NATIONAL Assessment Centre Services (MT I NO) MN0418062743

Date In: 14/05/2018 16:57	Job description	Date & Time Completed	Done by
Ref No: NBO/NRC/OO88172/Y	SAS e-filing		
Veh No: SKC5854Z	E-mail (within 4hrs, AIO 2hrs)		
D.O.A.: 14/05/2018 08:15	I-Motor Claim Form	MN10994409-001	17/05/2018 09:56
OD / TP / Reporting Only	I-Motor W/O (within 00 2hrs, 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: (

TP Particulars: Veh No: SJL 7613 D , INC ( ) / Non-INC ( ) Tel: Fax:)

Owner / Driver: (

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

Confirmed by : (Date: Time:)

Insured/Driver Liability: (%) [Note: Bil, Sum (WO): N: 0-20%; P: 21-79%; P: 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: (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 | Action:

MA1803099

Claimant Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Officer's Comments:

Invoice Preparation Checklist		
1) AR: Accident Reporting ($30)		
2) DA: Damage Assessment ($100)	INC ($0)	
3) TF: Towing Fee		
4) FT: Follow-Through Survey		
5) FT: Follow-Through Survey (Resurvey)		
For claims excluded INC Only ($10 to $20)		
6) TR: Notification		
7) NI: (G/V DA + SMRT Survey)	$160	
8) NTUC Additional Survey (cost)		
OII:		
NI: Courtesy Car / Tpt Allowance		
NI: Repair Coordination		
NI: Post Repair Inspection		
NI: DY / Collect Vehicle Coordination		
TP (NI): TP (Non INC) against INC		
7) NI: Notes		
Invoice Date	Net Charged	

MNA418062743 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 14/05/2018 16:57
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 16/05/2018 09:48

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	14/05/2018 16:57
Date Of Accident	14/05/2018 08:15
Exact Location Of Accident	BLK 306A ANCHORVALE LINK RUBBISH CHUTE AREA
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKC5854Z
Insured/Policyholder	
Name Of Registered Owner	FON WAI CHUNG
NRIC No	S8276904H
Email Address	FONWAI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91272887
Alternative Phone No	OTHERS-91272887
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE
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	5060593870-04
Cover Note Number	
Driver	
Name of Driver	FON WAI CHUNG
NRIC No	S8276904H
Date Of Birth	13/08/1982
Occupation	INDOOR
Date Of Driving Pass	22/10/2009
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91272887
Fax Number	
Contact Number	OTHERS-91272887
EMail Address	FONWAI@HOTMAIL.COM

Address	BLK 306A ANCHORVALE LINK #09-103
Postcode	541306
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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)	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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL7613D
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO PUAY HING
NRIC/Passport Number	S7709822D
Contact Number	96346635
Address	
Postcode	

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.

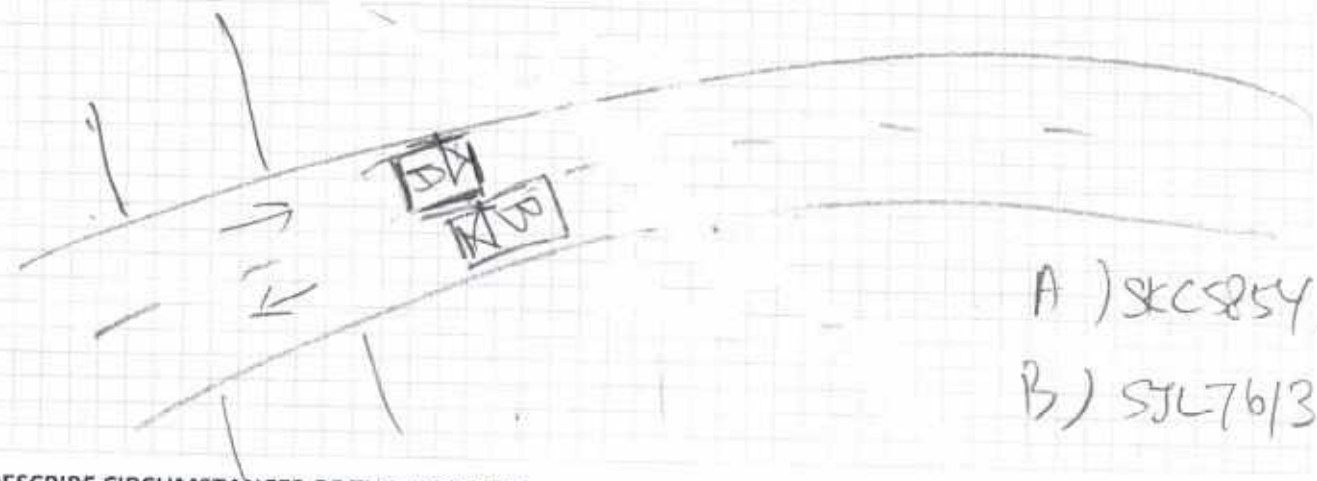
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 14/05/2018 14:20	Driver's Signature (If driver is not the policyholder) Date & Time: 14/05/2018 14:22	16/05/2018 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN BLK 306A ANCHORVALE LINK RUBBISH CHUTE AREA



A) SKC8542

B) SJL7613D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AFTER exiting carpark, I turned right and around the rubbish chute area in front of blk 306A, I didn't see the incoming vehicle. my right hand side car mirror collided with his right hand side car mirror. There is no damage to my vehicle. However, his right hand side car mirror seems to be loose. There is no other damage to his car, except some scratches on ~~to~~ his right hand car mirror.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 14/05/2018 14:12	(If driver is not the policyholder) Date & Time: 14/05/2018 14:12	Name: [illegible]
		NRIC/FIN No.: [illegible]

16/05/2018

Claim Handling

Accident MT/0994609 · Exit

Policy No.	5060593870-04	Vehicle No.	SKC5854Z	GST Registration No.	
Policyholder Name	FON WAI CHUNG			Policyholder NRIC	S8276904H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91272887	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(%)	40	Private Hire	No

Accident Details

Report Date	17/05/2018 09:52	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	14/05/2018	Time of Accident hh:mm	08:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	BLK 306A ANCHORVALE LINK RUBBISH CHUTE AREA				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0	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 306A #09-103	Address 2	ANCHORVALE LINK	Address 3	SINGAPORE 541306
Address 4		Address Type	Singapore address	Post Code	541306
Unit No.	09-103	Related Policy Number	5060593870-04		

OI Driver Info

Driver Name	FON WAI CHUNG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8276904H	Driver DOB	13/08/1982
Register Date of Driver License	22/10/2009	Driver Age	35	Driving Experience	8
Contact No.(Mobile)	91272887	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 306A #09-103	Address 2	ANCHORVALE LINK	Address 3	SINGAPORE 541306
Address 4		Address Type	Singapore address	Post Code	541306
Unit No.	09-103				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.	SKC5854Z	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 | New

Claim Type *	OD-MX	Insured Name	FON WAI CHUNG	Insured NRIC	S8276904H
Contact No.(Mobile)	91272887	Contact No.(Home)	NIL	Contact No.(Office)	65558458
Email Address		OI Vehicle Number	SKC5854Z	TP Vehicle Number	SJL7613D
Claim Description	SKC5854Z / SJL7613D ON 14 May 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	17/05/2018 09:55	Claim Close Date		Date Received	17/05/2018 00:00
Report Taken By	ROSLI WAHAB				

✓ Print AK letter

Save | Submit

Attachment

Accident No.	MT/0994609	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	17/05/2018 09:56

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

Attachment List

Send Message | Upload

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 May 2018 09:56	Photos	Normal	Photos 2018-5-17		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 May 2018 09:56	Photos	Normal	Photos 2018-5-17		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 May 2018 09:56	Photos	Normal	Photos 2018-5-17		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 09:56	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 09:56	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 09:56	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 09:56	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 09:56	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 09:56	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 09:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 09:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 09:56	SAS	Normal	SAS 2018-5-17	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 05 / 2018) (DD/MM/YYYY), TIME: (08 : 13) (HH:MM)

LOCATION: BLK 306A ANCHORVALE LINK RUBBISH CHUTE AREA

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: SKC 5854 Z
   b) INSURANCE COMPANY: NTUC INCOME
   c) POLICY NUMBER: 5060593870-04
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: KIA CERATO FORTE
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
   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: FON WAI CHUNG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8276904H CONTACT: 91272887
   c) ADDRESS: 306A, ANCHORVALE LINK #09-103 SINGAPORE 541306

WIFE SON

* 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: (12 / 08 / 1982) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS : 22/10/2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: CUSTOMER
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: SJL 7613D MODEL: MITSUBISHI
   b) DRIVER'S NAME: TEO PUAY HUNG
   c) NRIC/FIN/PASSPORT: S7709822D CONTACT: 96346635
9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

email = fonwai@hotmail.com

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8276904H

Name

FON WAI CHUNG

Race

CHINESE

Date of birth

13-08-1982

Sex

M

Country of birth

MALAYSIA

5766665

NRIC No. S8276904H

Nationality

MALAYSIAN

Date of issue

11-07-2006

APT BLK 306A ANCHORVALE LINK #09-103
SINGAPORE 541306

NRIC No: S8276904H Date: 05/12/2010 No: 6548194


REPUBLIC OF SINGAPORE DRIVING LICENCE
S8276904H
FON WAI CHUNG
13 Aug 1982
16 Dec 2014
002372543D


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg
22 Oct 2009
Licence No: S8276904H
NP 428A

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Policy Query

Policy No.

Vehicle No.(For Motor) SKC5854Z

Date of Accident 14/05/2018 16:56

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5060593870-04	FON WAI CHUNG	S8276904H	GPC	drive CLASSIC	SKC5854Z	SKC5854Z	13/09/2017	12/09/2018

Continue