

NATIONAL Assessment Centre Services

Wef 1 Jan 05 MNA11803862

Date In: 19/3/18-11:22	Job description	Date & Time Completed	Done by
Ref No: NA/INC005142/24	SAS e-filing		
Veh No: SBD36C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/3/18-19:00	i-Motor Claim Form	M7/0986681	19/3/18 19:10
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SP01090R	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% 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 repairer.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:	(INC hotline: 6788 6616)	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

NA180718	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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 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	19/03/2018 11:22
Date Of Accident	18/03/2018 19:00
Exact Location Of Accident	118 HOLLAND AVE BASEMENT CARPARK (B2)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBD36C
Insured/Policyholder	
Name Of Registered Owner	CHONG KOK SANG
NRIC No	S2580833I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96701366
Alternative Phone No	OFFICE-96701366

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 250CGI
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	5072376138-02
Cover Note Number	

Driver

Name of Driver	CHONG PEI NI
NRIC No	S8706298H
Date Of Birth	19/03/1987
Occupation	INDOOR
Date Of Driving Pass	20/12/2005
Driving Experience	12 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98208473
Fax Number	
Contact Number	OFFICE-98208473
Email Address	NOEMAIL

Address	133 HEMMANT ROAD #02-01
Postcode	438686
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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)	0

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED AT 118 HOLLAND AVE BASEMENT CARPARK. WHEN I CAME DOWN FROM THE MALL, I SAW THAT VEHICLE B REVERSED FROM THE PARKING LOT AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

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	SFD1090R
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


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5. Any false reporting may be referred to the Police for investigation.
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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:

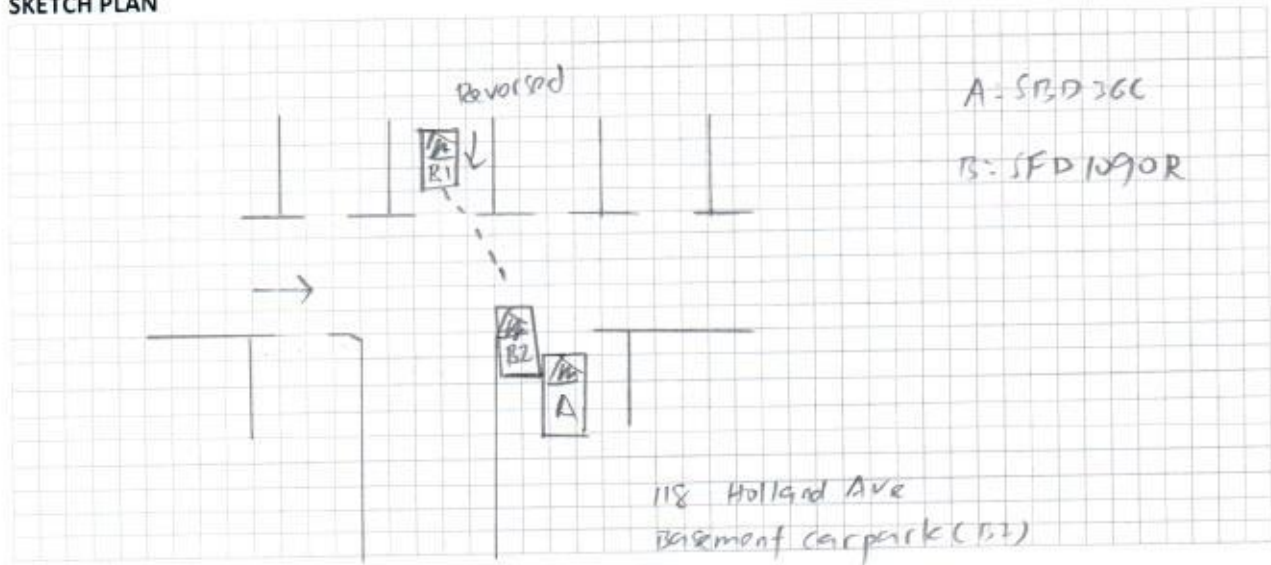
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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 DRIVING LICENCE

Licence Number **S8706298H**

Name
CHONG PEI NI

Birth Date **19 Mar 1987**
Issue Date **20 Dec 2005**





REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8706298H**



Name
CHONG PEI NI

张佩妮

Race
CHINESE

Date of Birth **19-03-1987** Sex **F**


Country of Birth
SINGAPORE



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

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

PASS DATE **20 Dec 2005**



Licence No: **S8706298H**

NP 428A

8456386



NRIC No. **S8706298H**



Nationality
MALAYSIAN

Blood Group **AB+** Date of issue **24-05-2002**

Address
**133 HEMMANT ROAD
#02-01
SINGAPORE 438686**

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5072376138-02	CHONG KOK SANG	S2580833I	GPC	drive PREMIUM	SBD36C	SBD36C	03/08/2017	02/08/2018

▼ Policy Information

Policy No.	5072376138-02	Policyholder Name	CHONG KOK SANG	Policyholder NRIC	S2580833I
Address	133 HEMMANT ROAD #02-01 SINGAPORE 438686				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	28/07/2017	Effective Date	03/08/2017 00:00	Expiry Date	02/08/2018 23:59
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0		
Agent	JUN SHI INSURANCE AGENCY	Agent Tel.	65320118	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	133 HEMMANT ROAD	Address 2	#02-01	Address 3	SINGAPORE 438686
Address 4		Address Type	Singapore address	Post Code	438686
Unit No.		Related Policy Number	5088479113-01		

▶ Insured Object: SBD36C

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Exit

Claim Handling

Accident MT/0986681

Policy No.	S072376138-02	Vehicle No.	SBD36C	GST Registration No.	
Policyholder Name	CHONG KOK SANG	Cover Type	drive PREMIUM	Policyholder NRIC	S25808331
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	98701300	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="N/A"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes	Accident Report Within 24 hrs	Yes	Private Hire	No
Accident Details		Time of Accident hh:mm	19:00	Accident Type	Damaged whilst parked
Report Date	19/03/2018 19:00	Orange Force		Country of Accident	Singapore
Date of Accident	18/03/2018	ICM No.			
Reporting Centre					
Accident Location	118 HOLLAND AVE BASEMENT CARPARK (B2)				
Benefits		Sum Insured			
Coverage		999999999.99			
Excess Waiver					
Excess		Windscreen Excess 100.00			
Own damage Excess	0.00	Additional Excess	0.00		
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 Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	133 HEMMANT ROAD	Address 2	#02-01	Address 3	SINGAPORE 438686
Address 4		Address Type	Singapore address	Post Code	438686
Unit No.		Related Policy Number	5088479113-01		
OT Driver Info					
Driver Name	CHONG PEI NI	Driver Type	Named Driver	Driver DOB	19/03/1987
Unnamed driver Name		Driver NRIC	S8706298H	Driving Experience	12
Register Date of Driver License	20/12/2005	Driver Age	30	Contact No.(Home)	0
Contact No.(Mobile)	98208473	Contact No.(Office)	0	Address 3	SINGAPORE 438686
Address 1	133 HEMMANT ROAD	Address 2		Post Code	438686
Address 4		Address Type	Singapore address		
Unit No.	02-01	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHONG KOK SANG	Insured NRIC	S25808331
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SBD36C	TP Vehicle Number	SFD1090R
Claim Description	SBD36C / SFD1090R ON 18 Mar 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/03/2018 19:10	Claim Close Date		Date Received	19/03/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0986681	Claim No.	001																																			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/03/2018 19:11																																			
<table border="1"> <thead> <tr> <th>Path *</th> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="text" value="N/A"/></td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="text" value="N/A"/></td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="text" value="N/A"/></td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="text" value="N/A"/></td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="text" value="N/A"/></td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="text" value="N/A"/></td> <td>Normal</td> <td></td> </tr> </tbody> </table>				Path *	Category *	Confidential	Urgency *	Description *	Browse... Clear	Please Select	<input type="text" value="N/A"/>	Normal		Browse... Clear	Please Select	<input type="text" value="N/A"/>	Normal		Browse... Clear	Please Select	<input type="text" value="N/A"/>	Normal		Browse... Clear	Please Select	<input type="text" value="N/A"/>	Normal		Browse... Clear	Please Select	<input type="text" value="N/A"/>	Normal		Browse... Clear	Please Select	<input type="text" value="N/A"/>	Normal	
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