NATIONAL Assessment Centre Services (NIAC) MIA4805059

Date In: 16/04/2018 18:46	Job description	Date & Time Completed	Done by
Ref No: NBA/MCL18007035/X	SAS e-filing		
Veh No: SKZ 2092D	E-mail (within 3hrs, A/C 1hr)		
D.O.A: 14/04/2018 15:00	I-Motor Claim Form	M7I0990617-002	17/04/2018 10:48
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: SJE 2286H INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

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

Confirmed by: (Date: Time:)

Insured/Driver Liability: (%) (Note: Bal 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:	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

Invoice Preparation Checklist

1) AR: Accident Reporting ($30):			
2) DA: Damage Assessment ($100): INC ($30)			
3) TF: Towing Fee	$40/$45		
4) FT: Follow Through Survey	$150		
5) FT: Follow Through Survey (Resurvey)	$50		
For claims against INC Only (w.e.f. 10 Jan 2010)			
6) TR: Re-Inspection	$35		
7) NI: Video DA + SMART Survey	$160		
8) NTUC Additional Services:			
Oth:			
*NI: Courtesy Car / Taxi Allowance	$5		
*NI: Repair Coordination	$10		
*NI: Post Repair Inspection	$35		
*NI: DV / Collision Vessel Coordination	$5		
ZE (NSI): TP (Non INC) against INC	$30		
9) NI: Video Mobile	$0		
Invoice dated / Invoice dated			

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-in-Charge):

Officer's Comments:

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	16/04/2018 19:46
Date Of Accident	14/04/2018 15:00
Exact Location Of Accident	BLK 409 ANG MO KIO AVENUE 10 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ2092D
Insured/Policyholder	
Name Of Registered Owner	SIM TECK WAH
NRIC No	S6838229G
Email Address	MICHAEL.TW.SIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97644644
Alternative Phone No	OTHERS-97644644
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY-2.5 (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	5087309818-01
Cover Note Number	
Driver	
Name of Driver	SIM TECK WAH
NRIC No	S6838229G
Date Of Birth	21/09/1968
Occupation	INDOOR
Date Of Driving Pass	12/07/1990
Driving Experience	27 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97644644
Fax Number	
Contact Number	OTHERS-97644644
EMail Address	MICHAEL.TW.SIM@GMAIL.COM

Address	BLK 105 TOWNER ROAD #24-386
Postcode	321105
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 - HEAD ON COLLISION
Weather Conditions	RAINING
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)	2
Passenger 1	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 (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	SJE2786H
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU CHIN BENG
NRIC/Passport Number	S7703052B
Contact Number	
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.
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.

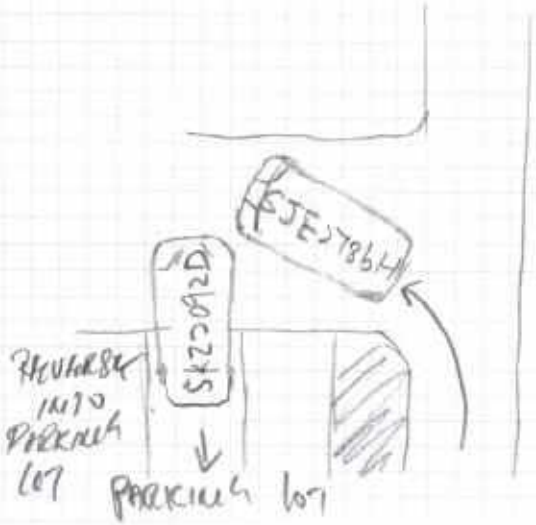
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 16/4/18	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 BIK 409 ANG MO KIO AVE 10 CAR PARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

14/4/18 3pm. Weather is wet & raining. I was reversing in parking lot. SJE2786H turned from my right side and bumped into my bumper.

~~the~~ Both cars stopped, and ~~went~~ took pictures around the ~~Damage~~ cars. The other driver insisted that he is not at fault.

The scratch mark suggests that SJE2786H was moving, whereas my car was practically stationary. I suspect the driver was not able to see me due to rain.

DECLARATION

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

Policyholder's Signature
Date & Time: 16/4/18

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

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

Claim Handling

‹ Exit

Accident MT/0990617

Policy No.	5087309818-01	Vehicle No.	SKZ2092D	GST Registration No.	
Policyholder Name	SIM TECK WAH			Policyholder NRIC	S68382290
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97644644	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not available

Accident Details

Report Date	17/04/2018 09:09	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head on collision
Date of Accident	14/04/2018	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 409 ANG MO KIO AVENUE 10 CARPARK				

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	BLK 105 #24-386	Address 2	TOWNER ROAD	Address 3	SINGAPORE 321105
Address 4		Address Type	Singapore address	Post Code	321105
Unit No.		Related Policy Number	5087309818-01		

OI Driver Info

Driver Name	SIM TECK WAH	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S68382290	Driver DOB	21/09/1968
Register Date of Driver License	01/01/2000	Driver Age	49	Driving Experience	18
Contact No.(Mobile)	97644644	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 105 #24-386	Address 2	TOWNER ROAD	Address 3	SINGAPORE 321105
Address 4		Address Type	Singapore address	Post Code	321105
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	SIM TECK WAH	Insured NRIC	S68382290
Contact No.(Mobile)	97644644	Contact No.(Home)	68939349	Contact No.(Office)	
Email Address	michael.tw.sim@gmail.com	OI Vehicle Number	SKZ2092D	TP Vehicle Number	SJE2788H
Claim Description	SKZ2092D / SJE2788H ON 14 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	17/04/2018 10:46	Claim Close Date		Date Received	17/04/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save | Submit

Attachment

Accident No.	MT/0990617	Claim No.	002
Last Doc. Received	Yes No	Upload Date	17/04/2018 10:48

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 17 Apr 2018 10:48	Photos		Normal	Photos 2018-4-17		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 10:48	Photos		Normal	Photos 2018-4-17		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 10:48	Photos		Normal	Photos 2018-4-17		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 10:48	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 10:47	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 10:47	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 10:47	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 10:47	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 10:47	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 10:47	Photos	Normal	Photos 2018-4-17	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 10:46	Photos	Normal	Photos 2018-4-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 10:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-17	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 Apr 2018 10:46	SAG	Normal	SAG 2018-4-17	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (14/04/18) (DD/MM/YYYY), TIME: (5PM:00) (HH:MM)

LOCATION: 409 AMK Car park

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKZ 2092 D
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: _____
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Toyota Camry
   f) TYPE: (SALOON / ~~COUPE / MPV / VAN / LORRY / MOTORCYCLE~~ / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / ~~COMMERCIAL / MOTORCYCLE~~)
   h) PURPOSE OF USING AT ACCIDENT TIME: _____
   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: SIM TECK WAH (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S6838229G CONTACT: 97644694
   c) ADDRESS: 105 Towner Rd ~~#00~~ #24-386 S321105

SOM

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) (2)

DRIVER
   a) NAME: AS ABOVE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
   c) ADDRESS: _____
   *d) DATE OF BIRTH: (21/09/1968) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / ~~OUTDOOR~~)
   f) DATE OF DRIVING PASS 1990

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
   a) VEHICLE NUMBER: SJE2786H MODEL: Toyota Altis
   b) DRIVER'S NAME: Lau Chin Beng
   c) NRIC/FIN/PASSPORT: S7703052B CONTACT: _____

* No of passenger (including driver) (1)

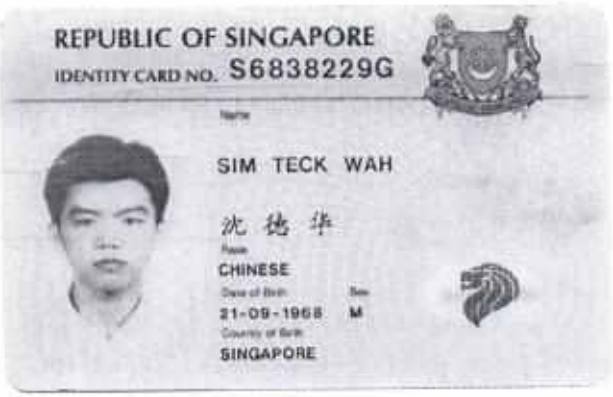
9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger (including driver) (___)

email = michael.tw.sim@gmail.com

fax = —

VIDEO = —



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6838229G

Name

SIM TECK WAH

沈德华

Race

CHINESE

Date of Birth

21-09-1968

Sex

M

Country of Birth

SINGAPORE

NRIC No. S6838229G

Blood Group

O+

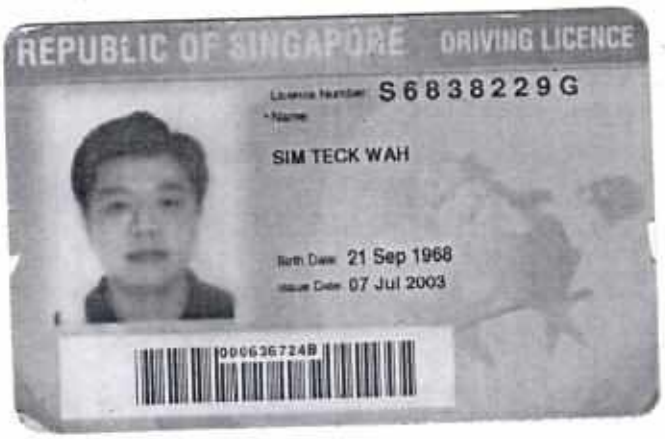
Date of Issue

14-10-1991

APT BLK 644 JELAPANG ROAD #04-82

SINGAPORE 670644

NRIC No: S6838229G Date: 06-09-1998 No: 2702956


REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number S6838229G
Name
SIM TECK WAH
Birth Date 21 Sep 1968
Issue Date 07 Jul 2003
0006367248


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
17 Jul 1990

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 14/04/2018 13:59
Vehicle No.(For Motor) SKZ2092D

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5087309818-01	SIM TECK WAH	S6838229G	GPC	drivo CLASSIC	SKZ2092D	SKZ2092D	14/01/2018	13/01/2019

Continue