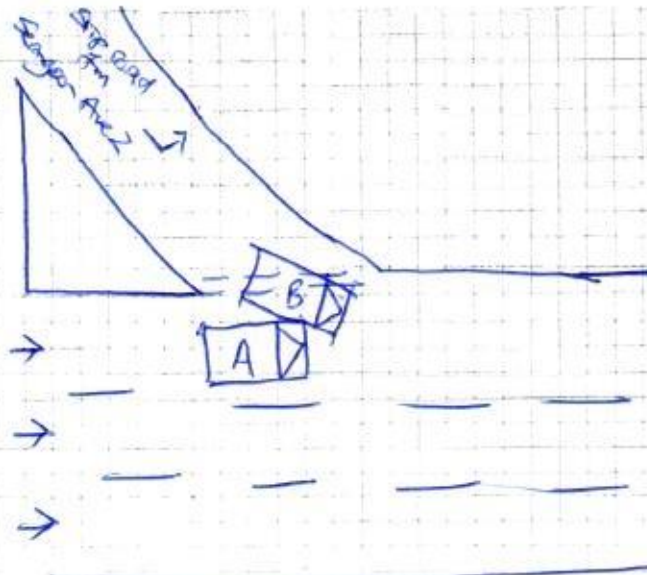
06/01/2018

Ray L. W. 11/11/2018

SKETCH PLAN

A - SJA 675D
B - SJA 8126T

Boundary Rd
towards
Ang Mo Kio Ave 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Boundary Rd towards Ang Mo Kio Ave 1 on the left lane of 2-lane road. Upon arriving at the Slip Road from Selegie Ave 2, van (B) clashed out from the road slip road, without giving way to oncoming traffic (along Boundary Rd) thus resulted in a head to side collision with my vehicle.

A - SJA 675D
B - SJA 8126T

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name: *06/01/2010*
NRIC/FIN No.:

Claim Handling

Accident MT/0976653

Policy No.	5095055883	Vehicle No.	SJA675D	GST Registration No.	
Policyholder Name	CHONG WEE HIAN (ZHONG WEIXIAN)			Policyholder NRIC	S7205760J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	90065450	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	06/01/2018 15:19	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	06/01/2018	Time of Accident hh:mm	10:45	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	BOUNDARY ROAD OF JUNCTION OF SERANGOON AVENUE 2				

Benefits

Own damage Excess		600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		0.00	Outside Singapore OD Excess	600.00		
Third Party Excess		0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 975 #04-238	Address 2	HOUANG STREET 91	Address 3	SINGAPORE 530975
Address 4		Address Type	Singapore address	Post Code	530975
Unit No.		Related Policy Number	5095055883		

OI Driver Info

Driver Name	CHONG WEE HIAN (ZHONG WEIXIAN)	Driver Type	Main Driver	Driver DOB	25/02/1972
Unnamed driver Name		Driver NRIC	S7205760J	Driving Experience	25
Register Date of Driver License	13/05/1992	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE 530975
Address 1	BLK 975 #04-238	Address 2	HOUANG STREET 91	Post Code	530975
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJA675D	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	CHONG WEE HIAN (ZHONG WEI	Insured NRIC	S7205760J
Contact No.(Mobile)	96610955	Contact No.(Home)	62589939	Contact No.(Office)	
Email Address		OI Vehicle Number	SJA675D	TP Vehicle Number	SJY8126T
Claim Description	SJA675D / SJY8126T ON 6 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	06/01/2018
Date Registered	06/01/2018 15:26	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLI WAHAB	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					
Modification History					

Special Claim Creation Approval

Approval

Reason

Remarks

Attachment



Accident No. MT/0976653 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 06/01/2018 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
 Choose File No file chosen
 Message Read

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 SERVICE S (BUKIT MERAH)) on 06 Jan 2018 15:25	SAS	Normal	SAS 2018-1-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2018 15:25	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-1-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2018 15:25	Photos	Normal	Photos 2018-1-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2018 15:25	Photos	Normal	Photos 2018-1-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2018 15:25	Photos	Normal	Photos 2018-1-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2018 15:25	Photos	Normal	Photos 2018-1-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2018 15:24	Photos	Normal	Photos 2018-1-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2018 15:24	Photos	Normal	Photos 2018-1-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2018 15:24	Photos	Normal	Photos 2018-1-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2018 15:24	Photos	Normal	Photos 2018-1-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2018 15:24	Photos	Normal	Photos 2018-1-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Jan 2018 15:24	Photos	Normal	Photos 2018-1-6

Video List

Uploaded By/Date Folder Date File Name Source

Display in New Window

Scan and uploading

Vehicle No.	SJA 675D		Model / Make	Toyota Harrier
Date of Accident	6/1/18			
Time of Accident	10.45 am / HRS			
Location of Accident	Banding Rd junction of Serangoon Ave 2			
Exact purpose use during accident	Pte use			
Name of Owner	Chong Wee Han			
Telephone No.	H/P: 96065450	Home:	Office: 62538382	
NRIC	S72051603			
Address	Blk 975, Hargrove St 91, #04-238, S(530975)			
Claim type	OD (THIRD PARTY) REPORTING ONLY			
Insurance Company	NTUC			
Type of Coverage	(Comprehensive) Third Party Third Party / Fire / Theft			
Policy No.	5095055883			
Name of Driver	As Above, If No,			
NRIC	Any Passengers: 01 UNKNOWN (F)			
Date of birth				
Occupation	Outdoor / Indoor			
Driving License Pass Date	13/5/1992			
Gender	(Male) / Female			
Contact No.	H/P: 96065450	Home:	Office:	
Address	As above			
Driver have any own vehicle	No, If yes, Reg No.			
Relationship	Employee, If no, state			
Weather condition	(Clear) Raining Other			
Road Surface	(Dry) Wet Other			
Any Injuries	(No) If Yes, Who?			
Name And Contact No.				
Name And Contact No.				
Police Report	No, If Yes, Where?			
Vehicle B No.	SJA 8126 T		Any Passengers:	02
Name of Driver			Contact No.:	
Vehicle C No.			Any Passengers:	
Vehicle D No.			Any Passengers:	
Vehicle E no.			Any Passengers:	
Vehicle F No.			Any Passengers:	
Vehicle G No.			Any Passengers:	
Witness Name			Witness Contact:	
Accident Portion	Left Front			
Camera Recorder	(Yes) / No			
Email Address	michael.Chong2502@yahoo.com.sg			
PARTICULAR WORKSHOP	NSI Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510 84840051			
CONTACT PERSON	Michael			
FAX NO	6741 0510			
WORKSHOP Email ADDRESS	Sales@nsi.com.sg			

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7205760J**

Name: **CHONG WEE HIAN (ZHONG WEIXIAN)**

Birth Date: **25 Feb 1972**

Issue Date: **28 Jul 2003**

000691980C



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7205760J**

Name: **CHONG WEE HIAN (ZHONG WEIXIAN)**

Race: **CHINESE**

Date of Birth: **25-02-1972**

Country of Birth: **SINGAPORE**

Sex: **M**





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **13 May 1992**

Licence No: **S7205760J**

NP 428A



A0124081

NRIC No: **S7205760J**

Blood Group: **A+**

Date of issue: **17-04-2002**

APT BLK 975 HOUGANG STREET 91 #04-238
SINGAPORE 530975

NRIC No: **S7205760J**

Date: **13/02/2012**

No: **7023509**




Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: S095055883

Cover : drive CLASSIC

- | | |
|---|------------------|
| 1. Index mark and Registration Number of Vehicle | : SJA675D |
| Chassis Number | : ACU309852350 |
| 2. Name of Policyholder | : CHONG WEE HIAN |
| 3. Effective Date of Insurance | : 14 Oct 2017 |
| 4. Expiry Date of Insurance | : 13 Oct 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHONG WEE HIAN (ZHONG WEIXIAN)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: INDEX CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : INDEX AGENCY PTE LTD (00000572017)
Date of Issue : 13 Oct 2017 17:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive