NATIONAL Assessment Centre Services

Date In: 28/05/2018 09.47	Job description	Date & Time Completed	Done by
Ref No: NBO/MCC800 9600/Y	SAS editing		
Veh No: SKY 2722 R	E-mail		
D.O.A: 27/05/2018 11.05	I-Motor Claim Form	M1/0996083-001	28/05/2018 11:01
OD / TP / Reporting Only	I-Motor W/O		
	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: SJE 80127 Tel: Fax:)

Owner / Driver: (, INC ( ) / Non-INC ( )

Policy No: ( ) Period: ( ) Tel:)

Confirmed by: ( ) Cover Type: ( )

Date: Time:)

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

X01/803371

Further Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Other Comments:

Invoice Preparation Checklist

1) AR: Accident Reporting ($50)
2) DA: Damage Assessment ($100)
3) TF: Towing Fee
5) FT: Follow Through Survey
5) FT: Follow Through Survey (Resurvey)
For Inclusion against INC Only
6) TR: Building Review
7) NI: NI GVDA + SMRT Survey
1) NTUC Additional Survey
Oth
NI: Courtesy Car / Tpt Allowance
NI: Repair Consideration
NI: Post Repair Inspection
NI: DV / Collect Vessel Coordination
TP (NI) TP (Non INC) / collect INC
NI: Hot Mobile

Invoice dated / Not Charged

Invoice dated / Non 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 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	28/05/2018 09:47
Date Of Accident	27/05/2018 11:05
Exact Location Of Accident	CLEMENTI WEST STREET 2 BLK 721 PARKING LOT 265
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV2722R
Insured/Policyholder	
Name Of Registered Owner	WONG JOO HOE
NRIC No	S0248665B
Email Address	SWONGJH@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96352742
Alternative Phone No	OTHERS-96664173
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	5073410237-02
Cover Note Number	
Driver	
Name of Driver	SIM CHYE HIANG
NRIC No	S0083836E
Date Of Birth	04/07/1945
Occupation	INDOOR
Date Of Driving Pass	17/10/1968
Driving Experience	49 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96352742
Fax Number	
Contact Number	OTHERS-96664173
EMail Address	SWONGJH@SINGNET.COM.SG

Address	18 NEO PEE TECK LANE
Postcode	119049
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	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	SJE8012T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOH ENG JOO
NRIC/Passport Number	S1151815Z
Contact Number	97923566
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**.
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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.

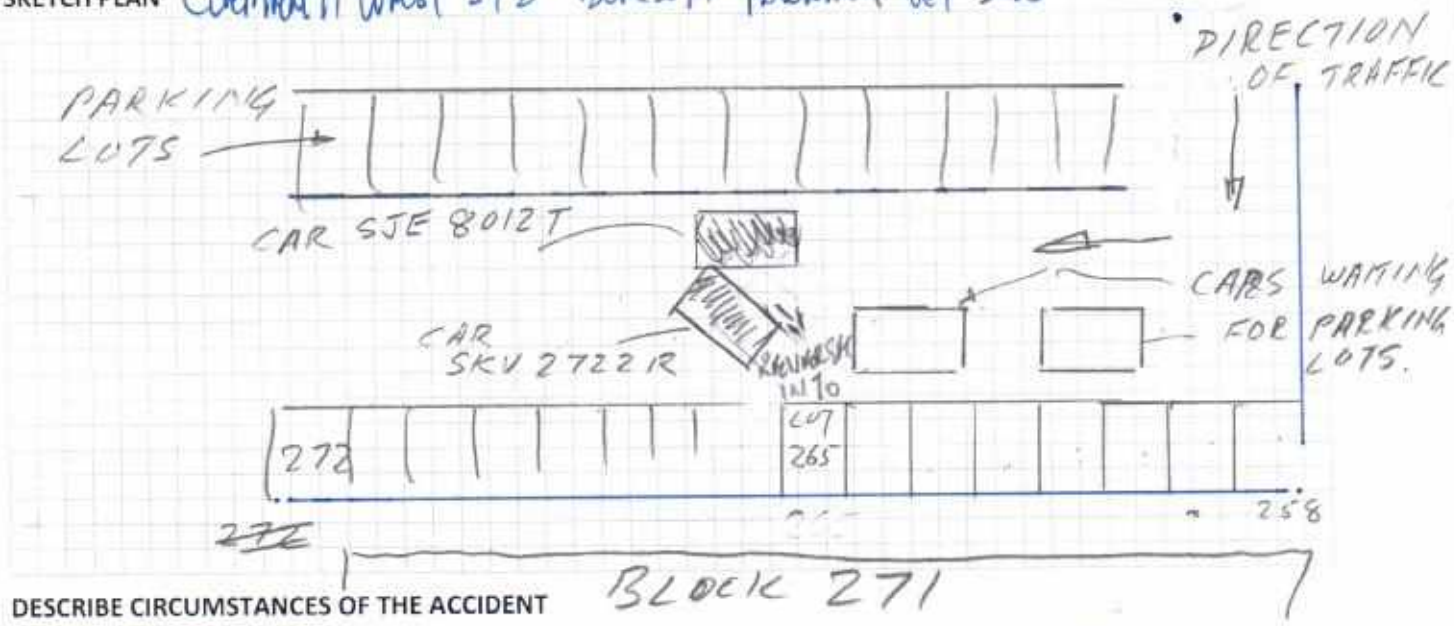
   (e) the information so collected under (d) above may be shared / disclosed:

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

SKETCH PLAN CLEMENTI WEST ST 2 BLK 271 PARKING LOT 265



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, Sim Chye Hiang was reversing into a car park lot No 265 at Clementi West St 2 Blk 721. Car lot no started at 258 to 272. There was 2 cars lined up behind me waiting for a free car lot. Suddenly this car No. SJE8012T came from the right overtaking the parked car behind mine and brush against my front car fender

No one was injured.

The damage on the car SJE 8012T was minor stretches on front door left hand side of his car. No dents etc.

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: NRIC/FIN No.:
		28/05/2018

Claim Handling

Exit

Accident MT/0996083

Policy No.	S073410237-02	Vehicle No.	SKV2722R	GST Registration No.	
Policyholder Name	WONG JOO HOE			Policyholder NRIC	S0248865B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96352742	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
EPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	28/05/2018 10:13	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	27/05/2018	Time of Accident hh:mm	11:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CLEMENTI WEST STREET 2 BLK 721 PARKING LOT 265				

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	18 NEO PEE TECK LANE	Address 2	SINGAPORE 119049	Address 3	
Address 4		Address Type	Singapore address	Post Code	119049
Unit No.		Related Policy Number	S073410237-02		

OI Driver Info

Driver Name	SIM CHYE HIANG	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S0083836E	Driver DOB	04/07/1945
Register Date of Driver License	16/10/1968	Driver Age	72	Driving Experience	49
Contact No.(Mobile)	96664173	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.	SKV2722R	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	WONG JOO HOE	Insured NRIC	S0248865B
Contact No.(Mobile)	96352742	Contact No.(Home)	67750106	Contact No.(Office)	
Email Address	swongjh@singnet.com.sg	OI Vehicle Number	SKV2722R	TP Vehicle Number	SJE8012T
Claim Description	SKV2722R / SJE8012T ON 27 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	28/05/2018 11:00	Claim Close Date		Date Received	28/05/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0996083	Claim No.	001
Last Doc. Received	Yes No	Upload Date	28/05/2018 11:01

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? (CD)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 May 2018 11:01	Photos		Normal	Photos 2018-5-28		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 May 2018 11:01	Photos		Normal	Photos 2018-5-28		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 May 2018 11:01	Photos		Normal	Photos 2018-5-28		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 11:01	Photos	Normal	Photos 2018-5-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 11:01	Photos	Normal	Photos 2018-5-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 11:01	Photos	Normal	Photos 2018-5-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 11:01	Photos	Normal	Photos 2018-5-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 11:00	Photos	Normal	Photos 2018-5-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 11:00	Photos	Normal	Photos 2018-5-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 11:00	Photos	Normal	Photos 2018-5-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 11:00	Photos	Normal	Photos 2018-5-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 11:00	SAS	Normal	SAS 2018-5-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 11:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-28	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 27 / 05 / 2018 (DD/MM/YYYY), TIME: (11 : 05 AM) (HH:MM)

LOCATION: Clementi West St2 Blk 721 Parking Lot 265

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKV 2722 R
   b) INSURANCE COMPANY: NTUC Income
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY / THIRD PARTY~~ FIRE & THEFT)
   e) MAKE & MODEL: Honda Vesel
   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)

(1)
NUMBER OF PASSANGER INCLUDING DRIVER

2. INSURED / POLICY HOLDER
   A) NAME: MR. Wong Joo Hoe (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S0248665B CONTACT: 96352742
   c) ADDRESS: 18 Nee Pee Teck Lane Spore 819049

   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER
   a) NAME: Mdm. Sim Chye Hiang (~~MALE~~ / FEMALE)
   b) NRIC/FIN/PASSPORT: 0085836JE CONTACT: 96664173
   c) ADDRESS: 18 Nee Pee Teck Lane Spore 119049

   *d) DATE OF BIRTH: (04 / 07 / 1945) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / ~~OUTDOOR~~)
   f) DATE OF DRIVING PASS : 17th October 1968
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (~~YES~~ / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: wife
5. a) WEATHER CONDITION: (CLEAR / ~~RAINING~~ / OTHERS clear)
   b) ROAD SURFACE: (DRY / WET / OTHERS dry)
6. WAS ANYBODY INJURED (~~YES~~ / NO)
7. a) REPORTED TO POLICE (~~YES~~ / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION: No

(1)
NUMBER OF PASSANGER INCLUDING DRIVER

8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: SJE 8012 T MODEL: Saloon
   b) DRIVER'S NAME: Soh Eng Joo
   c) NRIC/~~FIN~~/PASSPORT: S1151515Z CONTACT: ~~97923586~~ 97923586

( )
NUMBER OF PASSANGER INCLUDING DRIVER

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: ~~SJE 8012 T~~ MODEL: ~~Saloon~~
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

1) EMAIL : 3

2) VIDEO :

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0083836E

Name
SIM CHYE HIANG

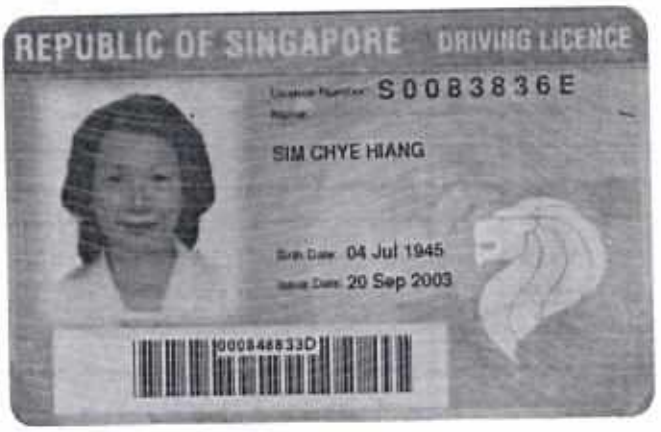
沈 再 香

Race
CHINESE

Date of birth
04-07-1945

Sex
F

Country/Place of birth
SINGAPORE

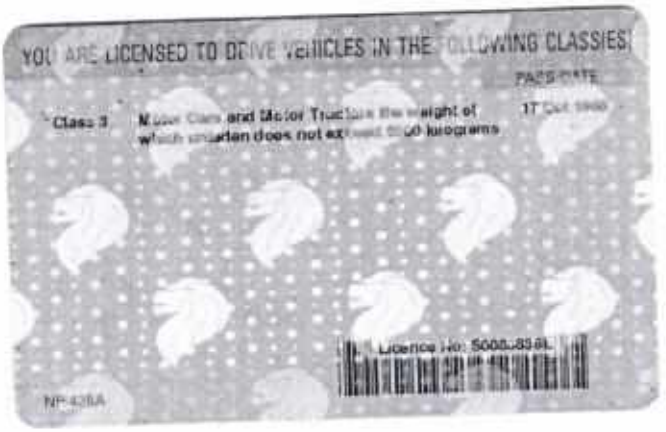


5895051

NRIC No. S0083836E

Date of issue
20-03-2018

Address
18 NEO PEE TECK LANE
SINGAPORE 119049



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) SKV2722R
Date of Accident 27/05/2018 09:44

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5073410237-02	WONG JOO HOE	S0248665B	GPC	drivo CLASSIC	SKV2722R	SKV2722R	08/09/2017	07/09/2018

Continue