NATIONAL Assessment Centre Services. [NAC] MAA4815695B

Date In: 04/12/2018 15:57	Job description	Date & Time Completed	Done by
Ref No: NBA/TNCC5021880/Y	SAS e-filing		
Veh No: SJM 2828D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 04/12/2018 08:10	I-Motor Claim Form	MT1022536001	04/12/2018 17:30
OD / (TP) / Reporting Only	I-Motor W/O (within 1 OD hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: SCA 8977S, INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: (Date: Time:)

Insured/Driver Liability: (%) [Note-Bst 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: Customers 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: [NAC Hotline: 6738 6016]	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	Action

NA1807928

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

I.C. Checked by (Engr-In-Charge):

Write-to-1 Comments:

1.

2/3:

Invoice Preparation Checklist	Amt($) Bill	Amt($) Credit Bill
1) AR: Accident Reporting ($30):		
2) DA: Damage Assessment ($100): INC ($20)		
3) TF: Towing Fee	$40/$45	
4) FT: Follow-Through Survey	$120	
5) FT: Follow-Through Survey (Resurvey)	$30	
For claims against INC Only (w.e.f 10 Jan 2018)		
6) TR: Re-Inspection	$75	
7) N1: Idev DA + SMART Survey	$160	
8) NTUC Additional Services:		
Q1):		
*N1: Courtesy Car / Tpt Allowance	$5	
*N2: Repair Co-ordination	$10	
*N3: Post Repair Inspection	$30	
*N4: DV / Collect Excess Coordination	$5	
TP (N1): TP (Non INC) against INC	$30	
9) N12: Idev Mobile	$0	
Invoice dated	Not Charged	
Invoice dated	Not Charged	

MNA418156958 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 04/12/2018 15:57
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	04/12/2018 15:57
Date Of Accident	04/12/2018 08:10
Exact Location Of Accident	SLE TOWARDS CITY B/F UPPER THOMSON EXIT 5 (300M)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM2828D
Insured/Policyholder	
Name Of Registered Owner	ER CHIANG MENG
NRIC No	S1817462F
Email Address	ER118118@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92965888
Alternative Phone No	OTHERS-92965888
Vehicle Particulars	
Manufacturer	BMW
Model	523I
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	5095688391-01
Cover Note Number	
Driver	
Name of Driver	ER CHIANG MENG
NRIC No	S1817462F
Date Of Birth	15/04/1967
Occupation	INDOOR
Date Of Driving Pass	06/07/1990
Driving Experience	28 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92965888
Fax Number	
Contact Number	OTHERS-92965888
EMail Address	ER118118@YAHOO.COM

Address	2 WOODGROVE DRIVE #04-14
Postcode	738207
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : NEIGHBOUR 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA8977G
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM WEI LIANG
NRIC/Passport Number	S8627239C
Contact Number	
Address	
Postcode	

Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLV2705D
Vehicle Make/Model/Colour	TOYOTA CHR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO ENG SENG
NRIC/Passport Number	S1661721J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJR4126G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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

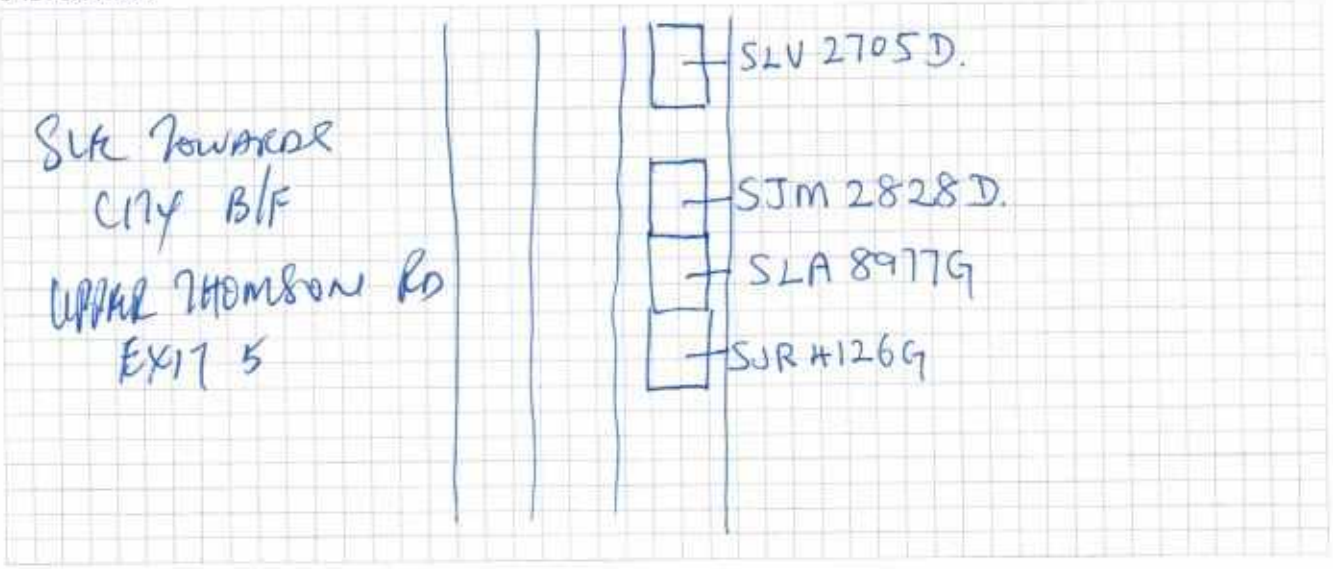
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 4/12/18 3:25 pm

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

Reporting Centre Personnel's Signature 04/12/2018
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I was travelling along SLE towards city before upp. Thomson Road EXIT 5 300m away, I brake my car as there is a jam infront, and I heard a "bang" on my car and my car moved forward and hit the car infront of my car.

After the accident, there is no injury, but both me & ~~me~~ 2 passenger felt a bit of neck strain.

DECLARATION

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

Policyholder's Signature
Date & Time: 3:30pm 4/12/18.

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

04/12/2018

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

Claim Handling

The premium on this policy has not been collected.

Accident MT/1022536

* Policy No.	5095688391-01	Vehicle No.	SJM2828D	GST Registration No.	
Certificate No.					
Policyholder Name	ER CHIANG MENG			Policyholder NRIC	S1817462F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92965885	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
eTK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	04/12/2018 16:28	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	04/12/2018	Time of Accident hh:mm	08:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLE TOWARDS CITY B/F UPPER THOMSON EXIT 5 (300M)				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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	2 WOODGROVE DRIVE	Address 2	#04-14 WOODGROVE CONDOM	Address 3	SINGAPORE 738207
Address 4		Address Type	Singapore address	Post Code	738207
Unit No.		Related Policy Number	5095688391-01		

OI Driver Info

Driver Name	ER CHIANG MENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1817462F	Driver DOB	15/04/1967
Regular Date of Driver License	15/04/1991	Driver Age	51	Driving Experience	27
Contact No.(Mobile)	92965885	Contact No.(Office)		Contact No.(Home)	
Address 1	2 WOODGROVE DRIVE	Address 2	#04-14 WOODGROVE CONDOM	Address 3	SINGAPORE 738207
Address 4		Address Type	Singapore address	Post Code	738207
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SJM2828D	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 OD-MX New

Claim Type *		OD-MX	Insured Name	ER CHIANG MENG	Insured NRIC S181
Contact No.(Mobile)		N2965885	Contact No. (Home)	62695868	Contact No. (Office)
Email Address		er@e-sgis.com	OI Vehicle Number	SJM2828D	TP Vehicle Number SLA8
Claim Description		SJM2828D / SLA8977G ON 4 Dec 2018			Name of Preferred Workshop
Preferred Workshop		Insured Liability	Not at Fault		
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		04/12/2018 16:32	Claim Close Date		Date Received 04/1
Report Taken By		ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired

Print AK letter

Save Submit

Attachment

Accident No.	MT/1022536	Claim No.	001
Last Doc. Received	Yes No	Upload Date	04/12/2018 17:30

Path *		Category *	Confidential	Urgency *	Des
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 04 Dec 2018 17:30	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:30	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:30	Photos	Normal	Photos 2018-12-4
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:29	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:29	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:29	Photos	Normal	Photos 2018-12-4
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:23	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:23	Photos	Normal	Photos 2018-12-4
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:22	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:22	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:22	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:22	Photos	Normal	Photos 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:22	SAS	Normal	SAS 2018-12-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2018 17:22	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-4

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (04 / 12 / 2018) (DD/MM/YYYY). TIME: (08 : 10) (HH:MM)

LOCATION: SLE TOWARDS CITY BEFORE UPP THOMSON EXIT 5 (300m)

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: SJM 2828D.
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5095688391-01
   d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY~~ / ~~THIRD PARTY FIRE & THEFT~~)
   e) MAKE & MODEL: BMW 523i
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO WORK.
   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: ER CHIANG MENG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1817462F CONTACT: 92965885
   c) ADDRESS: 2 WOODGROVE DRIVE #04-14 SC 738207).

WIFE (F)
MEI GHAN LI (F)

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

*No of passenger (including driver) (3)

3. **DRIVER**
   a) NAME: AS (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (15 / 04 / 1967) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 1990 6 JULY

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   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**
   a) VEHICLE NUMBER: SLA8977G MODEL: MAZDA 3.
   b) DRIVER'S NAME: SIM WEI HANG
   c) NRIC/FIN/PASSPORT: S8627239C CONTACT:

*No of passenger (including driver) (2)

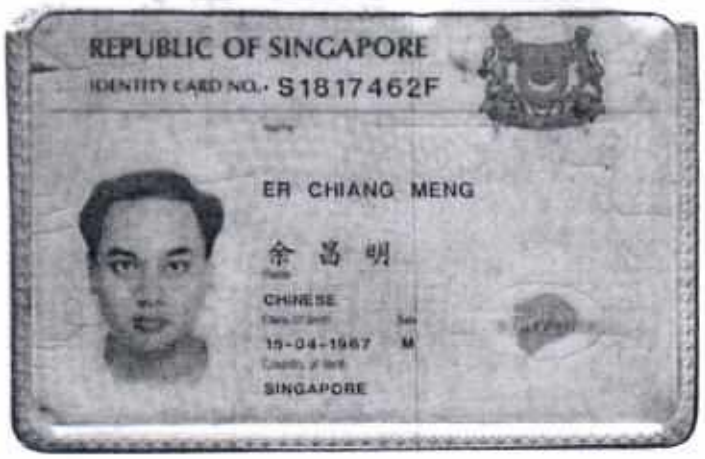
9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: SLV 2705D MODEL: TOYOTA CHR.
   e) DRIVER'S NAME: YEO ENG SENG
   f) NRIC/FIN/PASSPORT: S1661721J CONTACT:

*No of passenger (including driver) (1)

10) SJR 4136G

email = er118118@yahoo.com.

VIDEO


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1817462F
ER CHIANG MENG
余昌明
CHINESE
15-04-1967
M
SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE
S1817462F
ER CHIANG MENG
15 Apr 1967
14 Jun 2003
0005677731H


S1817462F
O+
05-10-1994
16-03-2000


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
PASS DATE
Class 3
Motor Cars and Motor Tractors the weight of
06 Jul 1
Licence No: S1817462F
NP 428A

eBaoTech GeneralClaim

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

My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) SJM2828D
Date of Accident 04/12/2018 17:39
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5095688391-01		ER CHIANG MENG	S1817462F	GPC	drivo CLASSIC	SJM2828D	SJM2828D	01/12/2018	30/11/2019

Continue