

NATIONAL Assessment Centre Services

Date In: 27/08/2018 13:00	Job description	Date & Time Completed	Done by
Ref No: NA/INC18015493/KY	SAS e-filing		
Veh No: SKP9530M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/08/2018 10:30	i-Motor Claim Form	MT/1008977-002	28/8/18 10:05
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SL4983K	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:	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	Actions

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
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		
Cal 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cal 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON*		
	*N5: Courtesy Car / Tpt 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	27/08/2018 13:00
Date Of Accident	25/08/2018 10:30
Exact Location Of Accident	UPPER CHANGI RD TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP9530M
Insured/Policyholder	
Name Of Registered Owner	SONG CHIN CHAN
NRIC No	S1026690D
Email Address	WSONGCCHAN@AOL.ASIA
Mobile Phone No	(LOCAL) +65-97548723
Alternative Phone No	OTHERS-97548723

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	POLO 1.2L AT 6R14F7
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	5076664086-02
Cover Note Number	

Driver

Name of Driver	SONG CHIN CHAN
NRIC No	S1026690D
Date Of Birth	27/03/1946
Occupation	INDOOR
Date Of Driving Pass	04/08/1969
Driving Experience	49 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97548723
Fax Number	
Contact Number	OTHERS-97548723
Email Address	WSONGCCHAN@AOL.ASIA

Address	84 JALAN DAUD #05-03
Postcode	419593
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	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	
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLU983K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WANG YAN YI, ALISON
NRIC/Passport Number	S9028418E
Contact Number	90608081 / 90081846
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

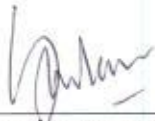
SKETCH PLAN


IMPORTANT NOTICE

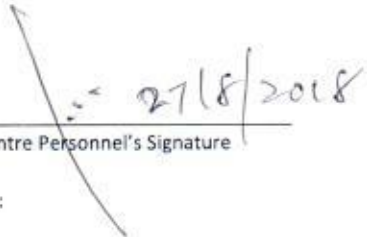
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:


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

SKETCH PLAN

Upper Changi Rd
toward Airport

Traffic Light
junction

Towards
Changi
Airport



Vehicles: A - SKP 9530M
B - SLU 983K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Attached Statement

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.:

Around 10:30am today I was driving along Upper Change Rd (UCR) towards Change airport.

Traffic was quite heavy. Speed about about 15 kmph.

After driving past traffic light T-junction between Chai Chee Rd & Upper Change Rd, I bumped lightly onto the back bumper of a white VW Golf, which brake suddenly in front of my car.

There were 4 occupants in that car namely the lady driver, a male adult front pax & 2 toddlers back passengers.

I was driving alone. No one was injured. Because of the low impact collision, her rear reg plate & my front reg plate had light scratches only. No other damages were visible on both cars.

I forgot to take a picture of the other party's rear reg plate, but its almost similar to my front reg plate photo (attached)

Pg 2/2

25.8.18 Sat 10.20am

Accident at Upper Changi Rd towards
Changi airport (in front of Chai Chee Clinic)

other party

- VW Golf (white)
SLU 983K
- Driver: Wong Yan Yi Alison (wife)
Lic: S9028418 E Tel: 90081846
- Husband (front pax) - Sam Seet
Tel: 90608081
- Back pax: 2 toddlers

My particulars

- VW Polo (red) - SKP9530M
- Solo Driver: Song Chin Chan
Lic: S1026690D

Pg 1/2

NOTICE OF REPORTING

This is to confirm that Song Chin Chan, NRIC/FIN S1026690D, has reported to the Police a non-injury traffic accident which

occurred along Upper Changi Road towards Changi Airport on 25.08.2018 at about 10.30am involving the following

vehicles:

- a. SKP9530M – Volkswagan POLO, Song Chin Chan, NRIC:S1026690D.
- b. SLU983K - Volkswagan (White) Golf, Wang Yan Yi, Alison, NRIC:S9028418E.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT Goh Shao Zhang

Date: 25.08.2018 Time: 6pm

S/D Ref: 24

Police Post/Unit : Alexandra NPP



Reported on 27/8/2018 @ 1305 hrs. ACCIDENT STATEMENT

ACCIDENT DATE: (25/8/2018) (DD/MM/YYYY), TIME: (10:30) (HH:MM)

LOCATION: Upper Chang Rd toward Chang Airport

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKP 9530M
- b) INSURANCE COMPANY:
- c) POLICY NUMBER:
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL:
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME:
- 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: (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: CONTACT:
- c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: CONTACT: 97548723
- c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

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: SL4983K MODEL:
- b) DRIVER'S NAME: Wong Yan Yi Alison CONTACT: 90608081
- c) NRIC/FIN/PASSPORT: CONTACT: 90081846

9. THIRD PARTY VEHICLE

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

Email: wsongcechan@aol.asia

Fax: wsongcechan@aol.asia

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1026690D



Name

SONG CHIN CHAN

宋錦泉

Race

CHINESE

Date of Birth

27-03-1946 M

Country of Birth

JOHORE

S1026690D

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1026690D

Name

SONG CHIN CHAN

Birth Date: 27 Mar 1946

Issue Date: 23 Apr 2004



001202933H



0342719



NRIC No: S1026690D

Blood Group Date of issue

A+ 12-05-1992

84 JALAN DAUD #05-03
SINGAPORE 419593

NRIC No: S1026690D

Date: 12/05/1986 (R)

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

PASS DATE

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

04 Aug 1969



Licence No: S1026690D

NP 428A

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number


Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5076664086-02		SONG CHIN CHAN	S1026690D	GPC	drive CLASSIC	SKP9530M	SKP9530M	18/01/2018	17/01/2019

 **Policy Information**

Policy No.	5076664086-02	Policyholder Name	SONG CHIN CHAN	Policyholder NRIC	S1026690D
Certificate No.					
Address	84 JALAN DAUD #05-03 WINDY HEIGHTS SINGAPORE 419593				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	29/12/2017	Effective Date	18/01/2018 00:00	Expiry Date	17/01/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	INCOME-BRANCH SERVICES	Agent Tel.	67886616	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 **Policyholder Mailing Address**

Address 1	84 JALAN DAUD	Address 2	#05-03 WINDY HEIGHTS	Address 3	SINGAPORE 419593
Address 4		Address Type	Singapore address	Post Code	419593
Unit No.		Related Policy Number	5076664086-02		

 **Insured Object: SKP9530M**
 **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1008977

Policy No.	5076664086-02	Vehicle No.	SKP9530M	GST Registration No.	
Certificate No.					
Policyholder Name	SONG CHIN CHAN			Policyholder NRIC	S102
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not a

Accident Details

Report Date	27/08/2018 17:26	Accident Report Within 24 hrs	Yes	Accident Type	Unkn
Date of Accident	25/08/2018	Time of Accident hh:mm	10:10	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEW UPPER CHANGI ROAD				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	84 JALAN DAUD	Address 2	#05-03 WINDY HEIGHTS	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4195
Unit No.		Related Policy Number	5076664086-02		

01 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	SONG CHIN CHAN	Insured NRIC	S102
Contact No.(Mobile)	97548723	Contact No.(Home)	67490837	Contact No.(Office)	
Email Address	wsongcc@singnet.com.sg	01 Vehicle Number	SKP9530M	TP Vehicle Number	SLU9
Claim Description	SKP9530M / SLU983K ON 25 Aug 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	Rece
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	28/0
Date Registered	28/08/2018 10:05	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1008977	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/08/2018 10:05
Path *		Category *	Confidential
			Urgency *

Browse... Clear Please Select NO Normal

Message Read

☰ Attachment List

28/8/2018