

NATIONAL Assessment Centre Services. [ver 1 Jan'05] MVA 11F147027

Date In: 13/11/18 15:57	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18020545/14	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SMD 1124 U	I-Motor Claim Form	MTI 1019661 201	14/11/18 09:01
D.O.A: 12/11/18 18:05	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> 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: PC 8286J	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:	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

NA1807432	Invoice Preparation Checklist	Am't (\$)	Ref Bill	Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		30-00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: 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) NI: 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 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	13/11/2018 15:57
Date Of Accident	12/11/2018 18:05
Exact Location Of Accident	JUNC OF KIM SENG RD & HAVELOCK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD1124U
Insured/Policyholder	
Name Of Registered Owner	VENUEFEST SERVICE
Co Reg No	53358071D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93688797

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD 2.5SC CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103137270
Cover Note Number	-

Driver

Name of Driver	TENG WAI CHONG
NRIC No	S7037140E
Date Of Birth	29/10/1970
Occupation	OUTDOOR
Date Of Driving Pass	04/07/1996
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82983783
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	99 LORONG TANGGAM
Postcode	798788
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

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?	YES
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)	6
Passenger 1	NAME: : PEI JUAN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 5	NAME: : UNKNOWN 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

I WAS TRAVELLING ALONG KIM SENG RD ON THE THIRD LANE WHILE CROSSING THE JUNCTION OF KIM SENG RD & HAVELOCK RD, SUDDENLY A VEH FROM MY RIGHT LANE INTEND TO FILTER INTO MY LANE, AS SUCH I SLOW DOWN TO GIVE WAY TO THE VEH, ALL OF A SUDDEN, I FELT AN IMPACT FROM MY LEFT HAND SIDE. AFTER THE INCIDENT, I REALIZED VEH B (BEARING NO PC8286J) ON THE SECOND LANE MAKE A WIDE LEFT TURN CUT INTO MY LANE AND HIT ONTO MY VEH LEFT HAND SIDE.

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 Witness 1

Name	PEI JUAN
Phone Number	98895374
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC8286J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TENG WAI CHONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMD1124U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.



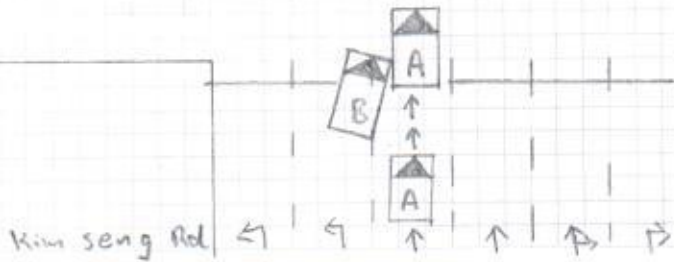
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Havelock Rd



A = SMD 1124U

B = PC 8286J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to 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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7037140E



Name

TENG WAI CHONG

鄧偉聰

Race

CHINESE

Date of birth

29-10-1970

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7037140E

Name

TENG WAI CHONG

Birth Date 29 Oct 1970

Issue Date 16 Sep 2005



3776808

NRIC No. S7037140E



Date of issue

16-09-2005

99 LORONG TANGGAM
SINGAPORE 798788

NRIC No. S7037140E

Date: 11/03/2008

No: 5984564

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

Class 3

Motor cars <= 3000 kg with <= 7 passengers,
exclusive of the driver; and motor tractors
/vehicles <= 2500 kg

PASS DATE

04 Jul 1996

NP 428A



Hello, NAC_PAYA_UBI_800601

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

Policy No.

Date of Accident

12/11/2018 15:45

Vehicle No.(For Motor)

SMD1124U

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"/>	5103137270		VENUEFEST SERVICE	53358071D	GPC	drivo CLASSIC	SMD1124U	SMD1124U	21/08/2018	20/08/2019

Claim Handling

Accident MT/1019661

Policy No.	5103137270	Vehicle No.	SMD1124U	GST Registration No.	
Certificate No.				Policyholder NRIC	53358/
Policyholder Name	VENUEFEST SERVICE			Loading	0
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Contact No.(Home)	
Contact No.(Mobile)	93688797	Contact No.(Office)		eCode	No
Email Address		Special Remark		eCode Reason	
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	Private Hire	Yes
NCD Protection	No	NCD Entitlement(%)	0		

Accident Details

Report Date	14/11/2018 08:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	12/11/2018	Time of Accident hh:mm	18:05	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG OF KIM SENG RD & HAVELOCK RD				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		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	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 766 #12-354	Address 2	WOODLANDS CIRCLE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	730766
Unit No.		Related Policy Number	5103137270		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/10/
Unnamed driver Name	TENG WAJ CHONG	Driver NRIC	S7037140E	Driving Experience	22
Register Date of Driver License	04/07/1996	Driver Age	48	Contact No.(Home)	
Contact No.(Mobile)	82983783	Contact No.(Office)		Address 3	
Address 1	99 # LORONG TANGGAM	Address 2	SINGAPORE 798788	Post Code	798788
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	VENUEFEST SERVICE
Contact No.(Mobile)		Contact No.(Home)	NIL
Email Address		OT Vehicle Number	SMD1124U
Claim Description	SMD1124U / PC8286J ON 12 Nov 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	14/11/2018 08:58
			LIEW SHAN HUI

☐ Print AK letter

Attachment

Accident No. MT/1019661 Claim No. 001

Save Submit

Last Doc. Received

Yes No

Upload Date

14/11/2018 09:01

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category *

Confidential

Urgency *

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

















Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2018 09:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2018 09:01	SAS	Normal	SAS 2018-11-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2018 09:01	Photos	Normal	Photos 2018-11-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2018 09:01	Photos	Normal	Photos 2018-11-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2018 09:00	Photos	Normal	Photos 2018-11-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2018 09:00	Photos	Normal	Photos 2018-11-14
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2018 08:58	Photos	Normal	Photos 2018-11-14

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading