

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MINA11814239

Date In: 2/1/18-16:40	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18-1998/24	SAS e-filing		
Veh No: 501783	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2/1/18-12:00	i-Motor Claim Form	MT/1018259-201	2/1/18 20:11
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: 48C30838	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% P: 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

NA1802116	Invoice Preparation Checklist	Ant (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	Int. Bill	Add. Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac 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: Idac Mobile \$0		
	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 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. 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	02/11/2018 16:40
Date Of Accident	02/11/2018 07:20
Exact Location Of Accident	SLIP RD BENDEMEER RD TWDS GEYLANG BAHRU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ1783J
Insured/Policyholder	
Name Of Registered Owner	GRESSA MAK WEIZHI
NRIC No	S7141671B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97970207
Alternative Phone No	OFFICE-97970207

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1622G5
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	5098414580
Cover Note Number	

Driver

Name of Driver	GRESSA MAK WEI ZHI
NRIC No	S7141671B
Date Of Birth	25/11/1971
Occupation	OUTDOOR
Date Of Driving Pass	11/06/2007
Driving Experience	11 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97970207
Fax Number	
Contact Number	OFFICE-97970207
EMail Address	NOEMAIL

Address	BLK 68 GEYLANG BAHRU #10-3217
Postcode	330068
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG BENDEMEER RD FILTERING ONTO GEYLANG BAHRU. SUDDENLY A VEHICLE TRAVELLING ALONG LANE 2 ILLEGALLY CUT ONTO MY LANE AND PROCEED FILTERING ONTO SLIP RD SO I JAMMED BRAKE TO AVOID COLLISION. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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	GBC3083B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	OH CHEE XIANG (HU ZHIXIANG)
NRIC/Passport Number	S7724151E
Contact Number	96793524
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

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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**.
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:

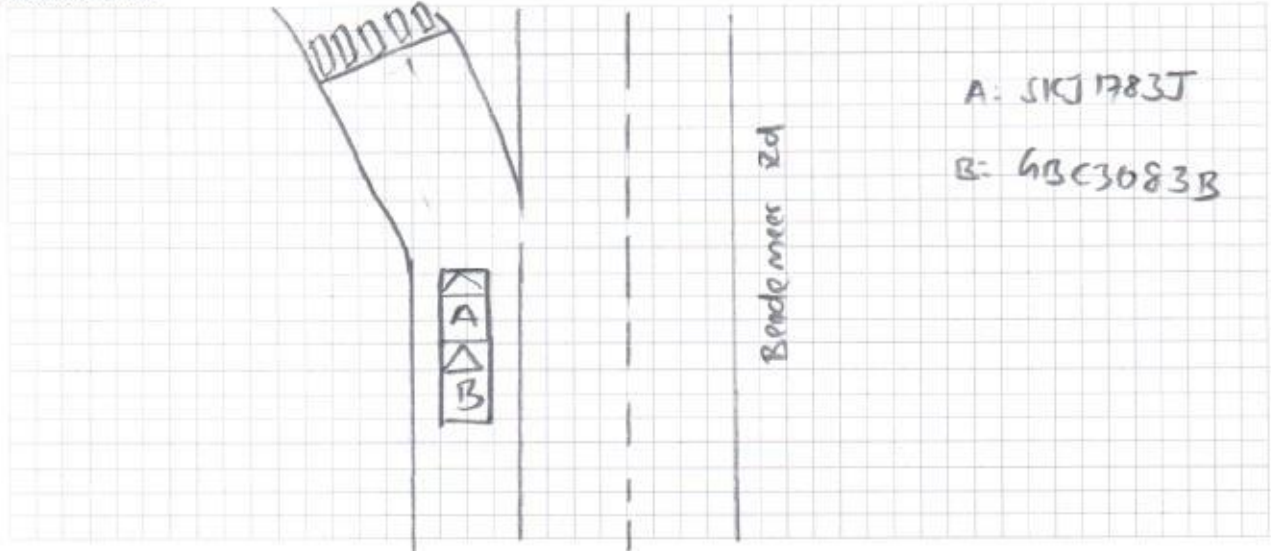
2/11/2018 5pm

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement.

DECLARATION

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

Policyholder's Signature
 Date & Time: 2/11/2018 5pm

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

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7141671B**

Name: **GRESSA MAK WEI ZHI**

Birth Date: **25 Nov 1971**

Issue Date: **22 Feb 2013**

002154176F




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7141671B**

Name: **GRESSA MAK WEI ZHI**

麥 瑋 芝

Race: **CHINESE**

Date of birth: **25-11-1971**

Country of birth: **SINGAPORE**

Sex: **F**





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

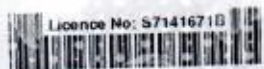
EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg

11 Jun 2007

Licence No: S7141671B

NP 428A



4421660

NRIC No. **S7141671B**

Date of issue: **08-06-2009**

APT BLK 68 GEYLANG BAHRU #10-3217
SINGAPORE 330068

NRIC No: **S7141671B**

Date: **08/11/2016**




eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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="02/11/2018 07:20"/>							
Vehicle No.(For Motor)	<input type="text" value="SKJ1783J"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098414580		GRESSA MAK WEIZHI	S7141671B	GPC	drivo CLASSIC	SKJ1783J	SKJ1783J	27/02/2018	26/02/2019
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5098414580	Policyholder Name	GRESSA MAK WEIZHI	Policyholder NRIC	S71416718
Certificate No.					
Address	BLK 68 #10-3217 GEYLANG BAHRU SINGAPORE 330068				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/02/2018	Effective Date	27/02/2018 00:00	Expiry Date	26/02/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 68 #10-3217	Address 2	GEYLANG BAHRU	Address 3	SINGAPORE 330068
Address 4		Address Type	Singapore address	Post Code	330068
Unit No.		Related Policy Number	5098414580		

▶ Insured Object: SKJ1783J

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	27/02/2018 00:00	Changing Commission Rate	Endorsement Take Effective	The commission rate (MOTOR ACT) has been changed from 0.15 to 0.12 on 27/02/2018.
2	27/02/2018 00:00	POI Move	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 27 Feb 2018 TO 26 Feb 2019

Continue

Cancel

Claim Handling

Exit

Accident MT/1018259

Policy No.	S096454580	Vehicle No.	SK117831	GST Registration No.	
Certificate No.					
Policyholder Name	GRESSA MAK WEIZHI	Cover Type	drive CLASSIC	Policyholder NRIC	S7141671B
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97970207	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	02/11/2018 20:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/11/2018	Time of Accident hh:mm	07:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD BENDEMEER RD TWDS GEYLANG BAHRU				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

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 68 #10-3217	Address 2	GEYLANG BAHRU	Address 3	SINGAPORE 330068
Address 4		Address Type	Singapore address	Post Code	330068
Unit No.		Related Policy Number	S096454580		

or **OI Driver Info**

Driver Name	GRESSA MAK WEI ZHI	Driver Type	Main Driver	Driver DOB	25/11/1971
Unnamed driver Name		Driver NRIC	S7141671B	Driving Experience	11
Register Date of Driver License	11/06/2007	Driver Age	46	Contact No.(Home)	0
Contact No.(Mobile)	97970207	Contact No.(Office)	0	Address 3	SINGAPORE 330068
Address 1	BLK 68	Address 2	GEYLANG BAHRU	Post Code	330068
Address 4		Address Type	Singapore address		
Unit No.	10-3217				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	GRESSA MAK WEIZHI	Insured NRIC	S7141671B
Contact No.(Mobile)	97970207	Contact No.(Home)	67289537	Contact No.(Office)	
Email Address		OI Vehicle Number	SK117831	TP Vehicle Number	GBC30838
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SK117831 / GBC30838 ON 2 Nov 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	02/11/2018 20:11	Claim Close Date		Date Received	02/11/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1018259	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/11/2018 20:14

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal	

Attachment List							
	Uploaded By/Date	Category		Urgency	Description	Mag Sent? (CO)	Action
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Nov 2018 20:14	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-11-2		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Nov 2018 20:13	SAS		Normal	SAS 2018-11-2		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Nov 2018 20:12	Photos		Normal	Photos 2018-11-2		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Nov 2018 20:12	Photos		Normal	Photos 2018-11-2		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Nov 2018 20:12	Photos		Normal	Photos 2018-11-2		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Nov 2018 20:12	Photos		Normal	Photos 2018-11-2		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Nov 2018 20:12	Photos		Normal	Photos 2018-11-2		Edit
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	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Nov 2018 20:12	Photos		Normal	Photos 2018-11-2		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Nov 2018 20:12	Photos		Normal	Photos 2018-11-2		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Nov 2018 20:11	Photos		Normal	Photos 2018-11-2		Edit
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	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Nov 2018 20:11	Photos		Normal	Photos 2018-11-2		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Nov 2018 20:11	Photos		Normal	Photos 2018-11-2		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 02 Nov 2018 20:11	Photos		Normal	Photos 2018-11-2		Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
		Display in New Window	Scan and uploading		