NATIONAL Assessment Centre Services [illegible] NA118011853

	Job description	Date & Time Completed	Done by
Date In: 24/01/2018 12:03			
Ref No: NBA/[illegible]	SAS e-filing		
Veh No: SKB 9677Y	E-mail (within 5hrs, AIC 3hrs)		
D.O.A : 23/01/2018 20:10	i-Motor Claim Form	M1[illegible]9365	24/01/2018 12:23
OD / TP / Reporting Only	i-Motor W/O (Within OD 3hrs, TP 4hrs)		
	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: SDF9970L 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	Actions

NA1800578

Humanity Enquiries

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Invitees Comments:

(1)

(2 / 3)

Invoice Preparation Checklist		Charge(s) / Bill	Charge(s) / Not Bill
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($50)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$150		
5) FT : Follow-Through Survey (Resurvey)	$50		
For following applies INC Only (w.e.f 10 Jun 2005)			
6) TR : Re-inspection	$35		
7) N1 : Rev DA + SMRT Survey	$160		
8) NTUC Additional Services			
OD:			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$15		
*N8: DY / Collect Excess Coordination	$5		
TP (N11) : TP INS in INC) against INC	$20		
7) N12: Tele Mobile	10		
Invoice dated	Not Charged		
Initials dated	Not 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 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 12:03
Date Of Accident	23/01/2018 20:10
Exact Location Of Accident	TRAFFIC JUNCTION AT HOLLAND RD/PEIRCE RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKB9677Y
Insured/Policyholder	
Name Of Registered Owner	BAY LEK BOEY
NRIC No	S1485182H
Email Address	SHAREN.BAY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91386133
Alternative Phone No	OTHERS-91386133
Vehicle Particulars	
Manufacturer	BMW
Model	318I
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	5066556415-03
Cover Note Number	
Driver	
Name of Driver	BAY LEK BOEY
NRIC No	S1485182H
Date Of Birth	21/10/1961
Occupation	INDOOR
Date Of Driving Pass	25/04/1996
Driving Experience	21 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91386133
Fax Number	
Contact Number	OTHERS-91386133
EMail Address	SHAREN.BAY@HOTMAIL.COM

Address	81 VERDE AVENUE
Postcode	688349
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	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	SDF9970L
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	XUE YAN
NRIC/Passport Number	S8177412I
Contact Number	91799617
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

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.

24/1/2018

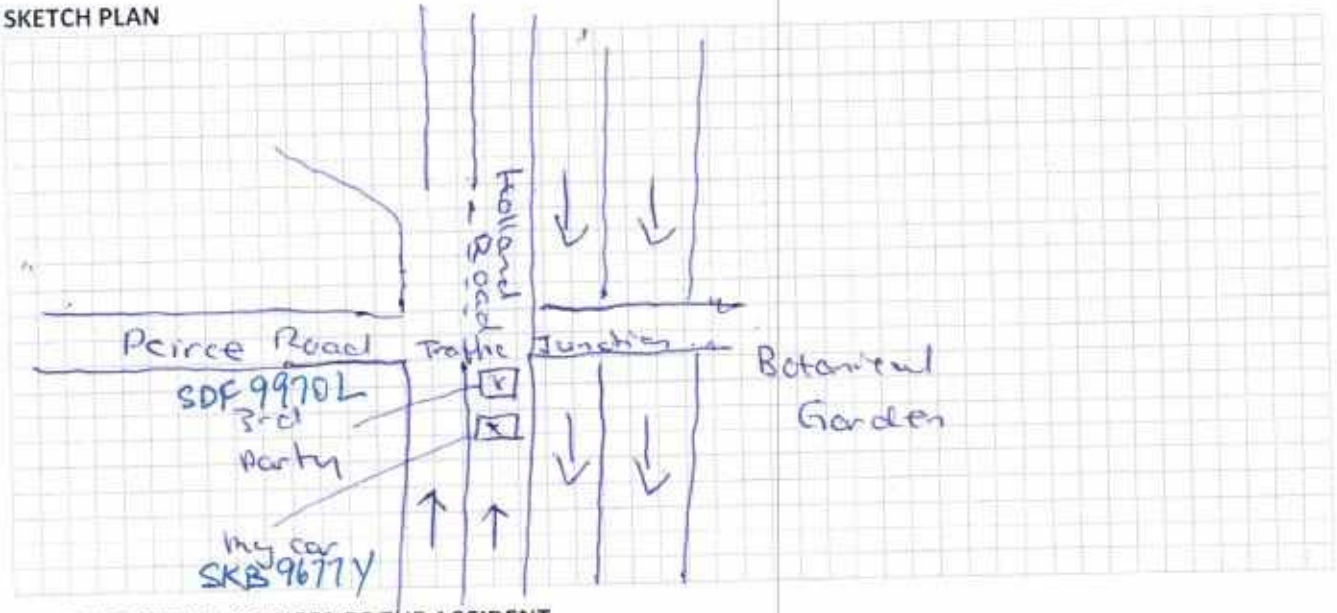
Policyholder's Signature
Date & Time:

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

24/01/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/1/2018 at 2010 hours along the juntion of Holland Road and Peirce Road, I was behind vehicle No SDF9970L at the traffic light and when the light turns green, she did not move and as I thought that she had started driving off, I moved forward and as a result hit her rear bumper. My speed at that moment was less than 20 km/hour.
There was a small scratch at the middle of their bumper and the right side of the bumper loosen slightly. My car is alright no major damages only a small dent on the car plate no "6".
I was driving towards Holland Road on my way home via to Eng Neo 1 PIE.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:
24/1/2018 @ 10.40 am.

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

24/01/2018

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

Claim Handling

Accident MT/0979265

Policy No.	5066556415-03	Vehicle No.	SKB9677Y	GST Registration No.	
Policyholder Name	BAY LEK BOEY			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	91386133	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	No

Accident Details

Report Date	24/01/2018 12:19	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	23/01/2018	Time of Accident hh:mm	20:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TRAFFIC JUNCTION AT HOLLAND RD/PEIRCE RD				

Benefits

Coverage		Sum Insured	
Excess Waiver		9999999999.99	

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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	81 VERDE AVENUE	Address 2	SINGAPORE 688349	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5066556415-03		

OI Driver Info

Driver Name	BAY LEK BOEY	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1485182H	Driver DOB	
Register Date of Driver License	02/02/2000	Driver Age	56	Driving Experience	
Contact No.(Mobile)	91386133	Contact No.(Office)		Contact No.(Home)	
Address 1	81 VERDE AVENUE	Address 2	SINGAPORE 688349	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.	SKB9677Y	Driver Insurer Company	

Declaration

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	BAY LEK BOEY	Insured NRIC	
Contact No.(Mobile)	96178826	Contact No.(Home)	65604601	Contact No.(Office)	
Email Address	dennisgoh@abes-engrg.com	OI Vehicle Number	SKB9677Y	TP Vehicle Number	
Claim Description	SKB9677Y / SDF9970L ON 23 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	24/01/2018 12:21	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0979265	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	24/01/2018 12:23

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 12:23	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 12:23	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 12:22	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 12:22	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 12:22	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 12:21	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: (20:10) (HH:MM) BY

LOCATION: Traffic Juntion AT Holland Road and Pie Peirce Road

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKB 9677 4
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5066556415-03
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: BMW 318I
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Private use
   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: Bay Lek Boey (MALE / FEMALE) 91386133
   b) NRIC/FIN/PASSPORT: S1485182H CONTACT:
   c) ADDRESS: 81 Verde Avenue
   Singapore 688349.

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger (Including driver) (1)

3. DRIVER
   a) NAME: As Above (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (21/10/1961) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 25/4/1996.

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner
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:

No of passenger (Including driver) (3)

8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: SDF 9970L MODEL: Mercedes
   b) DRIVER'S NAME: Xue Yan CONTACT: 91799617
   c) NRIC/FIN/PASSPORT: S8177412I

No of passenger (Including driver) (__)

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

email = Sharen.bay@hotmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1485182H

BAY LEK BOEY

馬 厘 梅

Race
CHINESE

Date of Birth | Sex
21-10-1961 | F

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1485182H

Name
BAY LEK BOEY

Birth Date 21 Oct 1961

Issue Date 17 Apr 2003

0003928704

1313677

NRIC No S1485182H

Blood Group | Date of Issue
AB+ | 26-07-1994

Address
81 VERDE AVENUE
SINGAPORE 688349
NRIC No: S1485182H

Date: 24-08-2000 No: 3709180

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	25 Apr 1996

Licence No S1485182H

NP 426A

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) SKB9677Y

Date of Accident 23/01/2018 10:34

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5066556415-03	BAY LEK BOEY	S1485182H	GPC	drive CLASSIC	SKB9677Y	SKB9677Y	14/07/2017	13/07/2018

Continue