NATIONAL Assessment Centre Services [wef 1 Jan 03] MM4448117716

		Job description	Date & Time Completed	Done by
Date In:	29/08/2018 10:37	SAS e-filing		
Ref No	NBA/INC/18/05726/Y	E-mail (within 8hrs, AIC 2hrs)		
Veh No:	SKJ 5308 Y	i-Motor Claim Form	MT/1009728-001	29/08/2018 11:20.
D.O.A	17/08/2018 22:10	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD : (TP) Reporting Only		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: SHA 3007L 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)	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

NIA1805475

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
	$40/$45		
3) TF : Towing Fee	$120		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey)			
For claiming against INC Only (wef 10 Jan 2005)	$75		
6) TR : Re-inspection	$160		
7) N1 : Idne DA + SMRT Survey			
8) NTUC Additional Services:-			
OD*			
*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: Idne Mobile	30		[redacted]
Invoice dated	*Fee Charged*	[redacted]	
Invoice dated	*Fee Charged*		

MNA418111778 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 29/08/2018 10:37
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 29/08/2018 11:20

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	29/08/2018 10:37
Date Of Accident	17/08/2018 22:10
Exact Location Of Accident	OUTRAN ROAD TOWARDS CANTONMENT ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKJ5308Y
Insured/Policyholder	
Name Of Registered Owner	CHUA WEN YU JEAN
NRIC No	S1823366E
Email Address	TIGERTAY8@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92713135
Alternative Phone No	OTHERS-93696118
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E 200 BLUEEFFICIENCY
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	THIRD PARTY
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	5100297288
Cover Note Number	
Driver	
Name of Driver	TAY CHOK LENG, TIGER
NRIC No	S1557443G
Date Of Birth	19/07/1962
Occupation	INDOOR
Date Of Driving Pass	10/02/1984
Driving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93696118
Fax Number	
Contact Number	OTHERS-92713135
EMail Address	TIGERTAY8@GMAIL.COM

Address	BLK 110 SPOTTISWOODE PAR K ROAD #08-89
Postcode	081110
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	COLLISION - OPENING DOOR OF 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)	4
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 3	NAME: : SON 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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA3007L
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LAW WENG CHUEN
NRIC/Passport Number	
Contact Number	98177854

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

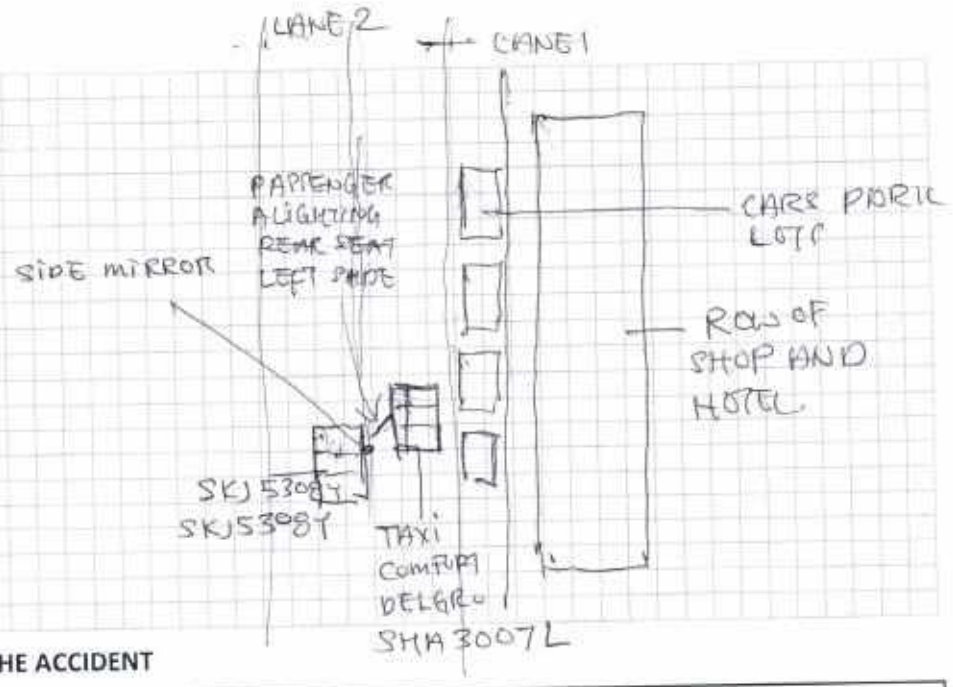
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:
29/8/18
10.43am

Driver's Signature
(If driver is not the policyholder)
Date & Time: 29/7/18
10.43AM

29/08/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON DATED 17/8/18, FRIDAY AT ABOUT 10.07 PM, I WAS DRIVING VEHICLE SKJ 5308Y ALONG OUTRAM ROAD TOWARDS CANTONMENT ROAD, I WAS DRIVING AT LANE 2 AT ABOUT 25 KM/H I SAW A MERCEDES UNDER COMFORT DELGRO CAR NUMBER PLATE SHA 3007L STOP AT LANE ONE, AS I SLOW DOWN TO MY VEHICLE, I HEARD A LOUD BANG, AGAINST MY VEHICLE, I THEN REALISE MY DRIVER SIDE MIRROR WAS HIT BY A PASSENGER ALIGHTING THE COMFORT DELGRO LEFT SIDE PASSENGER SEAT. THE PASSENGER IS A TOURIST AND HE WAS TRYING TO ALIGHT THE REAR ~~SID~~ OF THE LEFT SIDE OF THE TAXI COMFORT DELGRO.

WE ATTACHED SOME IMAGES OF THE ACCIDENT TOOK PLACE, WITH THE PASSENGER TRYING TO FIX UP MY DRIVER SIDE MIRROR FOR PERUSAL

DECLARATION

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

Policyholder's Signature
Date & Time:
29/8/18
11.05.9pm

Driver's Signature
(If driver is not the policyholder)
Date & Time: 29/8/18
10.03AM

29/08/2018

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

Claim Handling

Accident MT/1009231

Policy No.	S100297288	Vehicle No.	SKJ5308Y	GST Registration No.	
Certificate No.					
Policyholder Name	CHUA WEN YU JEAN			Policyholder NRIC	S1823366E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92713135	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFN	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	29/08/2018 11:00	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	17/08/2018	Time of Accident hh:mm	22:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	OUTRAM ROAD TOWARDS CANTONMENT ROAD				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Uninamed Driver Excess	500.00	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	BLK 110 #08-88	Address 2	SPOTTISWOODE PARK ROAD	Address 3	SINGAPORE 081110
Address 4		Address Type	Singapore address	Post Code	081110
Unit No.		Related Policy Number	S100297288		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAY CHOK LENG, TIGER	Driver NRIC	S1558443G	Driver DOB	10/07/1962
Registar Date of Driver License	10/02/1984	Driver Age	56	Driving Experience	34
Contact No.(Mobile)	83696118	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 110 #08-89	Address 2	SPOTTISWOODE PARK ROAD	Address 3	SPOTTISWOODE PARK
Address 4	SINGAPORE 081110	Address Type	Foreign address	Post Code	081110
Unit No.	08-89				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SKJ5308Y	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	CHUA WEN YU JEAN	Insured NRIC S1823
Contact No.(Mobile)		S1899180	Contact No. (Home)	NIL	Contact No. (Office) NIL
Email Address		wanchua@inspiration.sg	OI Vehicle Number	SKJ5308Y	TP Vehicle Number SHA30
Claim Description		SKJ5308Y / SHA3007L ON 17 Aug 2018			Name of Preferred Workshop
Preferred Workshop			Insured Liability	Not at Fault	
Consent No. Finalisation	Yes	Registered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		29/08/2018 11:07	Claim Close Date		Date Received 29/08/
Report Taken By		ROSLI WAHAB			

Print AK letter

Save Submit

Attachment

Accident No.	MT/1009231	Claim No.	001
Last Doc. Received	Yes No	Upload Date	29/08/2018 11:26

Path *

		Category *	Confidential	Urgency *	Desc
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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_S00676| NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 11:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-29

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 11:26	SAS	Normal	SAS 2018-8-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Aug 2018 11:25	Photos	Normal	Photos 2018-8-29
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▼ Video List

Uploaded By/Date	Folder Date	File Name		Source

Display In New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 17/8/2018 (DD/MM/YYYY). TIME: 22:10 (HH:MM)

LOCATION: OUTRAM ROAD TOWARDS CANTONMENT ROAD

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKJ5308Y
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5100297288
   d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: MERCEDES E200
   f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
   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: CHUA WEN YU JEAN (MALE / (FEMALE))
   b) NRIC/FIN/PASSPORT: S1823366/G CONTACT: 92713135
   c) ADDRESS: 110 SPOTTISWOODE PARK ROAD #08-89 S(081110)

   * CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER

SON / DAUGHTER

3. DRIVER
   a) NAME: TAY CHOIC LENG, TIGER (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1557443/G CONTACT: 93696118
   c) ADDRESS: 110 SPOTTISWOODE PARK ROAD #08-89 S(081110)
   *d) DATE OF BIRTH: 19/07/1962 (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR) / OUTDOOR)
   f) DATE OF DRIVING PASS: 10 FEB 1984

No of passenger (including driver) (2)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / (NO))
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HUSBAND
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: SHA3007L MODEL: MERCEDES E250
   b) DRIVER'S NAME: LAW WENG CHUEN
   c) NRIC/FIN/PASSPORT: CONTACT: 98177854

No of passenger (including driver) ( )

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

No of passenger (including driver) ( )

email = tigertay8@gmail.com

fax = 6

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1557443G**

Name

TAY CHOK LENG, TIGER

鄭 拾 霖

Race
CHINESE

Date of birth
19-07-1962

Sex
M

Country/Place of birth
SINGAPORE

5861922

NRIC No. **S1557443G**

Date of issue
30-01-2018

Address
APT BLK 110 SPOTTISWOODE PARK ROAD
#08-89
SINGAPORE 081110

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 17/08/2018 10:34
Vehicle No.(For Motor): SKJ5308Y | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5100297288		CHUA WEN YU JEAN	S1823366E	GPC	drivo CLASSIC	SKJ5308Y	SKJ5308Y	30/04/2018	29/04/2019

Continue