NATIONAL Assessment Centre Services. MNA4181Y9977

Date In: 20/4/2018 10:19	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/1802092/Y	SAS e-filing		
Veh No: SLF 9915C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 19/4/2018 17:35	I-Motor Claim Form	MY1020483001	20/4/2018 11:07
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: YP5002C 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	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	Action

NA6807593

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Cal. 1:

Cal. 2 / 3:

Invoice Preparation Checklist		Amt($) Payable	Amt($) Receivable
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($80)		
3) TP : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against UNC Only (wef 10 Jan 2005)	$75		
6) TR : Re-Inspection	$160		
7) N1 : Idas DA + SMRT Survey			
8) NTUC Additional Services:			
OD:			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Coordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idas 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 witholding 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	20/11/2018 10:19
Date Of Accident	19/11/2018 17:35
Exact Location Of Accident	ALONG EUNOS ROAD 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9915C
Insured/Policyholder	
Name Of Registered Owner	TENG ZEN YORK
NRIC No	S2199078G
Email Address	JOYZ71@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96832321
Alternative Phone No	OTHERS-96832321
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS
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	5094096666-01
Cover Note Number	
Driver	
Name of Driver	CHAN LIN FONG (CHEN LIANFANG)
NRIC No	S7141814F
Date Of Birth	27/10/1971
Occupation	INDOOR
Date Of Driving Pass	02/02/2001
Driving Experience	17 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96832321
Fax Number	
Contact Number	OTHERS-96832321
EMail Address	JOYZ71@HOTMAIL.COM

Address	BLK 66 TELOK BLANGAH DRIVE #13-208
Postcode	100066
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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)	5
Passenger 1	NAME: : COLLEGUE GENDER: : MALE
Passenger 2	NAME: : COLLEGUE GENDER: : FEMALE
Passenger 3	NAME: : COLLEGUE GENDER: : FEMALE
Passenger 4	NAME: : COLLEGUE 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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP5002C
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

Name of Driver	MASRI
NRIC/Passport Number	
Contact Number	96485748
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.

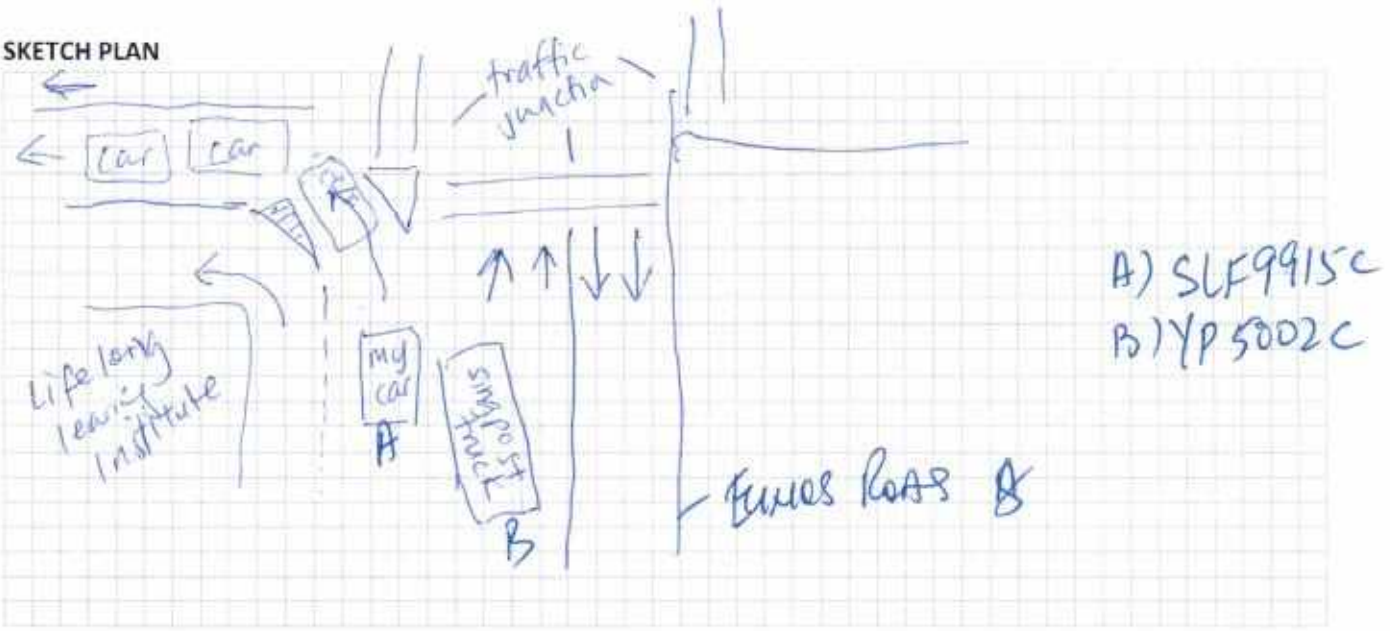
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 20/11/2018 9.24 am	Driver's Signature (If driver is not the policyholder) Date & Time: 20/11/2018 9.24am	20/11/2018 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car is ~~staying on left to~~ the left lane. My car is in front of the SingPost Truck. He is trying to cut in due to long q behind. I am on the correct left turn lane. The SingPost Truck is on the straight ahead lane but forcing his way. It has hit the right side of my car.
This is a familar road which I have been driving for the past 5 years

No one is injured.

Please refer ~~th~~ to the video submitted.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 20/11/2018 9.24 am	(If driver is not the policyholder) Date & Time: 20/11/2018 9.24 am	Name: Kadir Mohamed NRIC/FIN No.: 20/11/2018

Claim Handling

Accident MT/1020483

Policy No.	5094096666-01	Vehicle No.	SLF9915C	GST Registration No.	
Certificate No.					
Policyholder Name	TENG ZEN YORK			Policyholder NRIC	S2199078G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivu PREMIUM	Loading	0
Contact No.(Mobile)	96832321	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	20/11/2018 11:01	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	19/11/2018	Time of Accident hh:mm	17:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG EUNOS ROAD 8				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed 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 66 #130-208	Address 2	TELOK BLANGAH DRIVE	Address 3	SINGAPORE 100066
Address 4		Address Type	Singapore address	Post Code	100066
Unit No.		Related Policy Number	5094096666-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHAN LIN FONG (CHEN LIANFA	Driver NRIC	S7141814F	Driver DOB	27/10/1971
Register Date of Driver License	02/02/2001	Driver Age	47	Driving Experience	17
Contact No.(Mobile)	96832321	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 66 #13-208	Address 2	TELOK BLANGAH DRIVE	Address 3	BLANGAH VIEW
Address 4	SINGAPORE 100066	Address Type	Foreign address	Post Code	100066
Unit No.	13-208				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLF9915C	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *		OD-MK	Insured Name	TENG ZEN YORK	Insured NRIC S2199
Contact No.(Mobile)			Contact No. (Home)	NIL	Contact No. (Office)
Email Address			OI Vehicle Number	SLF9915C	TP Vehicle Number YP5002
Claim Description		SLF9915C / YP5002C ON 19 Nov 2018			Name of Preferred Workshop
Preferred Workshop		Insured Liability	Not at Fault		
Request for Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		20/11/2018 11:07	Claim Close Date		Date Received 20/11/
Report Taken By		ROSLI WAHAB			

Print AK letter

Save Submit

Attachment

Accident No.	MT/1020483	Claim No.	001
Last Doc. Received	Yes No	Upload Date	20/11/2018 11:07

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_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Nov 2018 11:07	Photos	Normal	Photos 2018-11-20

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Nov 2018 11:07	Photos	Normal	Photos 2018-11-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Nov 2018 11:07	Photos	Normal	Photos 2018-11-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Nov 2018 11:07	Photos	Normal	Photos 2018-11-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Nov 2018 11:07	Photos	Normal	Photos 2018-11-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Nov 2018 11:07	Photos	Normal	Photos 2018-11-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Nov 2018 11:07	Photos	Normal	Photos 2018-11-20
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Nov 2018 11:07	Photos	Normal	Photos 2018-11-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Nov 2018 11:07	Photos	Normal	Photos 2018-11-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Nov 2018 11:07	Photos	Normal	Photos 2018-11-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Nov 2018 11:07	SAS	Normal	SAS 2018-11-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Nov 2018 11:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-20

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 11 / 2018) (DD/MM/YYYY), TIME: (17 : 35) (HH:MM)

LOCATION: Eunos Rd 8

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SLF9915C
   b) INSURANCE COMPANY: Income
   c) POLICY NUMBER: 509409666
   d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY / THIRD PARTY FIRE & THEFT~~)
   e) MAKE & MODEL: Prius C
   f) TYPE: (SALOON / ~~COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS~~)
   g) VEHICLE CATEGORY: (PRIVATE / ~~COMMERCIAL / MOTORCYCLE~~)
   h) PURPOSE OF USING AT ACCIDENT TIME: Personal
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

1 M
3 F

2. INSURED / POLICY HOLDER
   A) NAME: Teng Zen York (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S7499078G CONTACT: 96832232
   c) ADDRESS: BIK 66 Telok Blangah Drive #13-208 S(100066)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) (5)

DRIVER
   a) NAME: Chan Lin Fong (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S7141814F CONTACT:
   c) ADDRESS: BIK 66 Telok Blangah Drive #13-208 S100066
   *d) DATE OF BIRTH: (27 / 10 / 1971) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / ~~OUTDOOR~~)
   f) ~~DATE~~ OF DRIVING PASS 28 Jan 2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (~~YES~~ / NO) Spouse
   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

No of passenger (including driver) (1)

   a) VEHICLE NUMBER: YP5002C MODEL: ISUZU
   b) DRIVER'S NAME: MASRI
   c) NRIC/FIN/PASSPORT: CONTACT: 96485748
9. THIRD PARTY VEHICLE

No of passenger (including driver) (__)

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

email = joyz71@hotmail.com
fax =
VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7141814F

CHAN LIN FONG
(CHEN LIANFANG)

陈 莲 芳

Race
CHINESE

Date of Birth
27-10-1971

Sex
F

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7141814F

Name
CHAN LIN FONG (CHEN LIANFANG)

Birth Date 27 Oct 1971

Issue Date 28 Jan 2003

0855163

NRIC No. S7141814F

Blood Group
B+

Date of issue
26-03-1993

APT BLK 66 TELOK BLANGAH DRIVE #13-208
SINGAPORE 100066

NRIC No: S7141814F Date: 18/05/2008 No: 5996074

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms	02 Feb 2001

Licence No: S7141814F

NP 426A

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: 19/11/2018 10:14
Vehicle No.(For Motor): SLF9915C | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5094096666-01		TENG ZEN YORK	S2199078G	GPC	drivo PREMIUM	SLF9915C	SLF9915C	19/09/2018	18/09/2019

Continue