NATIONAL Assessment Centre Services. Job/Invoice No: MMA/18011801

Date In: 24/01/2018 11:11	Job description	Date & Time Completed	Done by
Ref No: NBA/INC18001417/Y	SAS e-filing		
Veh No: SJP 4011P	E-mail (within 3hrs, AIO 3hrs)		
D.O.A: 23/01/2018 08:20	I-Motor Claim Form	M1109719172-002	24/01/2018 11:31
OD / TP Reporting Only	I-Motor W/O (Within OD 3hrs, TP 1hrs)		
	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: SLB4538L 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

NA1800582

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Director's Comments:

Invoice Preparation Checklist		Wksp Bill	Owner 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)	$30		
For claims against INC Only (wef 10 Jan 2010)			
6) TR : Re-Inspection	$15		
7) N1 : (4a) DA + SMRT Survey	$160		
8) NTUC Additional Services			
OIN			
*N1: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Coordination	$10		
*N7: Post Repair Inspection	$15		
*N8: DV / Collect Uncoss Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N11: Idea Mobile	$9		
Invoice dated	Not Charged		
Invoice dated	Not Charged		

( ):

( ) ( ):

MNA419011801 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 24/01/2018 11:11
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 willful misrepresentation or witholding 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 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	24/01/2018 11:11
Date Of Accident	23/01/2018 08:20
Exact Location Of Accident	SLIP ROAD TO JALAN BAHAR
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJP4011P
Insured/Policyholder	
Name Of Registered Owner	DR NG ENG CHAN
NRIC No	S0072614A
Email Address	ANGELA.NG.ST@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98181517
Alternative Phone No	OTHERS-98181517
Vehicle Particulars	
Manufacturer	BMW
Model	320I
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO SCHOOL
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	5053347797-05
Cover Note Number	
Driver	
Name of Driver	ANGELA NG SUAT THENG(ANGELA HUANG XUETING)
NRIC No	S8200427J
Date Of Birth	14/01/1982
Occupation	INDOOR
Date Of Driving Pass	14/01/2002
Driving Experience	16 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98181517
Fax Number	
Contact Number	OTHERS-98181517
EMail Address	ANGELA.NG.ST@GMAIL.COM

Address	23A GREENLEAF ROAD
Postcode	279363
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

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 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)	1

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	SLB4538L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TNG THIAM SOON
NRIC/Passport Number	
Contact Number	96843900
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**.
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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:

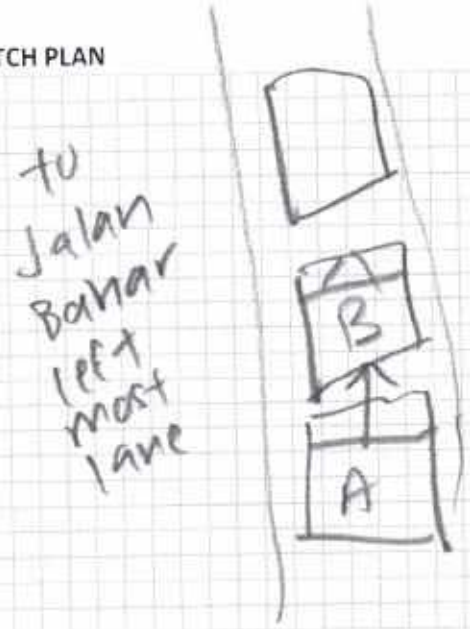
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

24/01/2018

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: ROSLI WAHAB NRIC/FIN No.:

SKETCH PLAN



A) SJP 4011 P
B) SLB 4538L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

There was a jam to the slip road to Jalan Bahar. The car in front of me stopped suddenly and I could not stop in time.

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.:
		24/01/2018 Kasdi Wardoyo

Claim Handling

Accident MT/0979172

Policy No.	5053347797-05	Vehicle No.	SJP4011P	GST Registration No.	
Policyholder Name	DR NG ENG CHAN			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not available

Accident Details

Report Date	23/01/2018 17:12	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	23/01/2018	Time of Accident hh:mm	08:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

Benefits

Excess

Own damage Excess	600.00	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	23A GREENLEAF ROAD	Address 2	SINGAPORE 279363	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5053347797-05		

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 No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	DR NG ENG CHAN	Insured NRIC	
Contact No.(Mobile)	NIL	Contact No.(Home)	67326727	Contact No.(Office)	
Email Address		OI Vehicle Number	SJP4011P	TP Vehicle Number	
Claim Description	SJP4011P / SLB4538L ON 23 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	24/01/2018 11:30	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0979172	Claim No.	002
Last Doc. Received	Yes No	Upload Date	24/01/2018 11:31

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

Browse... Clear Please Select NO Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:31	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:30	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:30	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:30	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:30	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:30	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:30	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:30	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:30	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:30	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:30	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 11:30	Photos	Normal	Photo

Video List

Uploaded By/Date	Folder Date	File Name	Sour

Display in New Window   Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 01 / 2018) (DD/MM/YYYY), TIME: (08 : 20) (HH:MM)

LOCATION: Slip Road to Jalan Bahar

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJP4011P
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5053377 97-05
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: BMW 320i
   f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Driving to school
   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: Dr Ng Eng Chan (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S0072614A CONTACT:
   c) ADDRESS: 23A Greenleaf Road Singapore 279363

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\# No of passenger (including driver) (1)

DRIVER
   a) NAME: Angela Ng Shai Theng (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8200427J CONTACT: 9818[illegible]7
   c) ADDRESS: 23A Greenleaf Road Singapore 279363

   *d) DATE OF BIRTH: (17 / 01 / 1982) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 29 Dec 2002

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DAUGHTER
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: SLB 4538L MODEL:
   b) DRIVER'S NAME: TAN THIAM SOON
   c) NRIC/FIN/PASSPORT: S7158502F CONTACT: 96843900

\# 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) (__)

email = angela.ng.st@gmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8200427J

Name

ANGELA NG SUAT THENG
(ANGELA HUANG XUETING)

黄 雪 婷

Race

CHINESE

Date of birth

14-01-1982

Sex

F

Country of birth

SINGAPORE

S8200427J

4882049

NRIC No. S8200427J

Date of issue

10-09-2012

Address

23A GREENLEAF ROAD
SINGAPORE 279363


REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number S8200427J
Name
ANGELA NG SUAT THENG
(ANGELA HUANG XUETING)
Birth Date 14 Jan 1982
Issue Date 27 Dec 2002


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
26 Jan 2000
Licence No: S8200427J
NP-42sA

eBaoTech GeneralClaim

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

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SJP4011P

Date of Accident 23/01/2018 18:01

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5053347797-05	DR NG ENG CHAN	S0072614A	GPC	drive CLASSIC	SJP4011P	SJP4011P	24/03/2017	23/03/2018

Continue