NATIONAL Assessment Centre Services (wef 1 Jul 00) NMA418017566

Date In: 05/07/2018 14:07	Job description	Date & Time Completed	Done by
Ref No: NBA/MCL18002210/V	SAS e-filing		
Veh No: SGC 6554 E	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 04/07/2018 09:00	I-Motor Claim Form	MIL0980962	05/07/2018 16:05
OD (TP) Reporting Only	I-Motor W/O (within 06 3hrs, TP 5hrs)		
	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: SGX 8040 Y 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 67881000	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

NA1800795

Summary Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

[ ]

[2 / 3]

Invoice Preparation Checklist		Bill	Add. Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($50)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$130		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2010)			
6) TR : Re-Inspection	$35		
7) NI : New DA + SMRT Survey	$160		
8) NTUC Additional Services:			
OD:			
NI: Courtesy Car / Tpt Allowance	$5		
NI: Repair Co-ordination	$10		
NI: Post Repair Inspection	$35		
NI: DV / Collect Excess Coordination	$5		
TP (NI) : TP (Non INC) against INC	$20		
9) NI : Idm Mobile	$0		
Invoice dated	Nos Charged		

MNA418017566 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 05/02/2018 14:07
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 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	05/02/2018 14:07
Date Of Accident	04/02/2018 09:00
Exact Location Of Accident	JUNCTION OF BUKIT TIMAH AND CTE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGC6554E
Insured/Policyholder	
Name Of Registered Owner	SIM GEOK CHUA
NRIC No	S1436882E
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98318287
Alternative Phone No	OTHERS-98318287
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5018413927-11
Cover Note Number	
Driver	
Name of Driver	SIM GEOK CHUA
NRIC No	S1436882E
Date Of Birth	21/12/1960
Occupation	INDOOR
Date Of Driving Pass	29/06/1983
Driving Experience	34 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98318287
Fax Number	
Contact Number	OTHERS-98318287
EMail Address	HANCARREPAIRS@GMAIL.COM

Address	43 JURONG EAST AVENUE 1 #05-05
Postcode	609778
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)	3
Passenger 1	NAME: : NICHOLAS SIM GENDER: : MALE
Passenger 2	NAME: : JESSIE LIM 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

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	SGX8040Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SNG MUI HOCK JUSTIN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

VEHICLE NO: SGC6554E

DOA: 04/02/2018

SKETCH PLAN

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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' 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")

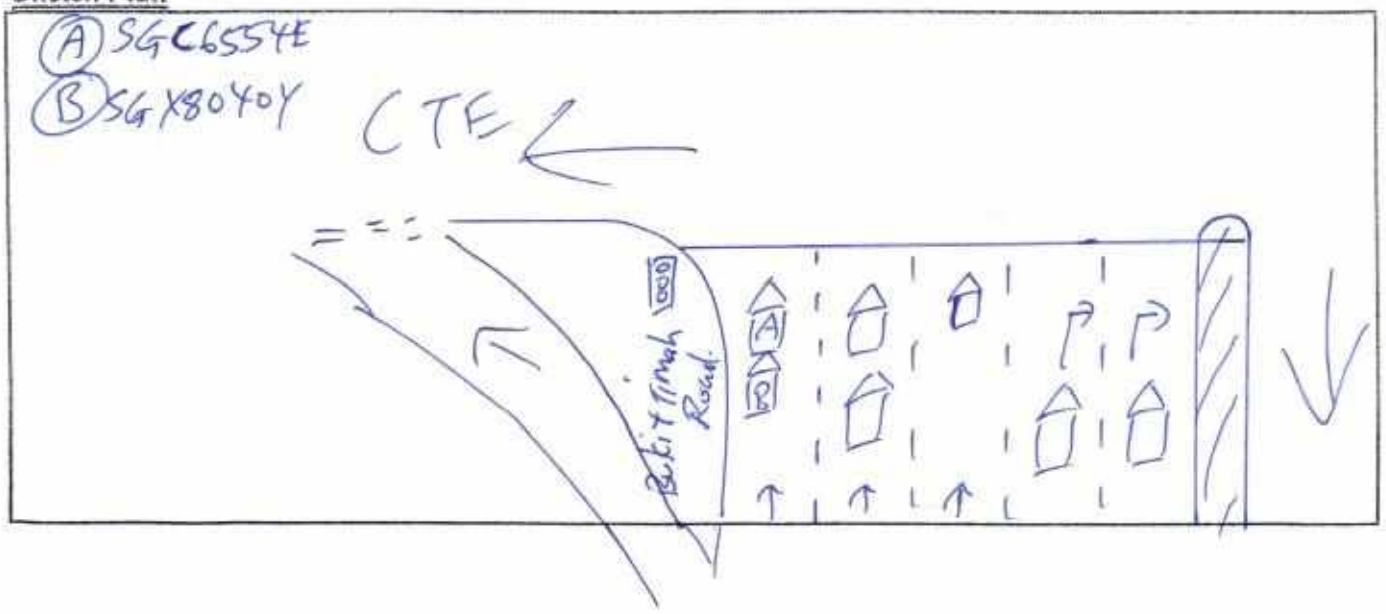
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

PLEASE NOTE YOUR INSURER MAY HAVE A 14DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
		05/02/2018

Sketch Plan



Describe Circumstances of the Accident

I was travelling along ~~traffic~~ traffic junction of Bukit Timah Road And CTE.

My vehicle (A) was stationary as the traffic light was red.

When I was about to move off after the traffic light turned green, vehicle (B) hit my car (A)'s rear portion from behind.

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

05/02/2018

Witnessed by Reporting Centre Personnel

( ) OWN DAMAGE

( ) THIRD PARTY CLAIM

Claim Handling

Accident MT/0980962

Policy No.	5018413927-11	Vehicle No.	SGC6554E	GST Registration No.	
Policyholder Name	SIM GEOK CHUA			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	98318287	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	05/02/2018 14:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	04/02/2018	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF BUKIT TIMAH AND CTE				

Benefits

Excess

Own damage Excess	0.00	Additional Excess		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 No.		GST Registration Date	
Modification History		GST Status Verified	Yes

Policyholder Mailing Address

Address 1	43 JURONG EAST AVENUE 1	Address 2	#05-05 PARC OASIS	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5018413927-11		

OI Driver Info

Driver Name	SIM GEOK CHUA	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1436882F	Driver DOB	
Register Date of Driver License	01/01/1980	Driver Age	57	Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	43 JURONG EAST AVENUE 1	Address 2	#05-05 PARC OASIS	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.	SGC6554E	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	SIM GEOK CHUA	Insured NRIC	
Contact No.(Mobile)	98318287	Contact No.(Home)	65673736	Contact No.(Office)	
Email Address	patjess_sim@hotmail.com	OI Vehicle Number	SGC6554E	TP Vehicle Number	
Claim Description	SGC6554E / SGX8040Y ON 4 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	05/02/2018 14:22	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/0980962	Claim No.	001		
Last Doc. Received	◉ Yes ○ No	Upload Date	05/02/2018 16:05		
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 05 Feb 2018 15:05	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 14:23	NRIC/ Driving License	Normal	NRIC/ Drivin
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 14:23	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 14:23	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 14:23	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 14:23	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 14:23	Photos	Normal	Photc
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 14:23	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 14:22	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 14:22	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 14:22	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Feb 2018 14:22	Photos	Normal	Photc

Video List

Uploaded By/Date	Folder Date	File Name	Sour

Display in New Window | Scan and uploading

Personal Particulars

Date of Accident: 04/02/2018 (dd/mm/yy) Time of Accident: ~~08~~ 09 : ~~55~~ 00 (24 Hrs)

Vehicle No.: SGC6554E Vehicle Make / Model: Toyota Wish (1794cc)

Exact location of Accident: Junction of Bukit Timah Road & CIE

Owner's Name / IC No.: Sim Geok Chua / S1436882E

Driver's Name / IC No.: Sim Geok Chua / S1436882E

Driver's Contact No.: 98318287 Insurance Company & Policy No.: NTUC

Driver's E-mail address: hancarrepairs@gmail.com

Relationship between Owner& Driver: Spouse/ Children / Friend/ Parents / Others specify: —

What do you wish to claim? (Please circle one only)

(1)Own Insurance/(2)Other Vehicle (The one you want to claim against)/(3)Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private use/ Work purpose

Weather condition & Road conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 days or more, police report is required)

Yes/No If Yes, which police station? _____

The Other Party (Vehicle B) Details: S1302617C.

Driver's Name / IC No.: Sng Mui Hock Justin Vehicle No.: SGX8040Y.

Insurance Company: _____ Driver's Contact No: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other (Vehicle C) Involved: _____

Independent Witness (If Any): _____ Contact No: _____

Preferred workshop Name (If Any): _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

1 Driver
2 passengers.

Not sure of # of passengers.

98318287


REPUBLIC OF SINGAPORE
DRIVING LICENCE
S1436882E
SIM GEOK CHUA
21 Dec 1960
21 Jun 2003


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1436882E
SIM GEOK CHUA
沈育亟
CHINESE
21-12-1960
M
SINGAPORE


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:
CLASS DATE
Class 3
29 Apr 1982


S1436882E
07-03-1954
Date: 04-08-2000

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) SGC6554E

Date of Accident 04/02/2018 14:08

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5018413927-11	SIM GEOK CHUA	S1436882E	GPC	Third Party, Fire & Theft	SGC6554E	SGC6554E	20/01/2018	19/01/2019

Continue