

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MA118162901**

Date In: 18/12/18-12:43	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1802269624	SAS e-filing		
Veh No: JS16942	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 16/12/18-01:05	i-Motor Claim Form	M7/102435-001	18/12/18 16:10
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: Vch No: **JHF48L** 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	
	Ant (\$) for Bill	Ant (\$) 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	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
Cat 1:	7) N1: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
Cat 2 / 3:	OD*	
	*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 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	18/12/2018 12:43
Date Of Accident	16/12/2018 01:05
Exact Location Of Accident	BUKIT TIMAH RD TWDS WHITLEY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS1694Z
Insured/Policyholder	
Name Of Registered Owner	BEK KWONG SOON
NRIC No	S1451655G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90660986
Alternative Phone No	OFFICE-90660986

Vehicle Particulars

Manufacturer	BMW
Model	118I AT ABS D/AIRBAG 2WD HID 5DR
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	5096669943
Cover Note Number	

Driver

Name of Driver	MILLER MAI
NRIC No	S9116807C
Date Of Birth	22/05/1991
Occupation	INDOOR
Date Of Driving Pass	16/09/2011
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90660986
Fax Number	
Contact Number	OFFICE-90660986
EMail Address	NOEMAIL

Address	BLK 259 BUKIT PANJANG RING ROAD #04-26
Postcode	671259
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 (including own vehicle) 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

REFER TO STATEMENT.

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	SHF48L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

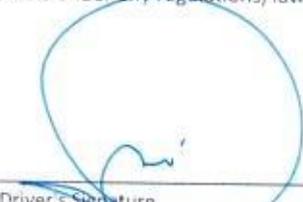
IMPORTANT NOTICE

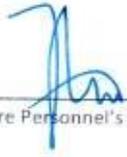
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5. **Any false reporting may be referred to the Police for investigation.**
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and 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.

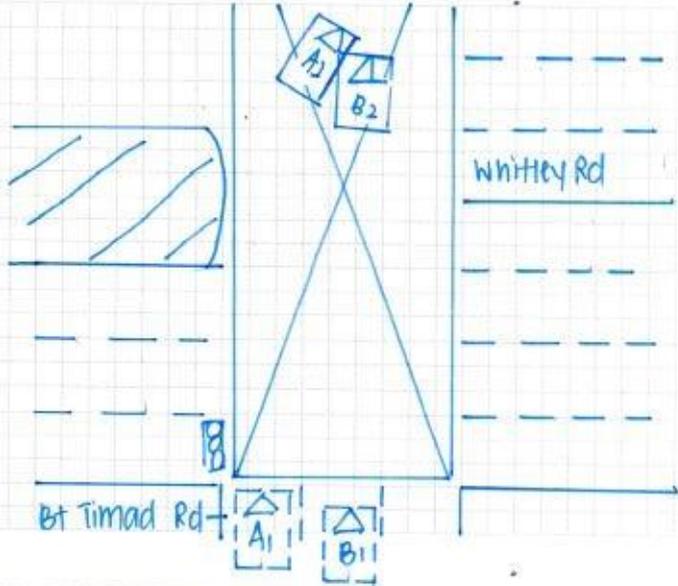

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

Vehicle A: SLS1694Z
 Vehicle B: SHF48L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', SLS1694Z, was travelling along the stated venue. I was on the outer most left lane meant for going straight and turning right. When I was slowly turning, vehicle 'B', SHF48L, intended to turn into the 3rd lane along Whitley Road and collided onto my vehicle's right portion.

DECLARATION

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

[Handwritten Signature]

Policyholder's Signature
 Date & Time:

[Handwritten Signature]

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

[Handwritten Signature]

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

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 12 / 2018) (DD/MM/YYYY), TIME: (01 : 05) (HH:MM)

LOCATION: Bukit Timah Road towards Whitley Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLS 1694Z
b) INSURANCE COMPANY: NIC
c) POLICY NUMBER: 5096669943
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
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: BPK Kwong Soon (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1451655G CONTACT: _____
c) ADDRESS: 259 Bukit Panjang Ring Road #04-26 S(671259)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Miller Mai (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9116607C CONTACT: 9066 0986
c) ADDRESS: 259 bt panjang ring rd #04-26 S(671259)

*d) DATE OF BIRTH: (22 / 05 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: child

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: SHF 48L MODEL: _____

b) DRIVER'S NAME: _____

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

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

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

* No of passenger
(including driver)
(01)

* No of passenger
(including driver)
(02)

* No of passenger
(including driver)
()

email =

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9116807C



Name

MILLER MAI

麥大融

Race

CHINESE

Date of birth

22-05-1991

Country/Place of birth

SINGAPORE

Sex

M

S9116807C

5239211



NRIC No. S9116807C



Date of issue

15-11-2013

Address

APT BLK 259 BUKIT PANJANG RING ROAD
#04-26
SINGAPORE 671259

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9116801

Name

MAI DARONG

Birth Date: 22 May 1991

Issue Date: 08 Apr 2011



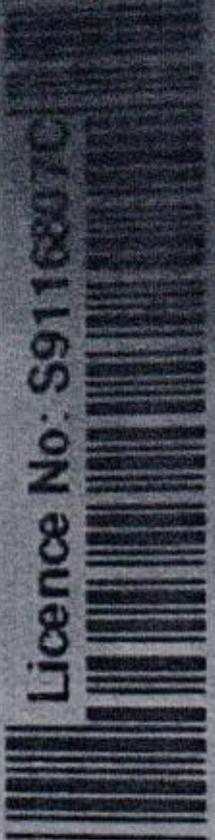
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

- C Class 2B Motorcycles =< 200 CC
- Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg

08 Apr 2011
16 Sep 2011

S / No. 9000151540



S9116807C

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

Vehicle No. (For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096669943		BEK KWONG SOON	S1451655G	GPC	drive CLASSIC	SLS1694Z	SLS1694Z	12/12/2017	26/01/2019

Continue

Policy Information

Policy No.	5096669943	Policyholder Name	BEK KWONG SOON	Policyholder NRIC	S1451655G	
Certificate No.						
Address	BLK 259 #04-26 BUKIT PANJANG RING ROAD SINGAPORE 671259					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N
Policy Issue Date	12/12/2017	Effective Date	12/12/2017 00:00	Expiry Date	26/01/2019 23:59	
Excess Type	All Claims Excess					
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100	
Additional Excess	0	OS Premium	0			
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess	
Agent	HUI HUA CREDIT PTE LTD	Agent Tel.	64696611	GST Flag	Y	
Co-insurance Flag	No					
Open Policy Info						
Certificate Info						

Policyholder Mailing Address

Address 1	BLK 259 #04-26	Address 2	BUKIT PANJANG RING ROAD	Address 3	SINGAPORE 671259
Address 4	Address Type		Singapore address	Post Code	671259
Unit No.	Related Policy Number		5096669943		

Insured Object: SLS1694Z

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	12/12/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	int'l adjustmt to add free ncndp and waive refund \$83.75 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: 12 Dec 2017 TO 26 Jan 2019 In view of this amendment, an additional premium of \$105.56 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.
2	20/09/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	

Continue Cancel

Claim Handling

Exit

Accident MT/1024315

Policy No.	509669943	Vehicle No.	3LS1694Z	GST Registration No.	
Certificate No.					
Policyholder Name	BEK KWONG SOON	Cover Type	drive CLASSIC	Policyholder NRIC	S1451655G
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	90660980	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value=""/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	18/12/2018 16:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	16/12/2018	Time of Accident (h:mm)	01:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT TIMAH RD TWDS WHITLEY RD				
Excess					
Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured 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 Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 259 #04-26	Address 2	BUKIT PANJANG RING ROAD	Address 3	SINGAPORE 671259
Address 4		Address Type	Singapore address	Post Code	671259
Unit No.		Related Policy Number	509669943		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	22/05/1991
Unnamed Driver Name	MILLER MAI	Driver NRIC	S9116807C	Driving Experience	7
Register Date of Driver License	16/09/2011	Driver Age	27	Contact No. (Home)	0
Contact No. (Mobile)	90660980	Contact No. (Office)	0	Address 1	BUKIT PANJANG NEW TOWN
Address 1	BLK 259	Address 2	BUKIT PANJANG RING ROAD	Post Code	671259
Address 4	SINGAPORE 671259	Address Type	Singapore address		
Unit No.	04-26				
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	BEK KWONG SOON	Insured NRIC	S1451655G	
Contact No. (Mobile)	91271566	Contact No. (Home)	97636880	Contact No. (Office)		
Email Address		OI Vehicle Number	3LS1694Z	TP Vehicle Number	5HF48L	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	3LS1694Z / 5HF48L ON 16 Dec 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault			
Require Finalization	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received	
Date Registered	18/12/2018 16:10	Claim Close Date		Date Received	18/12/2018 00:00	
Report Taken By	Jackson					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1024315	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/12/2018 16:12

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2018 16:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2018 16:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2018 16:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2018 16:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2018 16:12	SAS	Normal	SAS 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2018 16:11	Photos	Normal	Photos 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2018 16:11	Photos	Normal	Photos 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2018 16:11	Photos	Normal	Photos 2018-12-18		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2018 16:11	Photos	Normal	Photos 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2018 16:10	Photos	Normal	Photos 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2018 16:10	Photos	Normal	Photos 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2018 16:10	Photos	Normal	Photos 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2018 16:10	Photos	Normal	Photos 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2018 16:10	Photos	Normal	Photos 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2018 16:10	Photos	Normal	Photos 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 18 Dec 2018 16:10	Photos	Normal	Photos 2018-12-18		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				