

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MNA 118046053

Date In: 6/4/18 15:21	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 18006404/64	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SDW 200X	i-Motor Claim Form	MT/0989636	9/4/18 18:57
D.O.A: 2/4/18 08:20	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / (P) Reporting Only	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:

SJM 9582R

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 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

<p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Anditors' Comments:-</p> <p>at 1:</p> <p>at 2 / 3:</p>	<p>NA1802159</p> <p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) rT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>Q1:</p> <p>*N5: Courtesy Car / Tpl Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$3</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idac Mobile \$0</p> <p>Invoice dated Fee Charged</p> <p>Invoice dated Fee Charged</p>	<p>Ant (\$)</p> <p>1st Bill</p> <p>30.00</p>	<p>Ant (\$)</p> <p>Add Bill</p>
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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	06/04/2018 15:21
Date Of Accident	02/04/2018 08:00
Exact Location Of Accident	73 LOR K TELOK KURAU CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDW200X
Insured/Policyholder	
Name Of Registered Owner	NG CHIN CHIN
NRIC No	S1739981J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93800001
Alternative Phone No	OFFICE-93800001

Vehicle Particulars

Manufacturer	BMW
Model	X1 SDRIVE18I AT D/AB 2WD 5DR GAS/D SR
Exact Purpose for which vehicle was being used at time of accident	PARKED VEHICLE
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	5096643690
Cover Note Number	-

Driver

Name of Driver	NG CHIN CHIN
NRIC No	S1739981J
Date Of Birth	24/10/1966
Occupation	INDOOR
Date Of Driving Pass	16/11/1988
Driving Experience	29 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93800001
Fax Number	
Contact Number	OFFICE-93800001
EMail Address	NOEMAIL

Address	73 LOR K TELOK KURAU #01-04
Postcode	425692
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	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	
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

MY VEH WAS PARKED AT 73 LORONG K TELOK KURAU CARPARK, EVERYTHING WAS INTACT. I RECEIVED A CALL FROM MY NEIGHBOR SAYING THAT HIS VEH HAD HIT ONTO MY VEH WHILE REVERSING.

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	SJM9582R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEONG WEI CHYANG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

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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**.
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:

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



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

SKETCH PLAN

A = SDW 200X
B = SJM 9582R.

73 Lor 18 Telok Kurau Carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION

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

Ng Han Chuan

Policyholder's Signature
Date & Time:

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

Amel

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1739981J**

Name **NG CHIN CHIN**

Birth Date **24 Oct 1966**
Issue Date **11 Sep 2003**

0008196198




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1739981J**

Name **NG CHIN CHIN**

黄青青

Place **CHINESE**

Date of Birth **24-10-1966** Sex **F**

Country of Birth **SINGAPORE**





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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE **16 Nov 1988**

Licence No: **S1739981J**

NP 428A



2368655

NRIC No. **S1739981J**

Blood Group **B+** Date of issue **10-09-1994**

73 LORONG K TELOK KURAU #01-04
SINGAPORE 425692

NRIC No: **S1739981J** Date: **17/01/2008 (R)**




Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.

Date of Accident

02/04/2018 15:18

Vehicle No.(For Motor)

SDW200X

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096643690	NG CHIN CHIN	S1739981J	GPC	drive CLASSIC	SDW200X	SDW200X	12/12/2017	26/02/2019

Claim Handling

Accident MT/0989636

Policy No.	5096643690	Vehicle No.	SDW200X	GST Registration No.	
Policyholder Name	NG CHIN CHIN	Cover Type	drive CLASSIC	Policyholder NRIC	S1739981J
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	93800001	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
KPK	= No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	09/04/2018 18:50	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	02/04/2018	Time of Accident hh:mm	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	73 LOR K TELOK KURAU CARPARK				
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	1
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	73 LORONG K TELOK KURAU	Address 2	#01-04 HEJI GARDENS	Address 3	SINGAPORE 425692
Address 4		Address Type	Singapore address	Post Code	425692
Unit No.		Related Policy Number	5096643690		
01 Driver Info					
Driver Name	NG CHIN CHIN	Driver Type	Main Driver	Driver DOB	24/10/1966
Unnamed driver Name		Driver NRIC	S1739981J	Driving Experience	29
Register Date of Driver License	16/11/1988	Driver Age	51	Contact No.(Home)	
Contact No.(Mobile)	93800001	Contact No.(Office)		Address 3	SINGAPORE 425692
Address 1	73 LORONG K TELOK KURAU	Address 2	#01-04 HEJI GARDENS	Post Code	425692
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No		
Modification History					

Claim 001 New

Claim Type *	OD-MX	Insured Name	NG CHIN CHIN	Insured NRIC	S1739981J
Contact No.(Mobile)	93800001	Contact No.(Home)	64407068	Contact No.(Office)	
Email Address	jydia@staroute.com.sg	Q1 Vehicle Number	SDW200X	TP Vehicle Number	SJM9582R
Claim Description	SDW200X / SJM9582R ON 2 Apr 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	09/04/2018 00:00
Date Registered	09/04/2018 18:56	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0989636	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/04/2018 18:57
Path *		Category *	Confidential
Choose File No file chosen		Clear Please Select	NO
Choose File No file chosen		Clear Please Select	NO
Choose File No file chosen		Clear Please Select	NO
		Urgency *	Normal
		Clear Please Select	NO
		Clear Please Select	NO
		Clear Please Select	NO

Choose File No file chosen

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Message Read

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 18:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 18:57	SAS	Normal	SAS 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 18:57	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 18:56	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 18:56	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 18:56	Photos	Normal	Photos 2018-4-9
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 18:56	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 18:56	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 18:56	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 18:56	Photos	Normal	Photos 2018-4-9

Video List

Uploaded By/Date	Folder Date	File Name	Source
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