NATIONAL Assessment Centre Services (mail / fax) MIA4180500??

Date In: 16/04/2018 12:16	Job description	Date & Time Completed	Done by
Ref No: NBA/INC18006966/Y	SAS e-filing		
Veh No: SKD5778E	E-mail (whole sheet, A/C sheet)		
D.O.A: 15/04/2018 10:00	I-Motor Claim Form	M1/0990488-002	16/04/2018 15:11
OD (TP) Reporting Only	I-Motor W/O (whole OD sheet, TP sheet)		
	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: SKX288E , INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

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

Confirmed by: (Date: Time:)

Insured/Driver Liability: (%) (Note: BSL Status (W/O): 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 : (NTUC 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	Action

NBR802435

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Wksp Contact / Comments:

Invoice Preparation Checklist		Charged	Remarks
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($40)		
3) TF : Towing Fee			
4) FT : Follow Through Survey			
5) FT : Follow Through Survey (Re-survey)			
For claims assist INC Only (w.e.f. 10.??.2013)			
6) TR : Attd. meeting			
7) NTUC DA + SMRT Survey			
8) NTUC Additional Services:			
OW:			
NT: Courtesy Car / Tpt Allowance			
NT: Repair Co-ordination			
NT: Post Repair Inspection			
NT: DV / Collect Excess Coordination			
TZ (NT) : TP (Non INC) against INC			
9) NT: Inter Mobile			
Invoice dated	Not Charged		
Invoice date	Non Charged		

1 / 2 / 3

MNA418080017 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 16/04/2018 12:16
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	16/04/2018 12:16
Date Of Accident	15/04/2018 10:10
Exact Location Of Accident	ALONG PENANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD5778E

Insured/Policyholder

Name Of Registered Owner	TAI WAI SIONG ,LUVENA
NRIC No	S8904132E
Email Address	JAVIERTAI89@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96997081
Alternative Phone No	OTHERS-97425003

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO-1.4 TSI (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	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	5089444070
Cover Note Number	

Driver

Name of Driver	TAI CHEE CHO (DAI ZHIZHOU)
NRIC No	S8904132E
Date Of Birth	06/02/1989
Occupation	INDOOR
Date Of Driving Pass	24/09/2008
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97425003
Fax Number	
Contact Number	OTHERS-96997081
EMail Address	JAVIERTAI89@GMAIL.COM

Address	BLK 34 TELOK BLANGAH WAY #12-1078
Postcode	090034
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	WET

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX288E
Vehicle Make/Model/Colour	BMW 5 SERIES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN KOK SIANG (CHEN GUOXIANG)
NRIC/Passport Number	S8021097C
Contact Number	98369756
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

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.

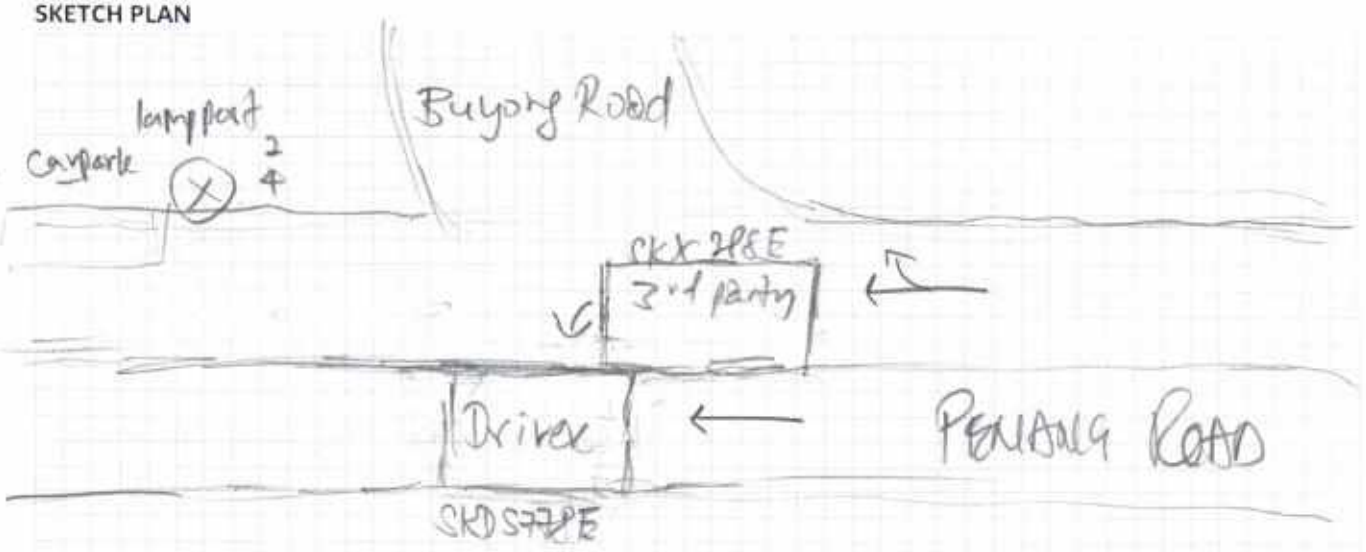
   (e) the information so collected under (d) above may be shared / disclosed:

   (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:	Driver's Signature (If driver is not the policyholder) Date & Time:	16/04/2018 Reporting Centre Personnel's Signature Name: NRIC/FIN No.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was a cloudy morning and the floor was wet, while turning toward penang road, I was driving straight along penang road and I'm traveling at a normal speed which I intend to travel towards the carpark at the right side along penang road (lamppost 24), I make my way slowly towards the right side knowing it was clear at the side, next moment while I'm traveling, halfway an BMW (3rd party) accelated into my way to cause a bang to my rear side of the car, where the 3rd party driver fails to ensure safety and practice due diligent when driving which cause the accident.

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: Reshi Watson NRIC/FIN No.:

16/04/2018

Claim Handling

+Exit

Accident MT/0990488

Policy No.	5089444070	Vehicle No.	SKD5778E	GST Registration No.	
Policyholder Name	TAI WAI SIONG, LUVENA			Policyholder NRIC	S8629415Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	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(%)	0	Private Hire	Not available

Accident Details

Report Date	16/04/2018 14:05	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	15/04/2018	Time of Accident hh:mm	10:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
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	23 DELTA ROAD	Address 2	#17-07 DOMAIN 21	Address 3	SINGAPORE 169814
Address 4		Address Type	Singapore address	Post Code	169814
Unit No.	17-07	Related Policy Number	5089444070		

OI 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	TAI WAI SIONG, LUVENA	Insured NRIC	S8629415Z
Contact No.(Mobile)	96993081	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	wai-siong-luvena.tai@sc.com	OI Vehicle Number	SKD5778E	TP Vehicle Number	SKX288E
Claim Description	SKD5778E / SKX288E ON 15 Apr 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	Received
Date Registered	16/04/2018 15:01	Claim Close Date		Date Received	16/04/2018 00:00
Report Taken By	KOSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0990488	Claim No.	002
Last Doc. Received	Yes No	Upload Date	16/04/2018 15:11

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 16 Apr 2018 15:11	Photos	Normal	Photos 2018-4-16		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Apr 2018 15:11	Photos	Normal	Photos 2018-4-16		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Apr 2018 15:11	Photos	Normal	Photos 2018-4-16		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Apr 2018 15:11	Photos	Normal	Photos 2018-4-16		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B	Photos	Normal	Photos 2018-4-16		Edit

	UKIT MERAH)) on 16 Apr 2018 15:11				
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Apr 2018 15:11	Photos	Normal	Photos 2018-4-16	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Apr 2018 15:11	Photos	Normal	Photos 2018-4-16	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Apr 2018 15:11	Photos	Normal	Photos 2018-4-16	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Apr 2018 15:11	Photos	Normal	Photos 2018-4-16	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Apr 2018 15:11	Photos	Normal	Photos 2018-4-16	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Apr 2018 15:11	Photos	Normal	Photos 2018-4-16	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Apr 2018 15:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-16	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Apr 2018 15:02	SAS	Normal	SAS 2018-4-16	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: [15 / 04 / 2018] (DD/MM/YYYY), TIME: [10 : 00] (HH:MM)

LOCATION: ~~Bukyong Road~~ ALONG PENIONG ROAD

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKD5778E
   b) INSURANCE COMPANY: ~~India Insurance (Int)~~ MSIG
   c) POLICY NUMBER: 5089446407
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: Volkswagen Scirocco 1.4 TSI
   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)
2. INSURED / POLICY HOLDER
   A) NAME: ~~Tai Chee Cho~~ TAI WAI SIONG, LUVENA (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8629415Z CONTACT: 96997081
   c) ADDRESS: 23 Defu Road #17-07
   Singapore 169814
   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (Including driver) (1)

3. DRIVER
   a) NAME: Tai Chee Cho (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8904132E CONTACT: 97425003
   c) ADDRESS: APT BLK 34 Telok Blangah Way #12-1078 Singapore 090034
   *d) DATE OF BIRTH: [06 / 02 / 1989] (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 24/09/2008
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SIBLING
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) (3)

   a) VEHICLE NUMBER: SKX288E MODEL: BMW 5 Series
   b) DRIVER'S NAME: Chan Kok Siang (Chen Guoxiang)
   c) NRIC/FIN/PASSPORT: S8021097C CONTACT: 98369756
9. THIRD PARTY VEHICLE

*No of passenger (Including driver) (___)

   d) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = jautertai89@gmail.com

fax =

VIDEO =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8904132E

Name

TAI CHEE CHO
(DAI ZHIZHOU)

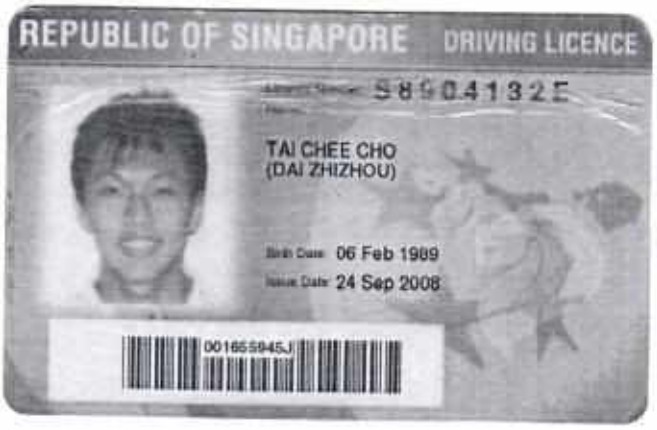
戴 祜 洲

Race
CHINESE

Date of birth
06-02-1989

Sex
M

Country of birth
SINGAPORE



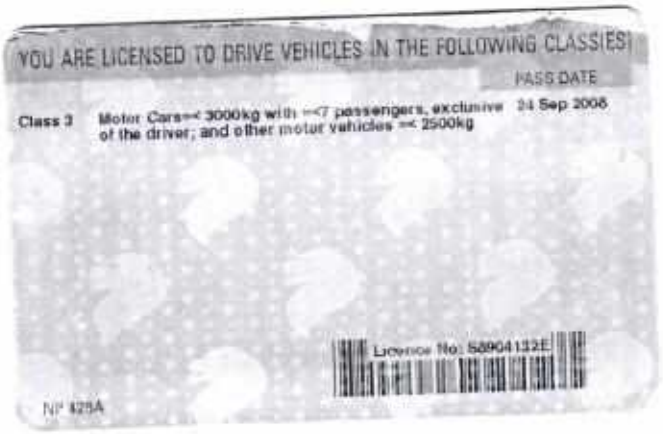
3475279

NRIC No. S8904132E

Date of issue
20-02-2004

APT BLK 34 TELOK BLANGAH WAY #12-1078
SINGAPORE 090034

NRIC No: S8904132E Date: 23/02/2010 No: 0417021



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) SKD5778E

Date of Accident 15/04/2018 14:00

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5089444070	TAI WAI SIONG, LUVENA	S8629415Z	GPC	drive CLASSIC	SKD5778E	SKD5778E	08/04/2017	15/06/2018

Continue

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MRAC1805017 Vehicle Registration No: SKD5778E

Name(as shown in NRIC) : TAI CHEAK CHO (DAI ZHIZHAO) NRIC/FIN/Passport No : S8904132E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 97425003

Email Address : _____

Date of Accident : 15/04/2018 Time of Accident : 10:10.

Place of Accident : AMK

Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TOYOTA SKANCH PLEASE

Policyholder / Driver's Signature
Date: 16/4/18

16/04/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:
Date: