

NATIONAL Assessment Centre Services

(wef: 1 Jan 2005)

19 MAY 18/157201

Date In: 01/10/2018 16:08	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBAF/MLB0177434	E-mail (within 3hrs, AIC 2hrs):		
Veh No: SUM 47E	i-Motor Claim Form: MT/1013779001		01/10/2018
D.O.A: 28/09/2018 12:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs):		16:22
OD: TPC Reporting Only	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: —	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

Claimant's Particulars :-	Invoice Preparation Checklist		Amnt (\$)	Amnt (\$)
			1st Bill	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			
	4) FT: Follow-Through Survey \$120			
	5) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	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 Mobiles \$0			
	Invoice dated	Fee Charged		

NBAF06235

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Pat 1:

Pat 2 / 3:

Invoice dated

Fee Charged

19 MAY 18/157201

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 Authorized 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	01/10/2018 16:08
Date Of Accident	28/09/2018 12:00
Exact Location Of Accident	AT 16 SPOTTISWOODE PARK ROAD GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM47E
Insured/Policyholder	
Name Of Registered Owner	CHIA PECK WEE
NRIC No	S1742535H
Email Address	PECKWEE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98188677
Alternative Phone No	OTHERS-98188677

Vehicle Particulars

Manufacturer	BMW
Model	520I
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	5102872565
Cover Note Number	

Driver

Name of Driver	CHIA PECK WEE
NRIC No	S1742535H
Date Of Birth	20/08/1966
Occupation	INDOOR
Date Of Driving Pass	24/10/1986
Driving Experience	31 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98188677
Fax Number	
Contact Number	OTHERS-98188677
Email Address	PECKWEE@YAHOO.COM

Address	16 SPOTTISWOODE PARK ROAD #32-02
Postcode	088661
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	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : DAUGHTER GENDER: : FEMALE

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

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: Reshika Wirodh
NRIC/FIN No.:

On Sep 28, 2018, I drove my car (SLK47E) to my ^{condo} ~~condo~~.
(the garage).
It did not open and after a while, the parking lifted up
and I drove into my condo. Suddenly, the garage dropped
on my car and create an deep impact.
I parked and check my car. there was a deep dent
on the right ~~side~~ side of the car near the windscreen.

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: Robert W.
NRIC/FIN No.:

Claim Handling

Accident MT/1013779

Policy No.	5102872565	Vehicle No.	SLM47E	GST Registration No.	
Certificate No.					
Policyholder Name	CHIA PECK WEE			Policyholder NRIC	S1742535H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	98188677	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Endowment(%)	50	Private Hrs	No
Accident Details					
Report Date	01/10/2018 16:20	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	26/09/2018	Time of Accident (hh:mm)	12:00	Country of Accident	Singapore
Reporting Centre		Orange force		ICM No.	
Accident Location	AT 1A SPOTTISWOODE PARK ROAD GANTRY				
Excess					
Own damage Excess	800.00	Additional Excess	500	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	800.00		
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 8 #07-26	Address 2	HOLLAND AVENUE	Address 3	SINGAPORE 271008
Address 4		Address Type	Singapore address	Post Code	271008
Unit No.		Related Policy Number	5102872565		
O1 Driver Info					
Driver Name	CHIA PECK WEE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1742535H	Driver DOB	20/08/1956
Register Date of Driver License	24/10/1986	Driver Age	32	Driving Experience	31
Contact No.(Mobile)	98188677	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 8 #07-26	Address 2	HOLLAND AVENUE	Address 3	SINGAPORE 271008
Address 4		Address Type	Singapore address	Post Code	271008
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SLM47E	Driver Insurer Company	MTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes + No		

Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Insured Liability

Not at Fault

GIA report

Received

Report Taken By

Print All letter

Save Submit

Attachment

Attachment List

Accident No.	MT/1013779	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	01/10/2018 16:22
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO *
Choose File	No file chosen	Please Select	NO *
Choose File	No file chosen	Please Select	NO *
Choose File	No file chosen	Please Select	NO *
Choose File	No file chosen	Please Select	NO *
Choose File	No file chosen	Please Select	NO *
Message Read		Please Select	NO *
Attachment List		Urgency	Normal
Attachment	Uploaded By/Date	Description	M
NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE B (BUKIT MERAH)) on 01 Oct 2018 16:22		Photos 2018-10-1	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 01 Oct 2018 16:22

Photos

Normal

Photos 2018-10-1

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 01 Oct 2018 16:22

Photos

Normal

Photos 2018-10-1

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 01 Oct 2018 16:22

Photos

Normal

Photos 2018-10-1

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 01 Oct 2018 16:22

Photos

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Photos 2018-10-1

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 01 Oct 2018 16:22

Photos

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Photos 2018-10-1

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 01 Oct 2018 16:22

Photos

Normal

Photos 2018-10-1

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 01 Oct 2018 16:22

Photos

Normal

Photos 2018-10-1

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 01 Oct 2018 16:22

SAS

Normal

SAS 2018-10-1

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 01 Oct 2018 16:22

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-10-1

Video List

Uploaded By/Date

Folder/Date

File Name



Source

Display in new Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 28/09/2018 (DD/MM/YYYY), TIME: 12:00 (HH:MM)

LOCATION: Spottiswoode Smiles Londo (16 Spottiswoode Park Rd)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLM47E
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5102872565
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) drivo premium
 e) MAKE & MODEL: BMW 520i
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: going home
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) REPORTING ONLY

2. INSURED / POLICY HOLDER

- DAUGHTER
 a) NAME: CHIA PECK WEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1742535H CONTACT: 98188677
 c) ADDRESS: 16 Spottiswoode Rd #32-02 S078661

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

No. of passengers
(including driver)
2

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

* d) DATE OF BIRTH: 20/07/66 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) not

f) DATE OF DRIVING PASS: not

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear

b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No. of passengers
(including driver)
1

a) VEHICLE NUMBER: _____ MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

No. of passengers
(including driver)
1

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

EMAIL = peckwee@yahoo.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1742535H



Name

CHIA PECK WEE

謝百偉

Race

CHINESE

Date of Birth

20-08-1966

Sex

M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1742535H

Name

CHIA PECK WEE

Birth Date: 20 Aug 1966

Issue Date: 23 Jan 2003



000164574C

2760125



NRIC No. S1742535H



Blood Group

O+

Date of issue

19-12-1995

16 SPOTTISWOODE PARK ROAD #32-02
SINGAPORE 088881

NRIC No: S1742535H

Date: 01/01/2018

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

24 Oct 1998



Licence No: S1742535H

Hello, NAC_BUKIT_MERAH_800676

[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 checked="" type="checkbox"/>	5102872565		CHIA PECK WEE	S1742535M	GPC	drive PREMIUM	SLM47E	SLM47E	23/08/2018	22/08/2019