NATIONAL Assessment Centre Services (NACS) NNA4180375

Date In: 19/03/2018 20:10	Job description	Date & Time Completed	Done by
Ref No: NBA/7MCC8005149/Y	SAS e-filing		
Veh No: SJZ 7552 Y	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 18/03/2018 09.00	I-Motor Claim Form	M10986734	20/03/2018 10.06
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: SCU1339B , 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 0011		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

NA1801777

Human Remarks:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Engineer's Comments:

Invoice Preparation Checklist	Billed	Add'l Bill
1) AR: Accident Reporting ($30):		
2) DA: Damage Assessment ($100): INC ($80)		
3) TF: Towing Fee $40/$15		
4) FT: Follow-Through Survey $130		
5) FT: Follow-Through Survey (Resurvey) $30		
For claims against INC Only (wef 10 Jan 2005)		
6) TR: Re-Inspection $15		
7) NI: New DA + SMRT Survey $160		
8) NTUC Additional Service(s):		
OD:		
NI: Courtesy Car / Tpt Allowance $5		
NI: Repair Coordination $10		
NI: Post Repair Inspection $15		
NI: DY / Collect Claims Coordination $5		
TP (NI): TP (Non INC) against INC $30		
9) NI: Text Mobile $5		
Invoice dated	Not Charged	
Invoice dated	Not Charged	

MNA418037568 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 19/03/2018 20:10
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 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	19/03/2018 20:10
Date Of Accident	18/03/2018 09:00
Exact Location Of Accident	JELITA COLD STORAGE CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJZ7552Y
Insured/Policyholder	
Name Of Registered Owner	LIAUW LEE SIA
NRIC No	S2188341G
Email Address	WONGFJ@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-93686215
Alternative Phone No	OTHERS-93686215
Vehicle Particulars	
Manufacturer	MAZDA
Model	6
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	5063507769-04
Cover Note Number	
Driver	
Name of Driver	WONG FOOT JONG
NRIC No	S0136127I
Date Of Birth	24/11/1953
Occupation	INDOOR
Date Of Driving Pass	06/07/1976
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93686215
Fax Number	
Contact Number	OTHERS-93686215
EMail Address	WONGFJ@SINGNET.COM.SG

Address	43 ,SIXTH AVENUE
Postcode	276449
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	COLLISION - HEAD ON COLLISION
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 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SKU1339B
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KEVIN KOO OON THIEN
NRIC/Passport Number	S7916408I
Contact Number	81232840
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.
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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.

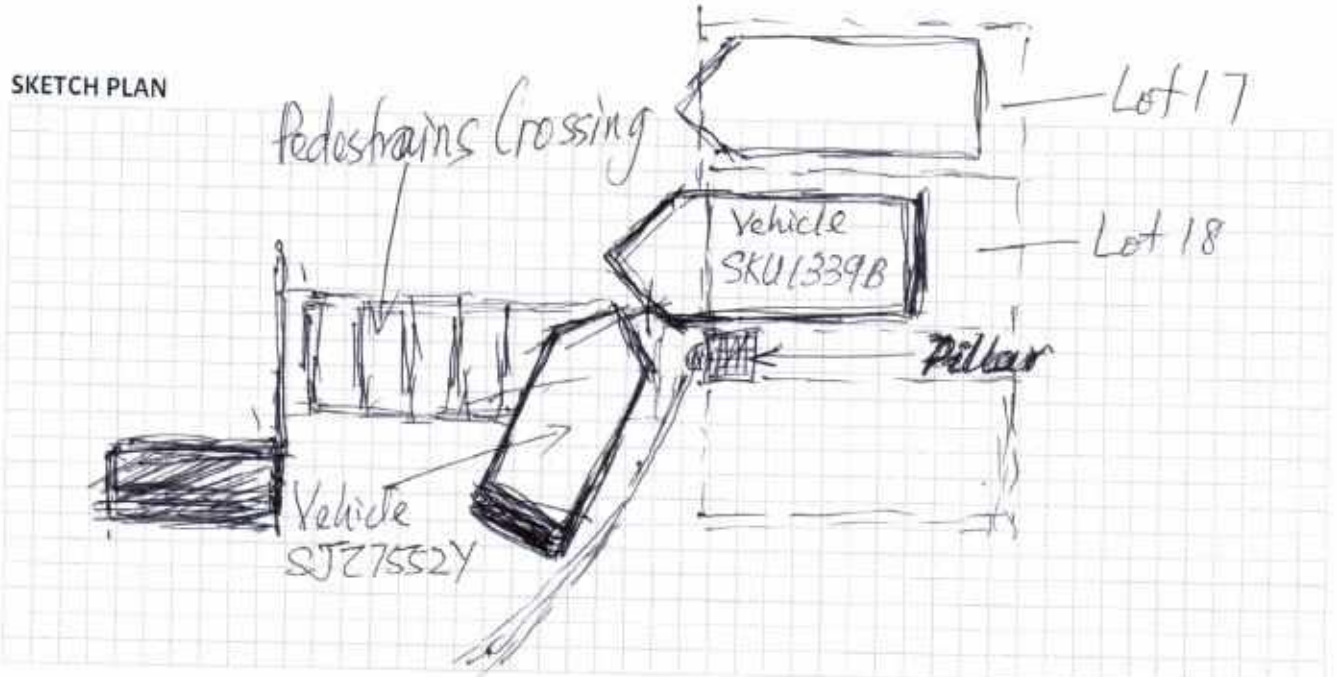
   (e) the information so collected under (d) above may be shared / disclosed:

   (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.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 19/03/2018 1400 hr	Reporting Centre Personnel's Signature 19/03/2018 Name: Kadi Works NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/03/2018 at around 9am I drove vehicle No. SJZ 7552Y into Jelita Cold Storage basement car park. As I was driving into the car park a pedestrain suddenly rush to cross the driveway. Upon noticing this I quickly swerve my vehicle slight to the right and at same time slow down my vehicle. After the pedestrain had clear the way I proceed to drive forward. As I was driving my car forward I notice vehicle SKU1339B had intentionally parked excessively out of the designated parking lot (see sketch) I then quick stop the vehicle. However, the vehicle SKU1339B was too far out of the lot, as a result this was a light collision of the right front corner of my vehicle SJZ7552Y and left front corne of vehicle SKU1339B. The driver of SKU1339B intentionally parked the vehicle out of the designated lot to allow him to unload his groceries into the booth of his vehicle thus blocking the driveway of the car park.

DECLARATION

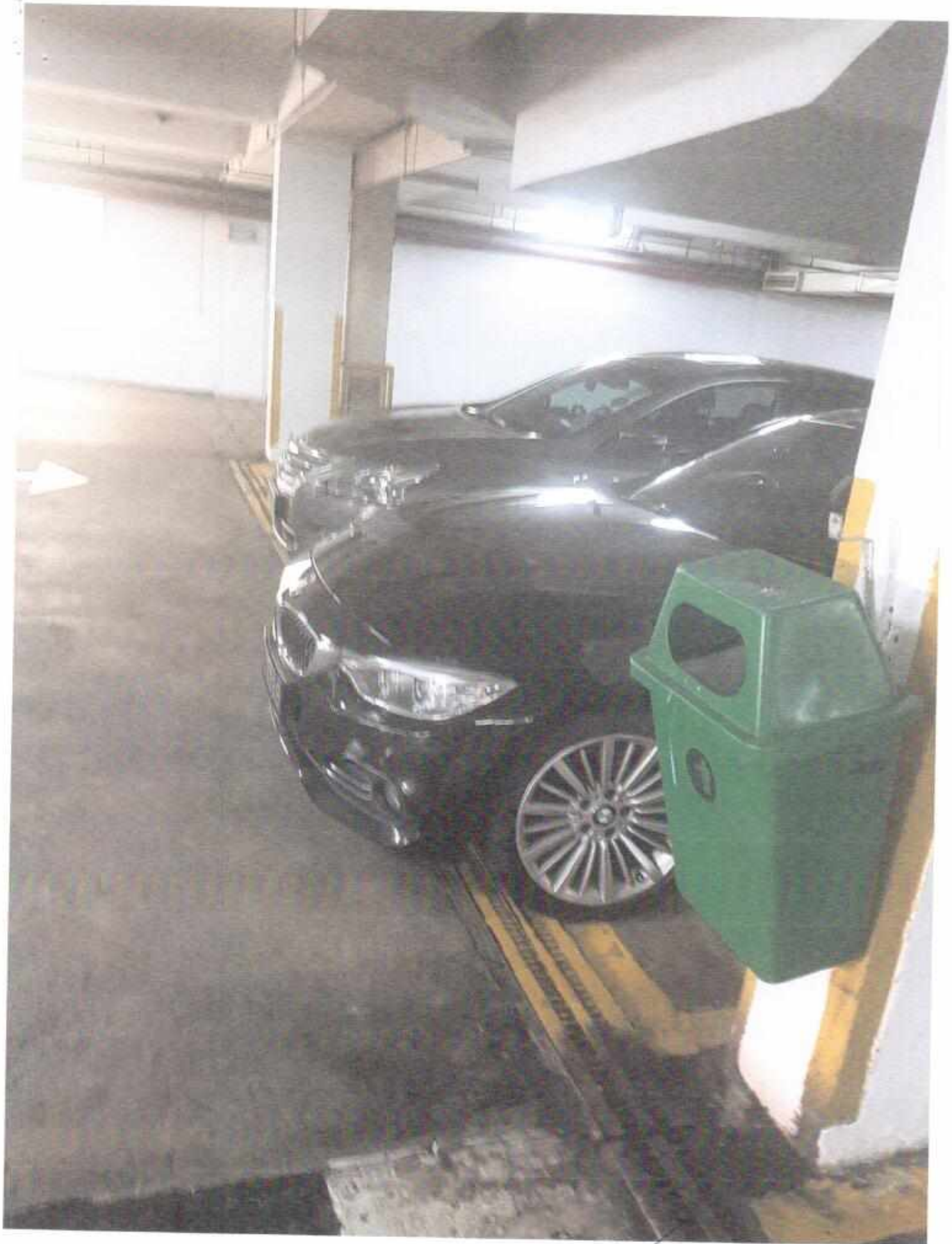
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 19/03/2018 1400 hr.

19/03/2018

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



Claim Handling

Accident MT/0986724

Policy No.	5063507769-04	Vehicle No.	SJZ7552Y	GST Registration No.	
Policyholder Name	LIAUW LEE SIA			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivn CLASSIC	Loading	
Contact No.(Mobile)	93686215	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	○ No ○ Yes	TCA	○ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	20/03/2018 09:53	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	19/03/2018	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JELITA COLD STORAGE CARPARK				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	500.00	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	43 SIXTH CRESCENT	Address 2	SINGAPORE 276449	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5063507769-04		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WONG FOOT JONG	Driver NRIC	S01361271	Driver DOB	
Register Date of Driver License	06/07/1976	Driver Age	64	Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	43 # SIXTH CRESCENT	Address 2	SINGAPORE 276449	Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	○ Yes ○ No	Driver Vehicle No.	SJZ7552Y	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	LIAUW LEE SIA	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	64631151	Contact No.(Office)	
Email Address		OI Vehicle Number	SJZ7552Y	TP Vehicle Number	
Claim Description	SJZ7552Y / SKU13398 ON 19 Mar 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	20/03/2018 10:05	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				
○ Print AK letter					

Save Submit

Attachment

Accident No.	MT/0986724	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	20/03/2018 10:06		
Path *			Category *	Confidential	Urgency
Browse... Clear			Please Select		Normal

Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal
Browse...	Clear	Please Select		Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 10:06	Photos		Normal	Photo:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 10:06	Photos		Normal	Photo:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 10:06	Photos		Normal	Photo:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 10:06	Photos		Normal	Photo:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 10:05	Photos		Normal	Photo:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 10:05	Photos		Normal	Photo:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 10:05	Photos		Normal	Photo:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 10:05	Photos		Normal	Photo:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 10:05	NRIC/ Driving License		Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 10:05	SAS		Normal	SAS

Video List

	Uploaded By/Date	Folder Date	File Name		Sour

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (18/03/2018) (DD/MM/YYYY), TIME: (09.00) (HH:MM)

LOCATION: Jelita Cold Storage Car Park

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJZ 7552Y
   b) INSURANCE COMPANY: NTUC Income
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: MAZDA 8
   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)

2. INSURED / POLICY HOLDER
   a) NAME: LIAUW LEE SIA (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S2188341G CONTACT: 93686015
   c) ADDRESS: 43 Sixth Crescent S(276469)

▼ CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) (1)

3. DRIVER
   a) NAME: WONG FOOT JONG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S0136127I CONTACT: 93686015
   c) ADDRESS: 43, Sixth Crescent S(276469)
   d) DATE OF BIRTH: (24/11/1963) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS - 1976

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)

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: SKU 1339B MODEL: BMW
   b) DRIVER'S NAME: Kevin KOH OON THIEN
   c) NRIC/FIN/PASSPORT: S7916408I CONTACT: 81232840

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 = wongfj@signet.com.sg

fax =

Video

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0136127I

WONG FOOT JONG

王 苒 荣

Race
CHINESE

Date of Birth
24-11-1953

Sex
M

Country of Birth
SINGAPORE

1819619

NRIC No S0136127I

Blood Group
O+

Date of Issue
23-03-1994

Date

No. 1947412

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

		PASS DATE
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	06 Jul 1976

NP 428A

License No: S0136127I

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) SJZ7552Y

Date of Accident 18/03/2018 14:48

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5083507769-04	LIAUW LEE SIA	S2168341G	GPC	drive CLASSIC	SJZ7552Y	SJZ7552Y	27/12/2017	26/12/2018

Continue