NATIONAL Assessment Centre Services MAA9180 46151

Date In: 06/04/2018 16:52	Job description	Date & Time Completed	Done by
Ref No: NBB/MCI/F005415/V	SAS e-filing		
Veh No: SLC 8592 Y	E-mail (within 3hrs, A/C 7hrs)		
D.O.A: 15/02/2018 13:30	I-Motor Claim Form	M/0986292-002	06/04/2018 17:09
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: BARRIER , INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

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

Confirmed by: (Date: Time:)

Insured/Driver Liability: (%) (Note: Est. Stand (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: Customers information strictly Confidential & Strictly NO sales of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-in ( ) / Towed-in ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: INC Hotline: 6788 0016	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

NA1802195

Summary of Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments

Invoice Preparation Checklist		Bill	Check/Bill
1) AR: Accident Reporting ($30):			
2) DA: Damage Assessment ($100):	INC ($[illegible])		
3) TP: Towing Fee	$40/$[illegible]		
4) FT: Follow-Through Survey	$[illegible]		
5) FT: Follow-Through Survey (Resurvey)	$[illegible]		
For claims against INC Only (w.e.f. 10 Jan 2010)			
6) TR: Re-inspection	$[illegible]		
7) NI: [illegible] DA + SMRT Survey	$100		
8) NTUC Additional Services:			
Q11			
NI: Courtesy Car / Taxi Allowance	$[illegible]		
NI: Repair Coordination	$10		
NI: Post Repair Inspection	$[illegible]		
NI: DV / Collect Excess Coordination	$[illegible]		
TP (NI) : TP (Non INC) against INC	$30		
9) NI: [illegible] Mobile	$[illegible]		
Invoice dated	Not Charged		

MNA418046151 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 06/04/2018 16:52
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 06/04/2018 17:08

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	06/04/2018 16:52
Date Of Accident	15/02/2018 13:30
Exact Location Of Accident	8 EMPRESS ROAD MULTI STOREY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC8592Y

Insured/Policyholder

Name Of Registered Owner	NG BAK TONG
NRIC No	S1176089I
Email Address	AHRON_NG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96686262
Alternative Phone No	OTHERS-96686262

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY-2.4 (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	5080543045-01
Cover Note Number	

Driver

Name of Driver	NG BAK TONG
NRIC No	S1176089I
Date Of Birth	28/09/1955
Occupation	INDOOR
Date Of Driving Pass	01/11/1983
Driving Experience	34 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96686262
Fax Number	
Contact Number	OTHERS-96686262
EMail Address	AHRON_NG@HOTMAIL.COM

Address	BLK 226 LORONG 8 TOA PAYOH #09-120
Postcode	310226
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	COLLIDED INTO PROPERTY
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?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : SON GENDER: : MALE

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?	NO
Was there any audio recorded?	NO

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

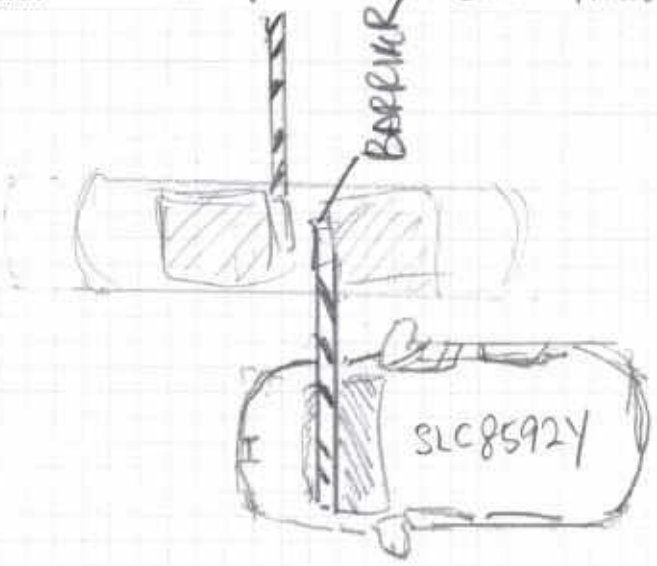
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 6/APR/2018 1600 HRS

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

06/04/2018
Reporting Centre Personnel's Signature
Name: ROSLI WAT***
NRIC/FIN No.:

SKETCH PLAN 8 EMPRESS ROAD MULTI STOREY CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15 Feb 2018, 1330HRS, we were exiting the multi-storey carpark at 8 Empress Road.

As we were exiting the carpark, the barrier came down and caused damage to the right wind screen panel.

DECLARATION

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

Policyholder's Signature
Date & Time: 6 April 2018 1600HR

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

6/4/2018

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

Exit

Claim Handling

Accident MT/0986292

Policy No.	5080543045-01	Vehicle No.	SLC8592Y	GST Registration No.	
Policyholder Name	NG BAK TONG			Policyholder NRIC	S1176089I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	Not available

Accident Details

Report Date	16/03/2018 13:45	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	15/02/2018	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CARPARK BARRIER EXITING 8A EMPRESS ROAD				

Benefits

Excess

Own damage Excess	500.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	000.00		
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 226 #09-120	Address 2	LORONG 6 TOA PAYOH	Address 3	TOA PAYOH EIGHT
Address 4	SINGAPORE 310226	Address Type	Singapore address	Post Code	310226
Unit No.	09-120	Related Policy Number	5080543045-01		

01 Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	NG BAK TONG	Insured NRIC	S1176089I
Contact No.(Mobile)	96686252	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		DI Vehicle Number	SLC8592Y	TP Vehicle Number	BARRIER
Claim Description	SLC8592Y / BARRIER ON 15 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	06/04/2018 16:51	Claim Close Date		Date Received	06/04/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0986292	Claim No.	002
Last Doc. Received	Yes No	Upload Date	06/04/2018 17:09

Path *	Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	

Message Read Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Apr 2018 17:09	SAS	Normal	SAS 2018-4-6		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Apr 2018 17:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-6		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Apr 2018 16:51	Photos	Normal	Photos 2018-4-6		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Apr 2018 16:51	Photos	Normal	Photos 2018-4-6		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B	Photos	Normal	Photos 2018-4-6		Edit

	UKIT MERAH)) on 06 Apr 2018 16:51				
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Apr 2018 16:51	Photos	Normal	Photos 2018-4-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Apr 2018 16:51	Photos	Normal	Photos 2018-4-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Apr 2018 16:51	Photos	Normal	Photos 2018-4-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Apr 2018 16:51	Photos	Normal	Photos 2018-4-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Apr 2018 16:51	Photos	Normal	Photos 2018-4-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Apr 2018 16:51	Photos	Normal	Photos 2018-4-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Apr 2018 16:51	Photos	Normal	Photos 2018-4-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Apr 2018 16:51	Photos	Normal	Photos 2018-4-6	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 02 / 2018) (DD/MM/YYYY), TIME: (13 30) (HH:MM)

LOCATION: 8 EMPRESS ROAD MULTI-STOREY CARPARK

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SLC 8592Y
   b) INSURANCE COMPANY: NTUC INCOME
   c) POLICY NUMBER: 508054304I - 01
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: HONDA SHUTTLE
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
      IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

WIFE
SON

2. INSURED / POLICY HOLDER
   a) NAME: NG BAK TONG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1176084I CONTACT: 96686262
   c) ADDRESS: BLK 226 LORONG 2 TOA PAYOH #09-120 530226

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) (3)

3. DRIVER
   a) NAME: AS ABOVE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (28 / 09 / 1955) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS - 01 Nov 1983
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
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: MODEL:
   b) DRIVER'S NAME: CONTACT:
   c) NRIC/FIN/PASSPORT:

* No of passenger (including driver) (__)

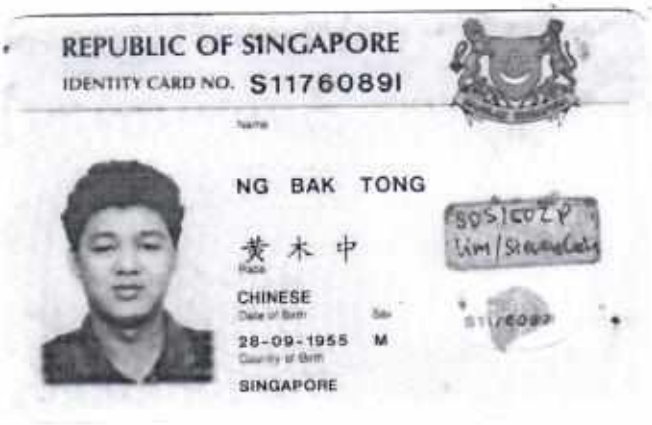
9. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME: CONTACT:
   f) NRIC/FIN/PASSPORT:

* No of passenger (including driver) (__)

email = ahron_ng@hotmail.com

fax =

VIDEO



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1176089I

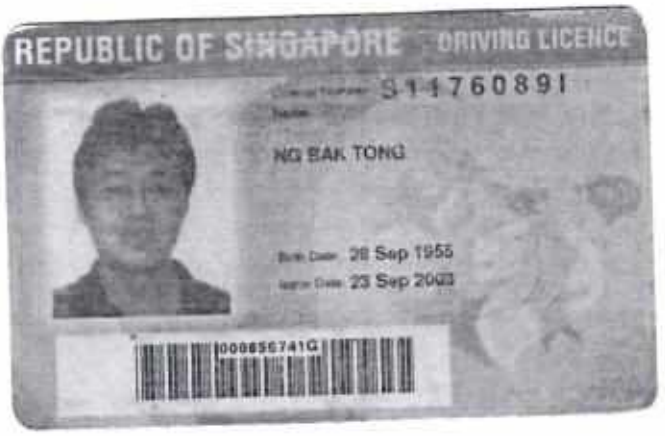
NG BAK TONG

黃木中

CHINESE

28-09-1955 M

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

S1176089I

NG BAK TONG

28 Sep 1955

23 Sep 2003

0269949

S1176089I

B+ 29-02-1992

APT BLK 226 LORONG 8 TOA PAYOH
#09-120
SINGAPORE 1231

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 3000 kilograms	01 Nov 1983

Licence No: S1176089I

NP 428A

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Date of Accident 15/02/2018 15:55
Vehicle No.(For Motor) SLC8592Y

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5080543045-01	NG BAK TONG	S1176089I	GPC	drivo CLASSIC	SLC8592Y	SLC8592Y	27/05/2017	26/05/2018

Continue