NATIONAL Assessment Centre Services. MA18(ref no) MA184180071025

Date In: 01/06/2018 11:44

Ref No: NB9/INC18009916/Y

Veh No: SGC 1230 Y

D.O.A: 31/05/2018 19.05

OD / TP (Reporting Only)

TP Insurer:

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 3hrs, AIC 3hrs)		
I-Motor Claim Form	M1L0996185-001	01/06/2018 12.39
I-Motor W/O (within OD 3hrs, TP 1hr)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: SKU 3659P INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

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

Confirmed by : (Date: Time:)

Insured/Driver Liability: (%) (Note: BI, 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 ( ) / 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

MA1803477

Claimant Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Invoice Prepare Upon Checklist

1) AR: Accident Reporting ($30)
2) DA: Damage Assessment ($100) INC
3) TP: Towing Fee
4) FT: Follow-Through Survey
5) FT (Follow-Through Survey (Re-survey))
For claiming against INC Only
6) TR: Attendance
7) NI: (Re)DA + SMRT Survey
8) NTUC Additional Services
Bill
NI: Courtesy Car / Tpt Allowance
NI: Repair Co-ordination
NI: Post Repair Inspection
NI: DV / Collect/Deliver Coordination
TP (NI): TP (Non INC) against INC
9) NI: Other Notification

Invoice Date / Fee Charged

Invoice Ref / Fee Charged

Notes / Comments

MNA419071025 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 01/06/2018 11:44
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	01/06/2018 11:44
Date Of Accident	31/05/2018 19:05
Exact Location Of Accident	TELOK BLANGAH ROAD TURN RIGHT INTO ALEXANDRA ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGC1230Y
Insured/Policyholder	
Name Of Registered Owner	KUAH LIAN CHIN
NRIC No	S1057906F
Email Address	LAUJUCKKUN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97555511
Alternative Phone No	OTHERS-97555511
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SHARAN-2.0 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	5068226492-03
Cover Note Number	
Driver	
Name of Driver	LUA JUCK KUN
NRIC No	S7481026H
Date Of Birth	09/09/1974
Occupation	INDOOR
Date Of Driving Pass	20/11/1999
Driving Experience	18 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97555511
Fax Number	
Contact Number	OTHERS-97555511
EMail Address	LAUJUCKKUN@GMAIL.COM

Address	BLK 12 TELOK BLANGAH CRESCENT #01-96
Postcode	090012
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DAUGHTER IN LAW
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: : DAUGHTER GENDER: : FEMALE
Passenger 2	NAME: : FATHER IN LAW 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?	YES
Remarks/ Reasons:	FRONT VIEW ONLY
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU3659P
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.
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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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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.

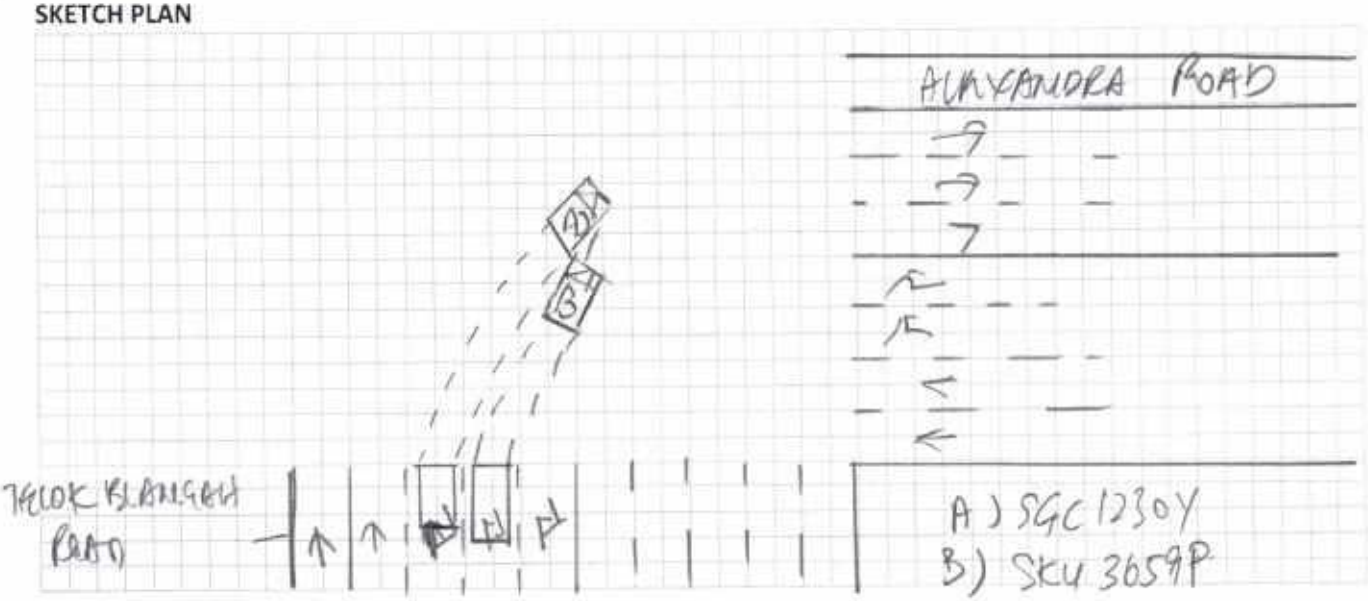
   (e) the information so collected under (d) above may be shared / disclosed:

   (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:	01/06/2018 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/5/18 at 19.05pm, When turning right at the junction of traffic light, my right side audi ~~car~~ car (SKU 3659P) suddenly turn to left ~~side~~, and bump to my right side car.

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.:
		01/06/2018

Claim Handling

Accident MT/0996785 · Exit

Policy No.	5068226492-03	Vehicle No.	SGC1230Y	GST Registration No.	
Policyholder Name	KUAH LIAN CHIN			Policyholder NRIC	S1057906F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	97555511	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No / Yes	TCA	No / Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	01/06/2018 12:36	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	31/05/2018	Time of Accident hh:mm	19:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TELOK BLANGAH ROAD TURN RIGHT INTO ALEXANDRA ROAD				

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 48 #13-107	Address 2	TELOK BLANGAH DRIVE	Address 3	SINGAPORE 100048
Address 4		Address Type	Singapore address	Post Code	100048
Unit No.	13-107	Related Policy Number	5068226492-03		

OI Driver Info

Driver Name	LAU JUCK KUN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7481026H	Driver DOB	09/09/1974
Register Date of Driver License	01/01/1996	Driver Age	43	Driving Experience	22
Contact No.(Mobile)	97555511	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.	SGC1230Y	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	KUAH LIAN CHIN	Insured NRIC	S1057906F
Contact No.(Mobile)	86176789	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SGC1230Y	TP Vehicle Number	SKU3659P
Claim Description	SGC1230Y / SKU3659P ON 31 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	01/06/2018 12:39	Claim Close Date		Date Received	01/06/2018 00:00
Report Taken By	ROSLI WAHAB				

✓ Print AR letter

Save | Submit

Attachment

Accident No:	MT/0996785	Claim No.	001
Last Doc. Received	Yes / No	Upload Date	01/06/2018 12:39

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 01 Jun 2018 12:39	Photos		Normal	Photos 2018-6-1		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Jun 2018 12:39	Photos		Normal	Photos 2018-6-1		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Jun 2018 12:39	Photos		Normal	Photos 2018-6-1		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Jun 2018 12:39	Photos	Normal	Photos 2018-6-1	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Jun 2018 12:39	Photos	Normal	Photos 2018-6-1	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Jun 2018 12:39	Photos	Normal	Photos 2018-6-1	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Jun 2018 12:39	Photos	Normal	Photos 2018-6-1	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Jun 2018 12:39	Photos	Normal	Photos 2018-6-1	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Jun 2018 12:39	Photos	Normal	Photos 2018-6-1	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Jun 2018 12:39	Photos	Normal	Photos 2018-6-1	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Jun 2018 12:39	Photos	Normal	Photos 2018-6-1	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Jun 2018 12:39	SAS	Normal	SAS 2018-6-1	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Jun 2018 12:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-1	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: [21 / 05 / 2018] (DD/MM/YYYY), TIME: [19 : 06] (HH:MM)

LOCATION: Alexandra Rd

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SGC 1230Y
   b) INSURANCE COMPANY: NTUC INCOME
   c) POLICY NUMBER: 506276492-03
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: VOLKSWAGEN
   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)

DAUGHTER FATHER IN LAW

(3)
NUMBER OF PASSANGER INCLUDING DRIVER

2. INSURED / POLICY HOLDER
   A) NAME: Kuah Lian Chin
   b) NRIC/FIN/PASSPORT: S1057904F (MALE / FEMALE) CONTACT: 97555511
   c) ADDRESS: Blk 48 Telok Blangah Drive #13-107 S(100048)

   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER
   a) NAME: Lau Juck Kun
   b) NRIC/FIN/PASSPORT: S7481026H (MALE / FEMALE) CONTACT:
   c) ADDRESS: Blk 12 Telok Blangah Crescent #01-95 S(090012)
   *d) DATE OF BIRTH: [09 / 09 / 1974] (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS :: 20-11-1999

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Daughter in law
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: SKU 3659P MODEL:
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:

( )
NUMBER OF PASSANGER INCLUDING DRIVER

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

1) EMAIL : lauluckkun@gmail.com
2) VIDEO :

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7481026H

LAU JUCK KUN

刘 鈞 均

Race
CHINESE

Date of Birth
09-09-1974

Sex
F

Country of Birth
MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7481026H

Name
LAU JUCK KUN

Birth Date 09 Sep 1974

Issue Date 09 Oct 2003

000907662D

8431238

NRIC No. S7481026H

Nationality
MALAYSIAN

Blood Group
O+

Date of Issue
19-12-2001

APT BLK 12 TELOK BLANGAH CRESCENT #01-95
SINGAPORE 090012

NRIC No: S7481026H Date: 14/05/2009 No: 6167737

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

		PASS DATE
Class 2:	Motorcycles not exceeding 200 cc	20 Nov 1999
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	20 Nov 1999

Licence No: S7481026H

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) SGC1230Y

Date of Accident 31/05/2018 11:43

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5068226492-03	KUAH LIAN CHIN	S1057906F	GPC	drivo PREMIUM	SGC1230Y	SGC1230Y	03/11/2017	02/11/2018

Continue