NATIONAL Assessment Centre Services (est 1 2000) MNBA418037770

Date In: 20/03/2018 1252	Job description	Date & Time Completed	Done by
Ref No: NBA/MC18005761/1	SAS e-filing		
Veh No: SLD 116L	E-mail (within 2hrs, AIO 7hrs)		
D.O.A: 19/03/2018 11:20	I-Motor Claim Form	M/I/0986805	20/03/2018 13:26
OD / TP / Reporting Only	I-Motor W/O (within 00 2hrs, 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: SJN 8238L INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel:

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by : (Date: Time:)

Insured/Driver Liability: (%) (Note: BSL Status (WO): N: 0-20%; P: 21-79%; F: 30-100%)

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 0616)	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

NA1801795

Witness Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-in-Charge):

Additional Comments:

Invoice Preparation Checklist		Insurer Bill	Owner/Add. Bill
1) AR : Accident Reporting ($30)	INC ($30)		
2) DA : Damage Assessment ($100)	$100/$15		
3) TP : Towing Fee	$130		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey) For claims against INC Only (wef 10 Jan 2010)	$35		
6) TR : Reinspection	$150		
7) NI : (A) DA + SMRT Survey			
8) NTUC Additional Services			
Others	$		
NI: Courtesy Car / Tpt Allowance	$10		
NI: Repair Co-ordination	$35		
NI: Post Repair Inspection	$		
NI: DY / Collect Excess Coordination	$30		
TP (NI) : TP (Non INC) against INC	$		
9) NI : Total Nil/Void			
Invoice dated	For Charge		
Invoice dated	Non Charge		

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	20/03/2018 12:52
Date Of Accident	19/03/2018 11:20
Exact Location Of Accident	JALAN BUKIT MERAH CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLD116L
Insured/Policyholder	
Name Of Registered Owner	CHOY SOCK CHING
NRIC No	S1462827D
Email Address	JOHNJENNILIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98424810
Alternative Phone No	OTHERS-98424810
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 X (A)
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	5080925501-01
Cover Note Number	
Driver	
Name of Driver	CHOY SOCK CHING
NRIC No	S1462827D
Date Of Birth	24/05/1961
Occupation	INDOOR
Date Of Driving Pass	21/10/2008
Driving Experience	9 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98424810
Fax Number	
Contact Number	OTHERS-98424810
EMail Address	JOHNJENNILIM@GMAIL.COM

Address	BLK 13 JALAN BUKIT MERAH #07-5040
Postcode	150013
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 - MAJOR/MINOR RD
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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN8238L
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO CHEE WAH
NRIC/Passport Number	S6937555C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

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.

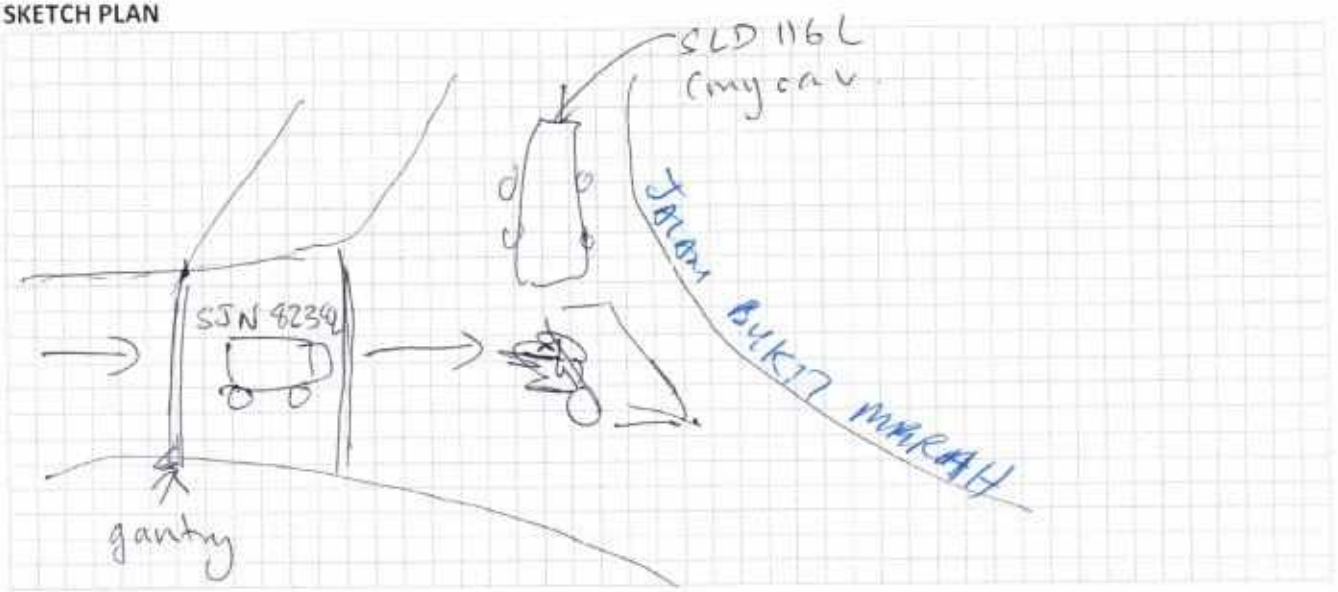
   (e) the information so collected under (d) above may be shared / disclosed:

   (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.

Policyholder's Signature Date & Time: 19/03/2018	Driver's Signature (If driver is not the policyholder) Date & Time:	20/03/2018 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving out of car park lot on the way out of car park. The car SJN 8238L was coming in from car park gantry, without stopping before the white line, he hit my car on the driver's door.

* I have video camera in car that captured accident.
* Photo of damage on my car & his car.

DECLARATION

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

Policyholder's Signature
Date & Time:
19/03/2018

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

20/03/2018
Reporting Centre Personnel's Signature
Name: ROSLI WAHAB
NRIC/FIN No.:

Claim Handling

Accident MT/0986805

Policy No.	5080925501-01	Vehicle No.	SLD116L	GST Registration No.	
Policyholder Name	CHOY SOCK CHING			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
Contact No.(Mobile)	98424810	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No

Accident Details

Report Date	20/03/2018 13:24	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major
Date of Accident	19/03/2018	Time of Accident hh:mm	11:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN BUKIT MERAH CARPARK				

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	BLK 13 #07-5040	Address 2	JALAN BUKIT MERAH	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5080925501-01		

OI Driver Info

Driver Name	CHOY SOCK CHING	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1462827D	Driver DOB	
Register Date of Driver License	01/05/2005	Driver Age	56	Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 13 #07-5040	Address 2	JALAN BUKIT MERAH	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	◉ Yes ○ No	Driver Vehicle No.	SLD116L	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	CHOY SOCK CHING	Insured NRIC	
Contact No.(Mobile)	83661965	Contact No.(Home)	62767734	Contact No.(Office)	
Email Address	johnjenn.lim@gmail.com	OI Vehicle Number	SLD116L	TP Vehicle Number	
Claim Description	SLD116L / SJN8238L ON 19 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	20/03/2018 13:30	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/0986805	Claim No.	001		
Last Doc. Received	◉ Yes ○ No	Upload Date	20/03/2018 13:31		
Path *			Category *	Confidential	Urgency
Browse... Clear			Please Select	No	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 13:31	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 13:31	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 13:29	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 13:29	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 13:29	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 13:29	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 13:29	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 13:28	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 13:28	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 13:28	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 13:28	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 13:28	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 13:27	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 13:26	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 13:26	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Mar 2018 13:26	NRIC/ Driving License	Normal	NRIC/ Driving

Video List

Uploaded By/Date	Folder Date	File Name	Sour

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 19/03/2018 (DD/MM/YYYY). TIME: 11.17 (HH:MM)

LOCATION: Jalan Bt Merah Car Park

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SLD [redacted]6L
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: HONDA VESSEL
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Private
   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: CHOY SOCK CHING (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1462827D CONTACT: 98424810
   c) ADDRESS: BLK 13 #07-5090 Jln Bt Merah. 150013

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER (No of passenger (including driver) (__))
   a) NAME: CHOY SOCK CHING (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1462827D CONTACT: 98424810
   c) ADDRESS: BLK 13 #07-5090 Jln. Bt Merah 150013
   *d) DATE OF BIRTH: 24/05/1961 (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS - 21 October 2008

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
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 (No of passenger (including driver) (2))
   a) VEHICLE NUMBER: SJN 8238L MODEL: Toyota
   b) DRIVER'S NAME: Teo Chee Wah
   c) NRIC/FIN/PASSPORT: S6937555C CONTACT:

9. THIRD PARTY VEHICLE (No of passenger (including driver) (__))
   a) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME: CONTACT:
   f) NRIC/FIN/PASSPORT:

email = johnjenn.lim@gmail.com
fax =
video

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1462827D

Name

CHOY SOCK CHING

蔡 淑 貞

Race

CHINESE

Date of Birth | Sex

24-05-1961 | F

Country of Birth

SINGAPORE

2391007

NRIC No. S1462827D

Blood Group | Date of issue

B+ 16-09-1994

APT BLK 13 JALAN BUKIT MERAH #07-5040
SINGAPORE 150013

NRIC No: S1462827D Date: 30-07-2001 No: 4118072

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1462827D

Name:

CHOY SOCK CHING

Birth Date: 24 May 1961

Issue Date: 21 Oct 2008

001667088C

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

		PASS DATE
s 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	21 Oct 2008

Licence No: S1462827D

428A

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) SLD116L
Date of Accident 19/03/2018 12:45

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	S080925501-01	CHOY SOCK CHING	S1462827D	GPC	drive CLASSIC	SLD116L	SLD116L	02/06/2017	01/06/2018

Continue