NATIONAL Assessment Centre Services (wef 1 Jan'05) MHA19006779

Date In: 4/1/19 - 15:32	Job description	Date & Time Completed	Done by
Ref No: NA/INC1900086[7/1	SAS e-filing		
Veh No: SHV4976J	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 1/1/19 - 18:30	i-Motor Claim Form	M/1027766-001	4/1/19 20:00
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: SBS0613 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

NA1900382

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
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	14/01/2019 15:32
Date Of Accident	11/01/2019 18:30
Exact Location Of Accident	EUNOS LINK TWDS AMK OUTSIDE CDC
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGV4976J
Insured/Policyholder	
Name Of Registered Owner	WONG SAI CHEK
NRIC No	S2565599J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98250836
Alternative Phone No	OFFICE-98250836
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA5 SP
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	5050479327-07
Cover Note Number	
Driver	
Name of Driver	WONG SAI CHEK
NRIC No	S2565599J
Date Of Birth	24/10/1963
Occupation	INDOOR
Date Of Driving Pass	20/01/1994
Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98250836
Fax Number	
Contact Number	OFFICE-98250836
EMail Address	NOEMAIL

Address	BLK 322A JURONG EAST STREET 31 #08-260
Postcode	601322
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	COLLISION - HEAD TO REAR
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	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	SBS5061S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	THEIN CHIN HOCK
NRIC/Passport Number	
Contact Number	91996211
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 report 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.

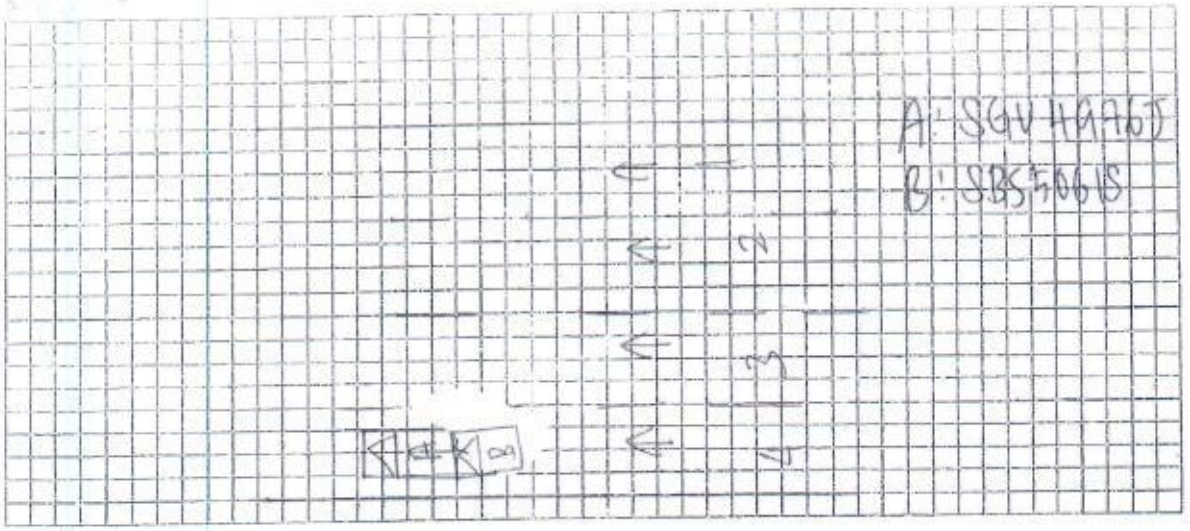
   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED TIME AND DATE, I (SGV 4976J) WAS TRAVELLING ALONG THE STATED VENUE. TRAFFIC WAS HEAVY AND SPEED WAS SLOW. AS THE VEHICLE IN FRONT APPLIED BRAKES TO A HALT, I FOLLOWED SUIT. SUDDENLY THERE WAS AN IMPACT FROM MY REAR AND I REALISED THAT VEHICLE B (SBS5061S) HAD COLLIDED TO MY REAR CAUSING DAMAGES.

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.:

tm

submit this form to the individual insurance authorised reporting centre.
correctly on the details of the accident to speed up the claim process.
must be filled up by the policy holder and/or authorised driver.
nation provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow
surance companies to repudiate policy liability.
The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS	
te of accident	11/11/2019 (DD/MM/YY)
me of accident	6.30pm (HH:MM)
act location of accident	Eunos Link towards AMK outside CDC

DETAILS OF VEHICLE	
hicle registration number	SGV 4976J
hicle make and model	MAZDA 5
pe of vehicle	Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry ☐ Bus ☐ Motorcycle ☐ Others:
hicle category	Private ☐ Commercial ☐ Motorcycle ☐
rpose of using at said time	
you claiming under your n insurance company?	Yes ☐ No ☑ if no, please select: Third part claim ☑ Reporting only ☐

INSURANCE INFORMATION	
surance company	NTUC
licy number	
pe of policy	Comprehensive ☐ Third party fire & theft ☐ TP only ☐

INSURED / POLICY HOLDER	
me	Wong Sai Chek Male ☑ Female ☐
C / Fin / Passport number	S2565599J
ntact	98250836
dress	BIK 322A Jurong east Street 31 #08-260 S(601322)

DRIVER	SAME AS INSURED ABOVE ☑ (SKIP TO D.O.B)
me	Male ☐ Female ☐
C / Fin / Passport number	
ntact	
dress	
l address	
of birth	24/11/1963
cupation	Indoor ☑ Outdoor ☐
ving date pass	20/11/1994

Are you driving this car with the insured's consent	Yes ☐ No ☐ If no, relationship of the driver and insured:
Accident occurred by camera	Yes ☐ No ☐
Weather condition	Clear ☑ Raining ☐ Others:
Road surface	Dry ☑ Wet ☐
No of passenger	1 (Inclusive of driver)

PASSENGER 1	
Name	Wong Sai Chet
Gender	Male ☑ Female ☐

PASSENGER 2	
Name	
Gender	Male ☐ Female ☐

PASSENGER 3	
Name	
Gender	Male ☐ Female ☐

PASSENGER 4	
Name	
Gender	Male ☐ Female ☐

PASSENGER 5	
Name	
Gender	Male ☐ Female ☐

PASSENGER 6	
Name	
Gender	Male ☐ Female ☐

OTHER INFORMATION	
Was anybody injured?	Yes ☐ No ☑
Was other vehicle damaged?	Yes ☑ No

DETAILS OF POLICE ACTION	
Reported to police?	Yes ☐ No ☑ If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

Vehicle registration number	SBS5061S
Vehicle make model	BUS
Name	THEIN CHIN HOCK
NRIC / Fin / Passport number	
Contact	91996211

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

REPUBLIC OF SINGAPORE
IDENTITY CARD NO S2565599J

WONG SAI CHEK

王世职

Race
CHINESE

Date of birth
24-10-1963

Sex
M

Country of birth
MALAYSIA

S2565599J

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Jan 1994

Licence No: S2565599J

NP 428A

NRIC No. S2565599J

Date of Issue
11-06-2009

APT BLK 322A JURONG EAST STREET 31 #08-260
SINGAPORE 601322

NRIC No: S2565599J Date: 13/10/2009 No: 6276487

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

› Change Language › Change Password › Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident 11/01/2019 18:30

Vehicle No.(For Motor) SGV4976J

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5050479327-07		WONG SAI CHEK	S2565599J	GPC	drivo CLASSIC	SGV4976J	SGV4976J	18/06/2018	17/06/2019

Continue

Policy Information

Policy No.	5050479327-07	Policyholder Name	WONG SAI CHEK	Policyholder NRIC	S2565599J
Certificate No.					
Address	BLK 322A #08-260 JURONG EAST STREET 31 SINGAPORE 601322				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	13/06/2018	Effective Date	18/06/2018 00:00	Expiry Date	17/06/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0.0	Own damage Excess	600.0	Windscreen Excess	100.0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600.0	Outside Singapore TP Excess	0.0		Young/Inexperience Driver Excess
Agent	LIM THIAM CHOON	Agent Tel.	62149877	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 322A #08-260	Address 2	JURONG EAST STREET 31	Address 3	SINGAPORE 601322
Address 4		Address Type	Singapore address	Post Code	601322
Unit No.	08-260	Related Policy Number	5050479327-07		

Insured Object: SGV4976J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling · Exit

Accident MT/1027766

Policy No.	S050479327-07	Vehicle No.	SGV4976J	GST Registration No.	
Certificate No.					
Policyholder Name	WONG SAI CHEK			Policyholder NRIC	S2565599J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	98250836	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	(•) No ( ) Yes	TCA	(•) No ( ) Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	14/01/2019 19:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/01/2019	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SUNGS LINK TWDS AMK OUTSIDE CDC				

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	BLK 322A #08-260	Address 2	JURONG EAST STREET 31	Address 3	SINGAPORE 601322
Address 4		Address Type	Singapore address	Post Code	601322
Unit No.	08-260	Related Policy Number	S050479327-07		

OI Driver Info

Driver Name	WONG SAI CHEK	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2565599J	Driver DOB	24/10/1963
Register Date of Driver License	20/01/1994	Driver Age	55	Driving Experience	24
Contact No.(Mobile)	98250836	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 322A	Address 2	JURONG EAST STREET 31	Address 3	SINGAPORE 601322
Address 4		Address Type	Singapore address	Post Code	601322
Unit No.	08-260				
Does he own a Singapore Registered car?	( ) Yes (•) No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	WONG SAI CHEK	Insured NRIC	S2565599J
Contact No.(Mobile)	98250836	Contact No.(Home)		Contact No.(Office)	
Email Address	saichek.wong@gmail.com	OI Vehicle Number	SGV4976J	TP Vehicle Number	SBS50615
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SGV4976J / SBS50615 ON 11 Jan 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Prefered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/01/2019 20:00	Claim Close Date		Date Received	14/01/2019 00:00
Report Taken By	Jackson				

[x] Print AK letter

Save Submit

Attachment

Accident No.	MT/1027766	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	14/01/2019 20:01

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	


Browse...
Clear
Please Select
Normal
Send Message
Upload
Attachment List
Attachment
Uploaded By/Date
Category
Urgency
Description
Msg Sent? (CO)
Action
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2019 20:01
NRIC/ Driving License
Normal
NRIC/ Driving License 2019-1-14
Edit
SAS
SAS 2019-1-14
Photos
Photos 2019-1-14
Video List
Uploaded By/Date
Folder Date
File Name
Source
Action
Display in New Window
Scan and uploading