NATIONAL Assessment Centre Services.

Date In: 28/05/2018 16:27	Job description	Date & Time Completed	Done by
Ref No: NBA/9NC/R009661/Y	GAS e-filing		
Veh No: SKD 5TRE	E-mail (within 4hrs, ACC 3hrs)		
DOA: 27/05/2018 13:40	I-Motor Claim Form	M1169962 54-001	28/05/2018 16:50
OD / TP / Reporting Only	I-Motor W/O (within OD 3hrs, TP 1hr)		
	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: SLF 2287C , INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

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

Confirmed by : (Date: Time:)

Insured/Driver Liability: (%) [Note: Bic 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 | Customers information strictly Confidential & Strictly NO (sale) of (repairs)

( ) Total Loss Case | to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) | Invoice: YES ( ) / NO ( ) | Towing Co: ( )

Remarks: INC hotline 6788 6016	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

NA1803377

Vehicle Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Invoice Preparation Check List

1) AR (Accident Reporting) ($30)

1) DA (Damage Assessment) ($100): INC

3) TP (Towing Fee)

4) FT (Follow-Through Survey)

5) FT (Follow-Through Survey) (Resurvey)

6) TR: Allowance

7) N: (Go DAY SHRT Survey)

1) NTUC Additional Survey(s)

Other:

(N) Courtesy Car / Tpt Allowance

(N) Repair Coordination

(N) Post Repair Inspection

(N) DV / Collision Coordination

(N) Hotline Handle

Invoice Total | Net Charge

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 16:27
Date Of Accident	27/05/2018 13:40
Exact Location Of Accident	WOODLANDS CHECKPOINT
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	S8629415Z
Email Address	JAVIERTAI89@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96993081
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	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	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 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96993081
Fax Number	
Contact Number	OTHERS-97425003
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : FRIEND 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	SLF2287C
Vehicle Make/Model/Colour	HONDA SHUTTLE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ROSSLI BIN OMAR
NRIC/Passport Number	
Contact Number	94239991
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.

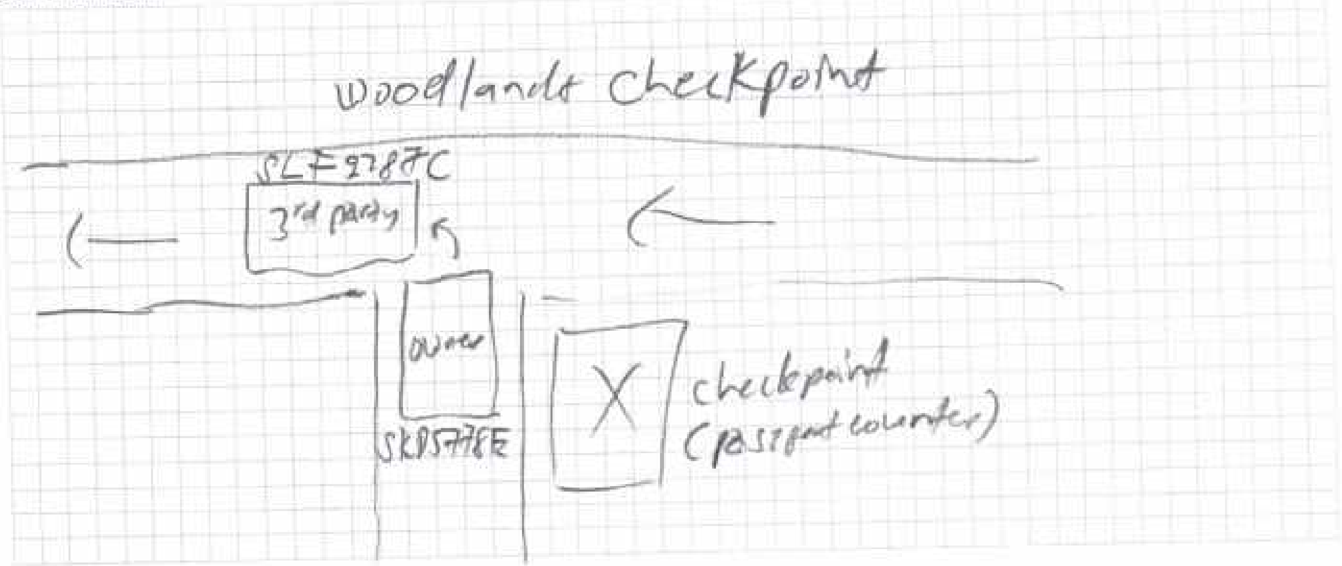
   (e) the information so collected under (d) above may be shared / disclosed:

   (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.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 28/05/18 14.02	28/05/2018 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 27th of May 2018 at around 1340Hrs I was at the Woodlands Checkpoint (passport gantry), weather was clear, the 3rd party vehicle (SLF228F7C) drove pass my vehicle and upon checking my front vision and the side was no vehicle, I then proceed to drive out of my lane. While turning out, and travelling suddenly the 3rd party jam brake and our vehicle collided together.

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:

28/05/2018

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

· Exit

Claim Handling

Accident MY/0996254

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)	96993081	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
KPK	● No ○ Yes	TCA	● No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	28/05/2018 16:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/05/2018	Time of Accident hh:mm	13:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS CHECKPOINT				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	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	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	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAI CHEE CHO (DAI ZHIZHOU)	Driver NRIC	S8904132E	Driver DOB	06/02/1989
Register Date of Driver License	06/09/2008	Driver Age	29	Driving Experience	9
Contact No.(Mobile)	97425007	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 37 #12-1078	Address 2	TELOK BLANGAH RISE	Address 3	SINGAPORE 090037
Address 4		Address Type	Foreign address	Post Code	090037
Unit No.	12-1078				
Does he own a Singapore Registered car?	○ Yes ● No	Driver Vehicle No.	SKD5778E	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	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	SLF2287C
Claim Description	SKD5778E / SLF2287C ON 27 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault ▼		
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	GIA report	Received ▼
Date Registered	28/05/2018 16:49	Claim Close Date		Date Received	28/05/2018 00:00
Report Taken By	ROSLI WAHAB				

○ Print AK letter

Save | Submit

Attachment

Accident No.	MT/0996254	Claim No.	001
Last Doc. Received	● Yes ○ No	Upload Date	28/05/2018 16:50

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 28 May 2018 16:50	Photos		Normal	Photos 2018-5-28		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 May 2018 16:50	Photos		Normal	Photos 2018-5-28		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 May 2018 16:50	Photos		Normal	Photos 2018-5-28		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 16:49	Photos	Normal	Photos 2018-5-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 16:49	Photos	Normal	Photos 2018-5-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 16:49	Photos	Normal	Photos 2018-5-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 16:49	Photos	Normal	Photos 2018-5-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 16:49	SAS	Normal	SAS 2018-5-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 16:49	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 13

ACCIDENT DATE: 27/05/2018 (DD/MM/YYYY), TIME: (~~11~~ 40) (HH:MM)

LOCATION: Woodlands checkpoint

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKJS778E
   b) INSURANCE COMPANY: NTUC Income
   c) POLICY NUMBER: 508944070
   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: Leisure
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

PAX 1 (M)

(2)
NUMBER OF PASSANGER INCLUDING DRIVER

2. INSURED / POLICY HOLDER
   A) NAME: Tai Wai Siong Luvena (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8629415Z CONTACT: 96993081
   c) ADDRESS: 23 Delta Road #17-07
   Singapore 169814
   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER
   a) NAME: Tai ~~Wai~~ Chee Cho (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8904172E CONTACT: 97425007
   c) ADDRESS: Blk 34 Telok Blangah Way
   #12-1078 S(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: Brother
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:

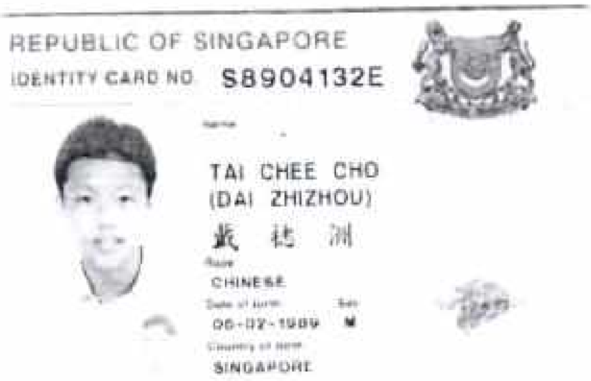
( )
NUMBER OF PASSANGER INCLUDING DRIVER

8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: SLF2287C MODEL: Honda Shuttle
   b) DRIVER'S NAME: Rosli Bin Omar
   c) NRIC/FIN/PASSPORT: - CONTACT: 94239991

( )
NUMBER OF PASSANGER INCLUDING DRIVER

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

1) EMAIL : jaulentai89@gmail.com
2) VIDEO : "NO"



REPUBLIC OF SINGAPORE
IDENTITY CARD NO S8904132E

TAI CHEE CHO
(DAI ZHIZHOU)
戴 志 洲

CHINESE

06-02-1989 M

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

S8904132E

TAI CHEE CHO
(DAI ZHIZHOU)

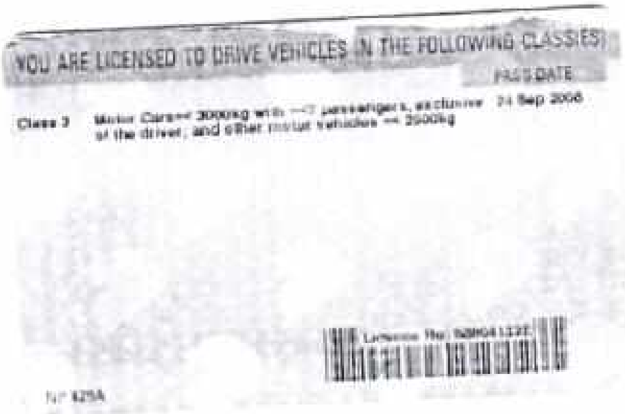
06 Feb 1989
24 Sep 2008

2471279

S8904132E

20-02-2004

APT BLK 34 TELOK BLANGAH WAY #12-1078
SINGAPORE 090034
NRIC No: S8904132E Date: 23/02/2010 No: 0417021



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars <= 3000kg with <=7 passengers, exclusive of the driver; and other motor vehicles <= 3500kg 24 Sep 2008

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 27/05/2018 16:23

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	drivo CLASSIC	SKD5778E	SKD5778E	08/04/2017	15/06/2018

Continue