NATIONAL Assessment Centre Services (wef 1 Jan 00) NAA18003795

Date In: 08/01/2018 17.15	Job description	Date & Time Completed	Done by
Ref No: NBA/MC/18000470/Y	SAS e-filing		
Veh No: SJZ 4747Y	E-mail (within 3hrs, AIC 3hrs)		
D.O.A : 05/01/2018 18:15	i-Motor Claim Form	MM18076918	09/01/2018
OD / TP / Reporting Only	i-Motor W/O (Within OD 3hrs, TP 3hrs)		08:54
	i-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: Veh No: SCG 9090H 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%; F: 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 repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC hotline: 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

NA1800267

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Director's Comments:

Invoice Preparation Checklist		Claim($) Bill	Claim($) Add Bill
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($50)		
3) TP : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$150		
5) FT : Follow-Through Survey (Resurvey)	$50		
For claiming against INC Only (wef 10 Jan 2010)			
6) TR : Re-inspection	$35		
7) N11 : Idea DA + SMRT Survey	$160		
8) NTUC Additional Services			
OIP			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Coordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$3		
TP (N11) : TP (Non INC) against INC	$20		
9) N13: Idea Mobile	10		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

L 7 / 1:

MNA418003795 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 08/01/2018 17:15
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	08/01/2018 17:15
Date Of Accident	05/01/2018 18:15
Exact Location Of Accident	LORONG 3 HDB CARPARK BEHIND BLK 92
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJZ4747Y
Insured/Policyholder	
Name Of Registered Owner	TOH CHENG WHAY @TOH CHENG HUAY
NRIC No	S0492558J
Email Address	FRANKLUM47@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91779849
Alternative Phone No	OFFICE-96648717
Vehicle Particulars	
Manufacturer	AUDI
Model	A6-2.0 TFSI MU (A)
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	REPORTING ONLY
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	5069625122-02
Cover Note Number	
Driver	
Name of Driver	LIM CHOO BENG
NRIC No	S0332784A
Date Of Birth	14/11/1948
Occupation	INDOOR
Date Of Driving Pass	14/08/1970
Driving Experience	47 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91779849
Fax Number	
Contact Number	OFFICE-96648717
EMail Address	FRANKLUM47@HOTMAIL.COM

Address	47 GREENLEAF RISE
Postcode	1027
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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: : TOH CHENG WHAY @TOH CHENG HUAY 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	SCG9090H
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)	1

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.

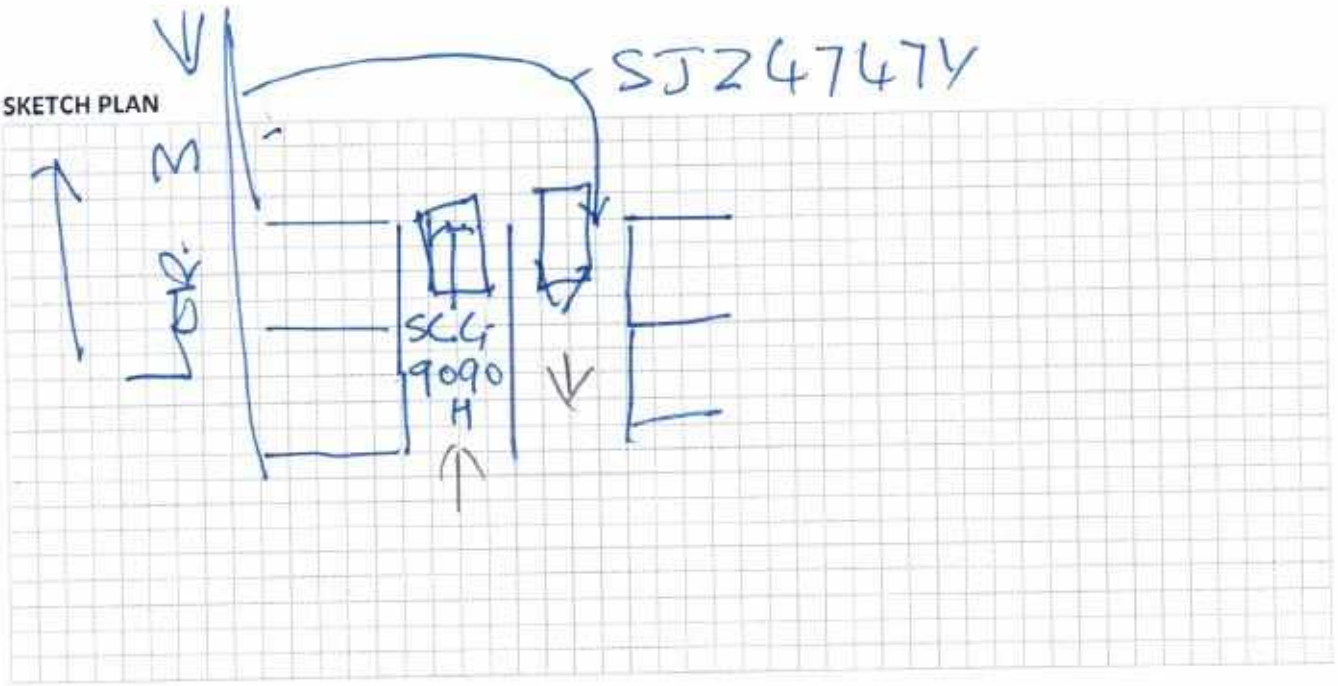
   (e) the information so collected under (d) above may be shared / disclosed:

   (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:	08/04/2018 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The side to side accident at Lor 3 Car Park entrance SJ2474 7Y driven by me is taking an right-angle turn into car park SCG9090H was at the T junction on the way out. this car was slightly slanting with car rear towards right side. I managed to navigate slowly and already turned in straight (side by side) along the narrowed passage. I expected him to procedd out of the car park thus create more space for me to procced. Appolently he just stood there not moving although my car already cleared the passage for him to drive out

I think he deliberate stay put to make it difficult for me to turn into Car Park

After the accident he blamed me and asked for compensation. I told him negatively as both are at fault. on a side to side accident in a tight passage

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: NRIC/FIN No.:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0332784A

LIM CHOO BENG

林自民

Race
CHINESE

Date of Birth
14-11-1948

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

S0332784A

LIM CHOO BENG

Birth Date 14 Nov 1948

Issue Date 03 Mar 2004

001147274K

1810997

S0332784A

Blood Group
B+

Date of issue
21-03-1994

47 GREENLEAF RISE
SINGAPORE 1027

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	14 Aug 1970

NP 428A

Licence No. S0332784A

Claim Handling

Accident MT/0976918

Policy No.	5069625122-02	Vehicle No.	SJZ4747Y	GST Registration No.	
Policyholder Name	TOH CHENG WHAY @TOH CHENG HUAY			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	
Contact No.(Mobile)	91779849	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not available

Accident Details

Report Date	09/01/2018 09:35	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	05/01/2018	Time of Accident hh:mm	18:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LORONG 3 HDB CARPARK BEHIND BLK 92				

Benefits

Excess

Own damage Excess	500.00	Additional Excess	0.00	Windscreen Excess	
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	47 GREENLEAF RISE	Address 2	SINGAPORE 279393	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5069625122-02		

OI Driver Info

Driver Name	LIM CHOO BENG	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S0332784A	Driver DOB	
Register Date of Driver License	01/01/1971	Driver Age	69	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 ◉ No	Driver Vehicle No.	SJZ4747Y	Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ◉ No

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	TOH CHENG WHAY @TOH CHEN	Insured NRIC	
Contact No.(Mobile)	91779849	Contact No.(Home)	64623498	Contact No.(Office)	
Email Address		OI Vehicle Number	SJZ4747Y	TP Vehicle Number	
Claim Description	SJZ4747Y / SCG9090H ON 5 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Prefererred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	09/01/2018 09:51	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	
☐ Print AK letter					

Save Submit

Attachment

Accident No.	MT/0976918	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	09/01/2018 09:54

Path *	Category *	Confidential	Urgency
Browse... Clear	Please Select	NO	Normal

Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jan 2018 09:54	SAS		Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jan 2018 09:54	NRIC/ Driving License		Normal	NRIC/ Drivin
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 09 Jan 2018 09:53	Photos		Normal	Photc
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	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 09:48	Photos	Normal	Photc
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 09:48	Photos	Normal	Photc

Video List

Uploaded By/Date	Folder Date	File Name		Sour

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (05 / 01 / 2018) (DD/MM/YYYY), TIME: (18 : 15) (HH:MM)

LOCATION: Lorong 3 HDB Car Park Behind Blk 92

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJZ 4747Y
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL:
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Social
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

CAR PARK ENTRANCE

2. INSURED / POLICY HOLDER
   A) NAME: Toh Cheng Whay (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT: 91779849
   c) ADDRESS: 47 Greenleaf Rise

Toh Cheng Whay (M)

* No of passenger (Including driver) (1)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER
   a) NAME: Lim Chee Beng (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S0332784I CONTACT: 96648117
   c) ADDRESS: 47 Greenleaf Rise

   *d) DATE OF BIRTH: (14 / 11 / 1948) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS - 1960

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
   b) ROAD SURFACE: (DRY / WET / OTHERS) DRY
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION: Toyota
8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: SCG7090H MODEL:
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger (Including driver) (1)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger (Including driver) (1)

email = franklim47@hotmail.com
fax = 64623498
VIDEO : Photos

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 › Change Language › Change Password › Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident 07/01/2018 12:46

Vehicle No.(For Motor) SJZ4747Y

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5069625122-02	TOH CHENG WHAY @TOH CHENG HUAY	S0492558J	GPC	drivo PREMIUM	SJZ4747Y	SJZ4747Y	29/01/2017	28/01/2018

Continue