

NATIONAL Assessment Centre Services (wef 1 Jan 2005) **NA8418102860**

Date In: 20/08/2018 16:59	Job description	Date & Time Completed	Done by
Ref No: NA8418102860/151174	SAS e-filing		
Veh No: SDE 4487	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 19/08/2018 12:00	I-Motor Claim Form	my/1008023-001	20/08/2018 17:29
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SKE 32065 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 () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks: (INC hotline: 6788 6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date / Time	Actions

NA1805226

Claimant's Particulars:	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao 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	20/08/2018 16:59
Date Of Accident	19/08/2018 12:00
Exact Location Of Accident	27 BALMORAL ROAD CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDE448T
Insured/Policyholder	
Name Of Registered Owner	LOY CHEE KIT
NRIC No	S0014811C
Email Address	LOYCHEEKIT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96381963
Alternative Phone No	OTHERS-96381963

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
Exact Purpose for which vehicle was being used at time of accident	PARKING INTO MY LOT
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5002420845-13
Cover Note Number	

Driver

Name of Driver	LOY CHEE KIT
NRIC No	S0014811C
Date Of Birth	24/01/1951
Occupation	INDOOR
Date Of Driving Pass	18/10/1972
Driving Experience	45 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96381963
Fax Number	
Contact Number	OTHERS-96381963
Email Address	LOYCHEEKIT@GMAIL.COM

Address	27 BALMORAL ROAD #05-29
Postcode	259808
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	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	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	SKE3306S
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR MULAY
NRIC/Passport Number	
Contact Number	90820638
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

20/8/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

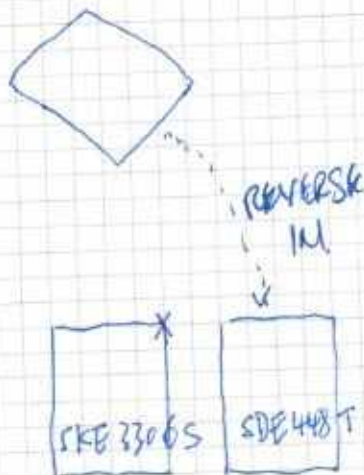
Name:

NRIC/FIN No.:

20/08/2018

Rashid Wahid

27 BALTIMORE ROAD CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I reversed into my car parking lot at 27 Balmoral Rd, Balmoral Tower car park at ~12pm on 19/8/2018.

I accidentally scratched on my neighbour's car parking on my left at the right ~~side~~ corner of the bumper. (Indicated as X)

front

I went and told my neighbour.

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

Policyholder's Signature: [Signature]
Date & Time: 20/8/18

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

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

Claim Handling

Accident MT/1008023

Policy No.	5002420845-13	Vehicle No.	SDE448T	GST Registration No.	
Certificate No.				Policyholder NRIC	S0014811C
Policyholder Name	LOY CHEE KIT	Cover Type	Third Party	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	96381963	Special Remark		eCode	No
Email Address		TCA	= No Yes	eCode Reason	
RFE	= No Yes	NCD Entitlement(%)	50	Private Hire	No
NCD Protection	Yes				
Accident Details					
Report Date	20/08/2018 17:21	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	19/08/2018	Time of Accident h:mm	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	27 BALMORAL ROAD CARPARK				
Benefits					
Excess					
Own Damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	27 BALMORAL ROAD	Address 2	#05-29 BALMORAL TOWER	Address 3	SINGAPORE 259808
Address 4		Address Type	Singapore address	Post Code	259808
Unit No.		Related Policy Number	5002420845-13		
01 Driver Info					
Driver Name	LOY CHEE KIT	Driver Type	Main Driver	Driver DOB	24/01/1951
Unnamed driver Name		Driver NRIC	S0014811C	Driving Experience	44
Register Date of Driver License	01/01/1974	Driver Age	67	Contact No.(Home)	
Contact No.(Mobile)	96381963	Contact No.(Office)		Address 3	SINGAPORE 259808
Address 1	27 BALMORAL ROAD	Address 2	#05-29 BALMORAL TOWER	Post Code	259808
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered Car?	Yes = No	Driver Vehicle No.	SDE448T		

Declaration

Breathalysar or Blood Test Reading?	0 mg	Any injury?	Yes = No
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Modification History

Claim 001

New

Claim Type *	OD-PK	Insured Name	LOY CHEE KIT	Insured NRIC	S0014811C
Contact No.(Mobile)	96381963	Contact No.(Home)	67333200	Contact No.(Office)	
Email Address	LOYCHEEKIT@GMAIL.COM	OT Vehicle Number	SDE448T	Vehicle Number	SKE33066
Claim Description	SDE448T / SKE33066 On 19 Aug 2018				
Preferred Workshop	BARBERS	Insured Utility	Fully at Fault	QA report	Received
BARBERS No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown		
Date Registered				Claim Close Date	20/08/2018 17:29
Report Taken By				Date Received	20/08/2018
Print AK letter					

Save Submit

Attachment

Accident No.	MT/1008023	Claim No.	001
Last Doc. Received	Yes No	Upload Date	20/08/2018 17:29
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S(BUKIT MERAH)) on 20 Aug 2018 17:29		Photos	Normal	Photos 2018-8-20



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 17:29

Photos

Normal

Photos 2018-8-20



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 17:29

Photos

Normal

Photos 2018-8-20



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 17:29

Photos

Normal

Photos 2018-8-20



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 17:29

Photos

Normal

Photos 2018-8-20



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 17:29

Photos

Normal

Photos 2018-8-20



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 17:29

Photos

Normal

Photos 2018-8-20



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 17:29

Photos

Normal

Photos 2018-8-20



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 17:29

Photos

Normal

Photos 2018-8-20



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 17:29

SAS

Normal

SAS 2018-8-20



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 17:29

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-8-20

Video List

Uploaded By/Date

Folder Date

File Name

?

Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 19/8/2018 (DD/MM/YYYY), TIME: 12:00 (HH:MM)

LOCATION: 27 Balmoral Rd Car Park

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDE 448T
b) INSURANCE COMPANY: Nin C Insurance
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: B200
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Parking into my lot
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: Loy Chee Kit (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S00/4811C CONTACT: 96381963
c) ADDRESS: 27 Balmoral Rd #05-29
S 259808

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: 24/01/1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 18/10/72

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

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: SKE 3306 S MODEL: VW
b) DRIVER'S NAME: Mr Muly
c) NRIC/FIN/PASSPORT: _____ CONTACT: 90820638

9. THIRD PARTY VEHICLE

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

Email = loycheekit@gmail.com

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0014811C



Name

LOY CHEE KIT

黎志傑

Race

CHINESE

Date of birth

24-01-1951

Sex

M

Country of birth

SINGAPORE



4037407

NRIC No. S0014811C



Date of issue
03-05-2007

Address

27 BALMORAL ROAD
#05-29
SINGAPORE 259808

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S0014811C

Name

LOY CHEE KIT

Birth Date: 24 Jan 1951

Issue Date: 17 Sep 2003



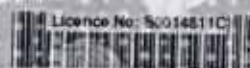
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

10 Oct 1972

N 438A



Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="19/08/2018 14:53"/>
Vehicle No.(For Motor)	<input type="text" value="SDE448T"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5002420845-13		LOY CHEE KIT	S0014811C	GPC	Third Party	SDE448T	SDE448T	01/10/2017	30/09/2018