

NATIONAL Assessment Centre Services. [ver 1 Jan 05]

MAA49004589

Date In: 01/01/2019 17:57	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/90006444	SAS e-illing		
Veh No: FRG 4933R	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 09/10/2019 21:05	I-Motor Claim Form	MT/1027268700	10/01/2019
OD: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		18:11
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: SHD 4933R 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/1001/07/08/140)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

MAA4900301	Invoice Particulars		
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NIUC Additional Services:-		
	ON:		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Coordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	* N9: DV / Collect Excess Coordination \$5		
	* N10: DV / Collect Excess Coordination \$5		
	* N11: TP (Non-INC) against INC \$20		
	* N12: Idao Mobile \$0		
	* N13: Idao Mobile \$0		
	* N14: Idao Mobile \$0		
	* N15: Idao Mobile \$0		
	* N16: Idao Mobile \$0		
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## 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	10/01/2019 17:57
Date Of Accident	09/01/2019 21:05
Exact Location Of Accident	CTE TOWARDS AYE BEFORE BALESTIER ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG4533S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHONG WUI CHOONG
NRIC No	S7281218B
Email Address	STANLEYCHONG29@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81829723
Alternative Phone No	OFFICE-81829723

### Vehicle Particulars

Manufacturer	HONDA
Model	CBF150-149CC (M)
Exact Purpose for which vehicle was being used at time of accident	TRAVEL BACK HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5060666378-05
Cover Note Number	

### Driver

Name of Driver	CHONG WUI CHOONG
NRIC No	S7281218B
Date Of Birth	24/08/1972
Occupation	INDOOR
Date Of Driving Pass	12/06/1997
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81829723
Fax Number	
Contact Number	OFFICE-81829723
Email Address	STANLEYCHONG29@GMAIL.COM

Address	BLK 93B TELOK BLANGAH STREET 31 #30-169
Postcode	102093
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 (including own vehicle) involved in the accident	3
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)	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

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	SHD4933R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KHOO TAT LEONG
NRIC/Passport Number	S2192777E
Contact Number	93371711
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLB3339B
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Vehicle Make/Model/Colour	JAGUAR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE PUAY KHNG
NRIC/Passport Number	S0014282D
Contact Number	97466479
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	CHONG WUI CHOONG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG4533S
Were seat belts worn?	
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: 10/1/2019  
14.30

Driver's Signature

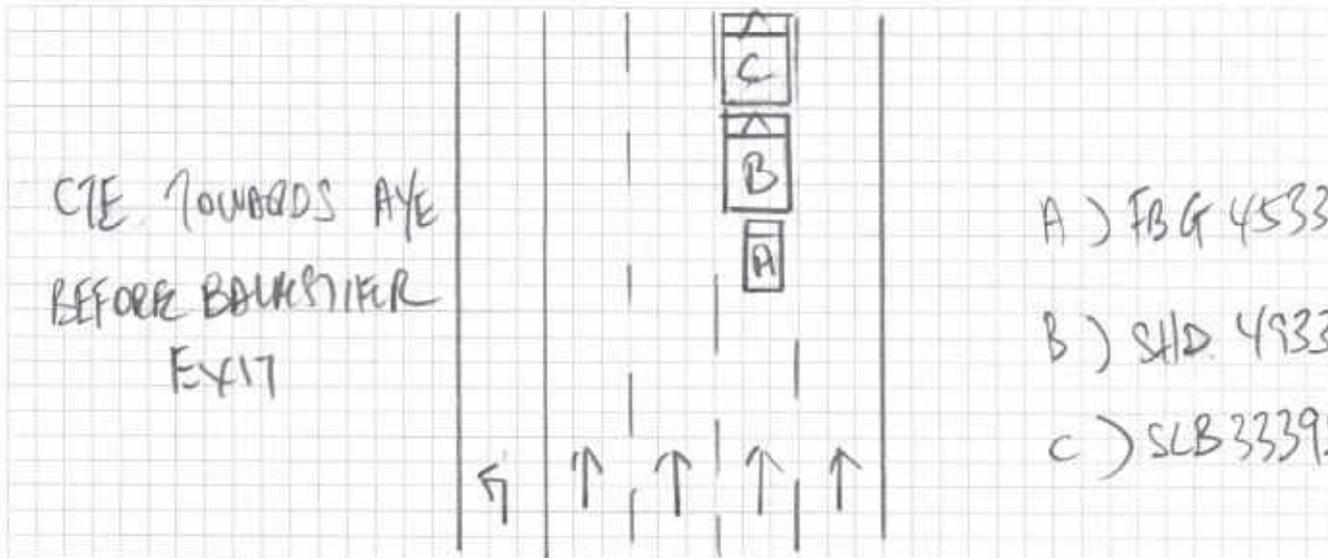
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 10/01/2019 at about 21:00hrs I was travelling along CIR. towards AYE just B/F BANKSTIKER EXIT. In front of me was a taxi which ran his BRAKE & I also brake but not enough time my BIKE HIT THE REAR OF THE TAXI & I came down & saw that the taxi SHD 4933R had already hit the car SLB 3339B in front of him. We came down & exchanged particulars total there are 3 vehicles involved

DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 10/1/2019

Driver's Signature

(if driver is not the policyholder)

Date & Time:

*[Signature]* 10/01/2019  
 Reporting Centre Personnel's Signature  
 Name: Keshi [Signature]  
 NRIC/FIN No.:

**Claim Handling**

Accident MT/1027268

Policy No.	506066378-05	Vehicle No.	FBG45335	GST Registration No.	
Certificate No.					
Policyholder Name	CHONG WUI CHOONG	Cover Type	Thrd Party, Fire & Theft	Policyholder NRJC	572812188
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	81829723	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KTC	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	10/01/2019 18:05	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	09/01/2018	Time of Accident (h:mm)	21:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TOWARDS AYE BEFORE BALESTIER ROAD EXIT				

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

▼ 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 93B #30-169	Address 2	TELOK BLANGAH STREET 31	Address 3	TELOK BLANGAH PARCELS
Address 4	SINGAPORE 102093	Address Type	Singapore address	Post Code	102093
Unit No.		Related Policy Number	506066378-05		

▼ OI Driver Info

Driver Name	CHONG WUI CHOONG	Driver Type	Main Driver	Driver NRJC	572812188
Unnamed driver Name		Driver Age	46	Driver DOB	24/08/1972
Register Date of Driver License	12/06/1997	Contact No.(Office)		Driving Experience	21
Contact No.(Mobile)	81829723	Address 1	BLK 93B #30-169	Contact No.(Home)	
Address 1	BLK 93B #30-169	Address 2	TELOK BLANGAH STREET 31	Address 3	TELOK BLANGAH PARCELS
Address 4	SINGAPORE 102093	Address Type	Singapore address	Post Code	102093
Unit No.		Driver Vehicle No.	FBG45335	Driver Insurer Company	NTJC
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification history

Claim 001 New

Claim Type *	OD-HX	Insured Name	CHONG WUI CHOONG	Insured NRJC	57281	
Contact No.(Mobile)	81829723	Contact No. (Home)	89513149	Contact No. (Office)		
Email Address	STANLEYCHONG29@GMAIL.COM	OT Vehicle Number	FBG45335	TP Vehicle Number	SHD49	
Claim Description	FBG45335 / SHD49338 ON 9 Jan 2019				Name of Preferred Workshop	
Preferred Workshop		Inured Liability	Fully at Fault			
Report No. Finalisation	Yes	Preferred Report Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered		Claim Close Date	10/01/2019 18:10	Date Received	10/01/	
Report Taken By	ROSLI WAHAB					

Print AX letter

**Attachment**

Accident No.	MT/1027268	Claim No.	001
Lat Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date:	10/01/2019 18:11
Path *		Category *	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_60676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 18:11		Photos	Normal	Photos 2019-1-10



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 18:11	Photos	Normal	Photos 2019-1-10
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 18:11	Photos	Normal	Photos 2019-1-10
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 18:11	Photos	Normal	Photos 2019-1-10
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 18:10	Photos	Normal	Photos 2019-1-10
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 18:10	Photos	Normal	Photos 2019-1-10
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 18:10	Photos	Normal	Photos 2019-1-10
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 18:10	SAS	Normal	SAS 2019-1-10
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jan 2019 18:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-10

Video List

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 09/01/2019 (DD/MM/YYYY). TIME: 21:03 (HH:MM)

LOCATION: CTE Toward AYE BEHOK BLANGAH ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 4533 S  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5066  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Honda CBF 150  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Travel back to home  
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: Chong Wui Chong (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S 7281218 B CONTACT: 81829723  
c) ADDRESS: Blk 93 B Telok Blangah Street 31 #30-169  
Singapore 102093

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

## DRIVER

- a) NAME: Same as above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (24/08/1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12 Jun 1992

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) Clear

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: SHD 4933 R MODEL: Taxi  
b) DRIVER'S NAME: Khoo Tat Leong  
c) NRIC/FIN/PASSPORT: S 2192777 E CONTACT: 93371711

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLB 3339 B MODEL: Jaguar  
e) DRIVER'S NAME: Lee Puay Khng  
f) NRIC/FIN/PASSPORT: S 0014282 D CONTACT: 97466479

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

email = stanleychung29@gmail.com

VIDEO



Hello, NAC\_BUKIT\_MERAH\_800676

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"/>	5060666378-05		CHONG WUI CHOONG	S7281218B	GMC	Third Party, Fire & Theft	FBG4533S	FBG4533S	20/07/2018	19/07/2019

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