

**NATIONAL Assessment Centre Services** (wef 1 Jan 2005)

Date In: <b>02/05/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC/18007995/13</b>	SAS e-filing		
Veh No: <b>SKMB106C</b>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: <b>30/04/18</b> <b>1930</b>	i-Motor Claim Form	<b>MT/0992709-001</b>	
OD: <b>(TP)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>PCJ039X</b>	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 ( ) / Towel-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

<b>Remarks:-</b> (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

<b>NA/18007995</b>	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); <b>INC (\$80)</b>		
<b>Contact No:</b>	3) TF : Towing Fee      \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey      \$120		
	5) FT : Follow-Through Survey (Resurvey)      \$30		
	<i>For claiming against INC Only (wef 10 Jan 2005)</i>		
	6) TR : Re-inspection      \$75		
	7) NI : Idac DA + SMRT Survey      \$160		
	8) NTUC Additional Services:-		
	OD*		
<b>QC Checked by (Engr-In-Charge):</b>	*N5: Courtesy Car / Tpt Allowance      \$5		
	*N6: Repair Co-ordination      \$10		
	*N7: Post Repair Inspection      \$25		
<b>Auditors' Comments :-</b>	*N8: DV / Collect Excess Coordination      \$5		
<b>Cat. 1:</b>	TP (N11) : TP (Non INC) against INC      \$20		
<b>Cat. 2 / 3:</b>	9) N12: Idac Mobile      30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## 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	02/05/2018 14:53
Date Of Accident	30/04/2018 19:30
Exact Location Of Accident	UBI AVE 1 NEAR BLK 301 LOADING BAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM8106C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIA CHAN QIANG
NRIC No	S9447936C
Email Address	CHANQIANG.SIA@NETROWORKZ.COM
Mobile Phone No	(LOCAL) +65-97541140
Alternative Phone No	OTHERS-97541140

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	POLO
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	5097780665
Cover Note Number	

### Driver

Name of Driver	WONG KIM HWA
NRIC No	S9236828I
Date Of Birth	09/10/1992
Occupation	INDOOR
Date Of Driving Pass	03/03/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81393774
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 438 YISHUN AVE 11 #05-178
Postcode	760438
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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 PARKED VEHICLE
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?	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

PLS REFER TO THE ATTACHED STATEMENT.

### 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	PC2039X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHD SUZAHAR BIN TAMBI
NRIC/Passport Number	S6800728C
Contact Number	84631773
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


## 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.

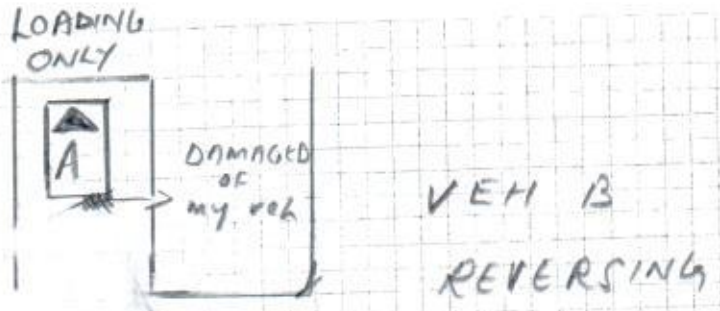
 02/05/2018  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

 02/05/2018  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 02/05/18  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

A - SKM8106C  
B - PCJ039X




UBI AREA 1  
LOADING BAY

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


PLS refer to the statement.

DECLARATION

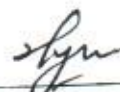
I/We declare the foregoing particulars are true in every respect.

 02/05/2018

Policyholder's Signature  
Date & Time:

 02/05/2018

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

 02/05/18

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

I PARKED MY VEH AT THE LOADING BAY AT UBI AVE 1 AROUND 18:00HRS. WHEN I CAME BACK AT 22:00HRS I SAW A NOTE ON MY WINDSCREEN, THE VEH B DRIVER SAID THAT HIS VEH HIT MY PARKED VEH WHEN HE WAS REVERSING HIS VEH. I MAKE THIS REPORT FOR INSURANCE CLAIMS.

Dear owner of vehicle SKM8106C  
I Mohd Suzahar accidentally hit ~~the~~ while reversing.  
The back of your vehicle and the right  
signal light cover broken and right  
bumper dented. I wait for  
you from 7:10pm and I have to  
move at 9pm. Pls call me at 84631773  
Sory.

# ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 04 / 2018) (DD/MM/YYYY), TIME: (19 : 30) (HH:MM)

LOCATION: UBS 301 AVE 1

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKM 8106 C  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 50 97 780 665  
d) POLICY TYPE: (~~COMPREHENSIVE~~) THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: VOLKSWAGEN / POLO  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE VEHICLE  
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: SIA CHAN QIANG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9447936C CONTACT: 97541140  
c) ADDRESS: EUNOS (PRESENT) BLK 18 #01-2893

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: WONG KIM HWA (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S923622JI CONTACT: 81393774  
c) ADDRESS: BLK 438 Yishun AVE 11 #05-178

\*d) DATE OF BIRTH: (09 / 10 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 3 Mar 2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIEND

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: PC2039X MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: B Mohd Subhan Bin RAMBI  
c) NRIC/FIN/PASSPORT: S6800728 C CONTACT: 84631773

## 9. THIRD PARTY VEHICLE

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

\*No of passenger  
(including driver)  
(0)

\*No of passenger  
(including driver)  
( )

\*No of passenger  
(including driver)  
( )

Email =

fax =





My Desktop  
Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5097780665	SIA CHAN QIANG	S9447936C	GPC	drivo CLASSIC	SKM8106C	SKM8106C	01/02/2018	31/01/2019

Continue

**Claim Handling**

Accident MT/0992709

Policy No.	S097780665	Vehicle No.	SKMB106C	GST Registration No.	
Policyholder Name	SIA CHAN QIANG	Cover Type	drive CLASSIC	Policyholder NRIC	S9447936C
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97541140	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Private Hire			Yes

▼ Accident Details

Report Date	02/05/2018 18:39	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	30/04/2018	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UBI AVE 1 NEAR BLK 301 LOADING BAY				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	2,500.00	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 18 #04-2893	Address 2	EUNOS CRESCENT	Address 3	SINGAPORE 400018
Address 4		Address Type	Singapore address	Post Code	400018
Unit No.	04-2893	Related Policy Number	S097780665		

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	09/10/1992
Unnamed driver Name	WONG KIM HWA	Driver NRIC	S9236828I	Driving Experience	0
Register Date of Driver License	09/10/2018	Driver Age	25	Contact No.(Home)	0
Contact No.(Mobile)	81393774	Contact No.(Office)	0	Address 3	YISHUN SPRING
Address 1	BLK 438	Address 2	YISHUN AVENUE 11	Post Code	760438
Address 4	SINGAPORE 760438	Address Type	Singapore address		
Unit No.	#05-178			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.			

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX

**New**

Claim Type *	OD-MX	Insured Name	SIA CHAN QIANG	Insured NRIC	S9447936C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	SKMB106C	TP Vehicle Number	PC2039X
Claim Description	SKMB106C / PC2039X ON 30 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	02/05/2018 00:00
Date Registered	02/05/2018 18:46	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

Print AK letter

Save Submit

Attachment

Accident No.	MT/0992709	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/05/2018 00:00
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 May 2018 18:45	Photos	Normal	Photos 2018-5-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 May 2018 18:45	Photos	Normal	Photos 2018-5-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 May 2018 18:45	Photos	Normal	Photos 2018-5-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 May 2018 18:45	Photos	Normal	Photos 2018-5-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 May 2018 18:45	Photos	Normal	Photos 2018-5-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 May 2018 18:45	Photos	Normal	Photos 2018-5-2

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window Scan and uploading