

NATIONAL Assessment Centre Services. (wef: Jan'05)

Date In: 31/01/2019 14:48	Job description	Date & Time Completed	Done by
Ref No: NA/INC19002062/K4	SAS e-filing		
Veh No: SJV1093R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/01/2019: 10:55	i-Motor Claim Form	MT/1028954-002 31/1/19 17:36	
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: SKV156M	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

NA1900883	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpf Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (N-on INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idao 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	31/01/2019 14:48
Date Of Accident	19/01/2019 10:55
Exact Location Of Accident	KPE (ECP) ENTERING TUNNEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV1093R
Insured/Policyholder	
Name Of Registered Owner	W AUTO LEASING PTE LTD
Co Reg No	201632885E
Email Address	RICKYCHUNG.HOME@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98896956
Alternative Phone No	OFFICE-98896956

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE 1.6 AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5097668851
Cover Note Number	

Driver

Name of Driver	CHUNG WAI KAY
NRIC No	S7970775I
Date Of Birth	07/07/1979
Occupation	OUTDOOR
Date Of Driving Pass	12/05/2004
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98896956
Fax Number	
Contact Number	OTHERS-98896956
Email Address	RICKYCHUNG.HOME@GMAIL.COM

Address	BLK 498M TAMPINES STREET 45 #06-500
Postcode	529498
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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?	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)	4
Passenger 1	NAME: : NIL GENDER: : MALE
Passenger 2	NAME: : NIL GENDER: : FEMALE
Passenger 3	NAME: : NIL 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

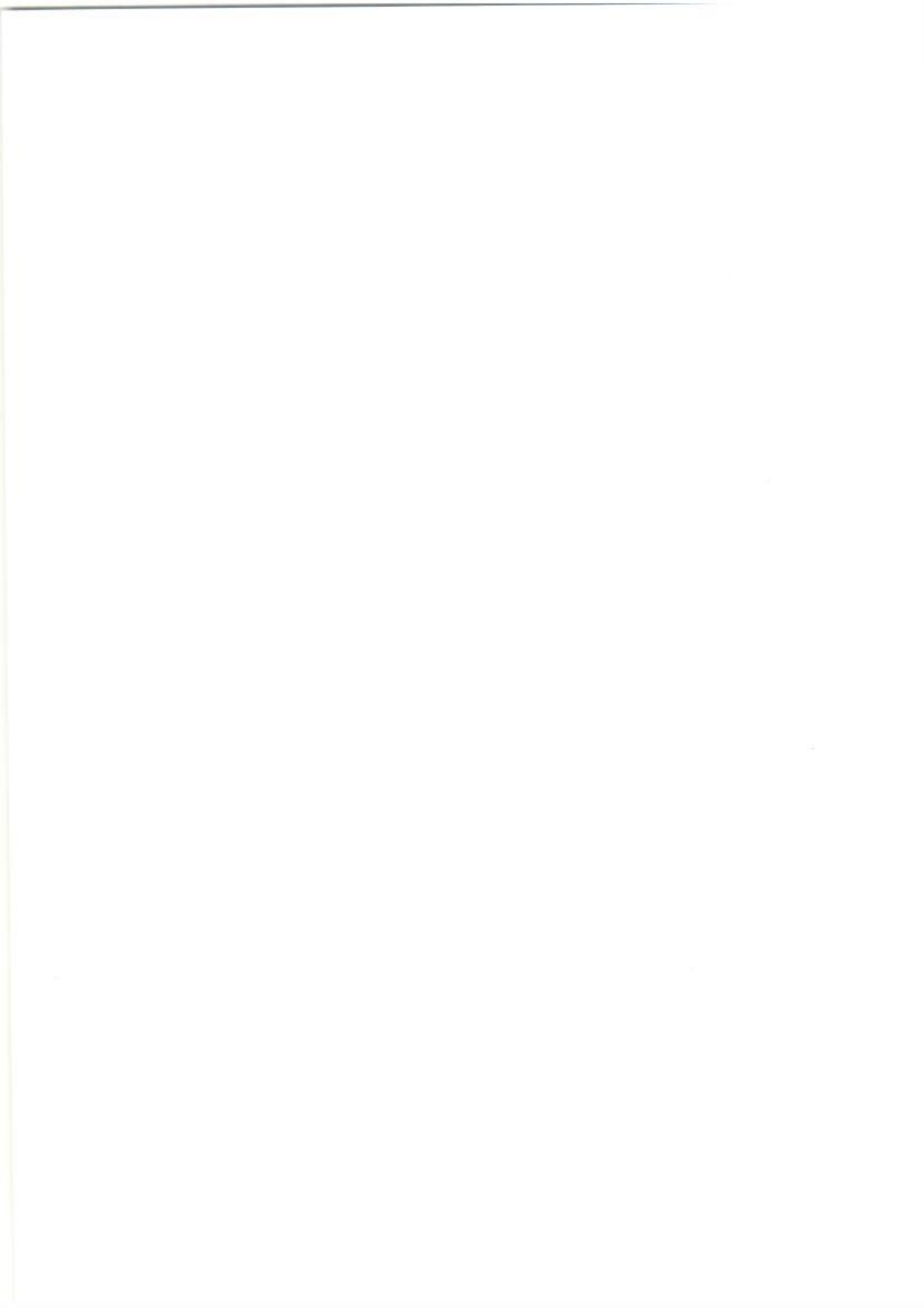
PLS REFER TO THE ATTACHED STATEMENT.

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	SKV156M
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

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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.



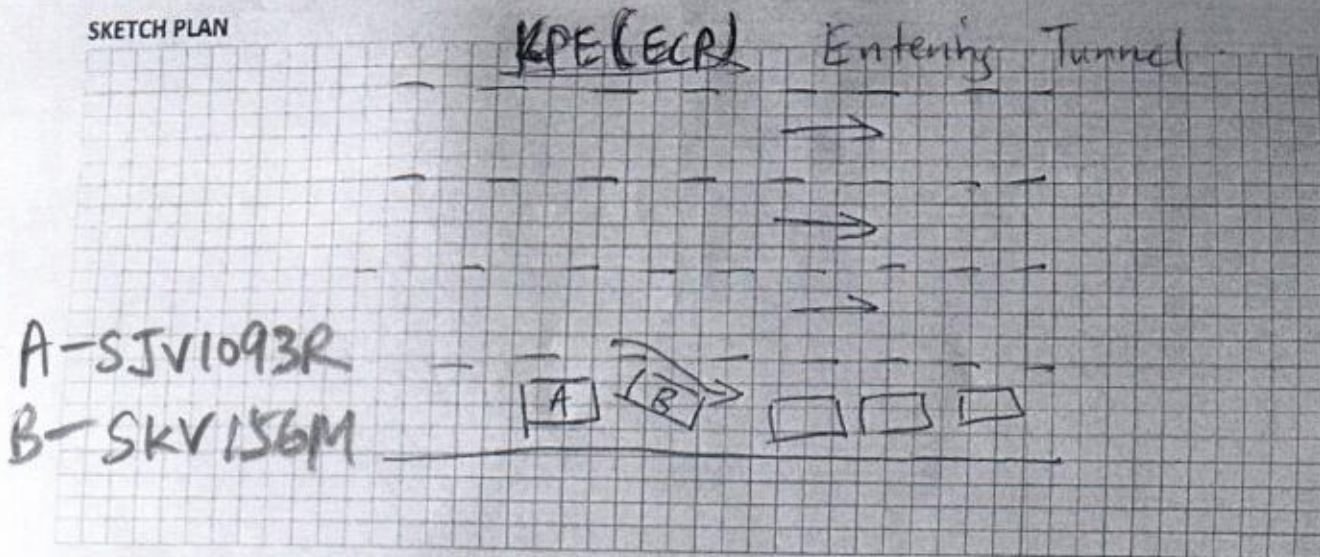
Policyholder's Signature
Date & Time:

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

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

115. 2/17

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A: SJV1093R
Vehicle B: SKV156M
On 19 Jan 2019, I was driving along KPE (ECP) entering tunnel. I saw a jam at tunnel and I slowed down moving towards the traffic. Vehicle B suddenly change lane and stopped behind the traffic on first lane, out of my estimation and there is not enough time with shorter braking distance, my vehicle (A) knocked onto his vehicle (B).

* Road condition was clear and dry road.
As I was entering tunnel, (Bright sunlight) and the tunnel was darker. I did not notice vehicle B's brake light which caused me to react slower. Please refer to attached picture.

DECLARATION

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

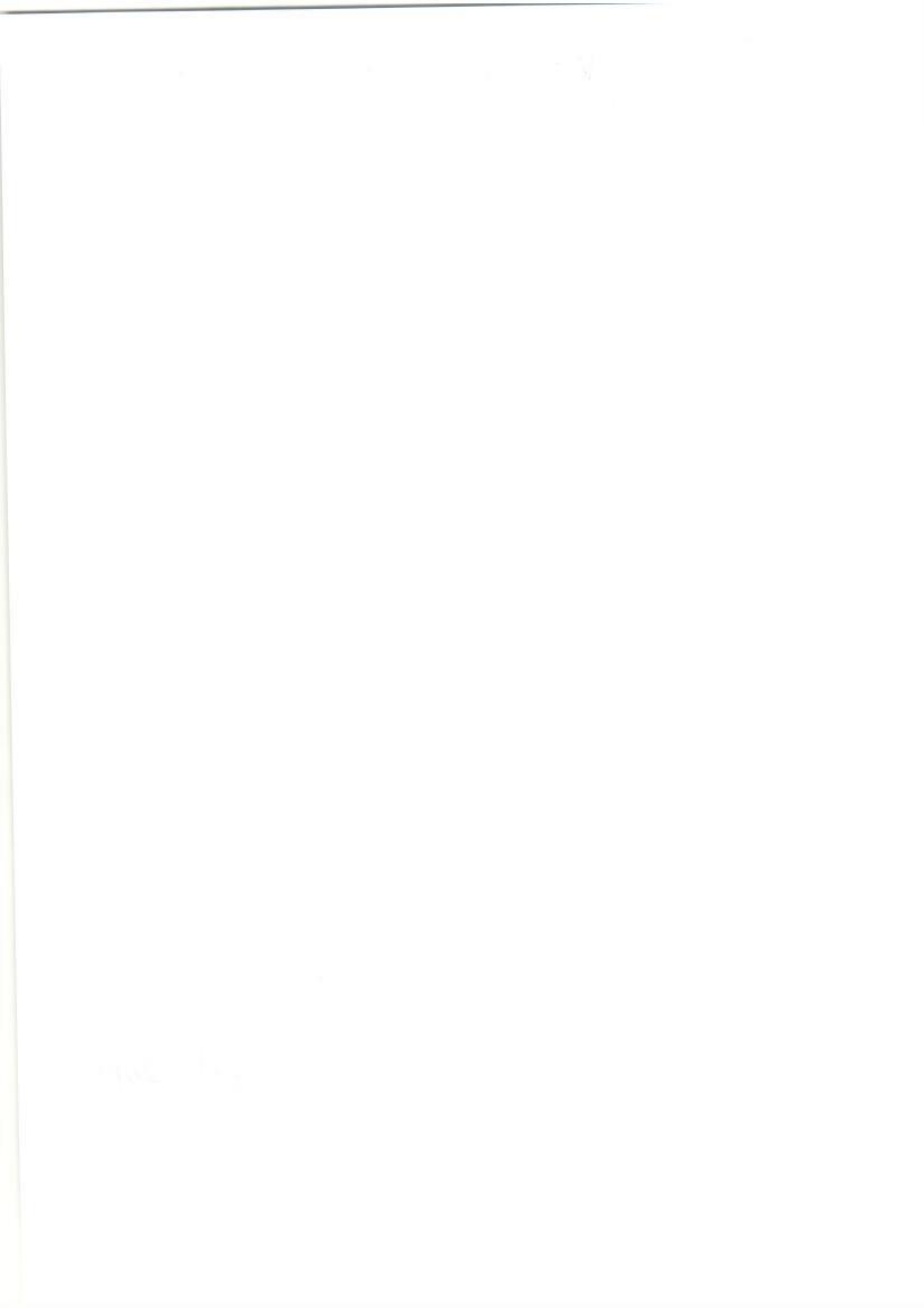
Policyholder's Signature
Date & Time:



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

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

31/1/2019



Reported on 26/01/2019
@ 1335HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: 19/01/2019 (DD/MM/YYYY). TIME: 10:55 (HH:MM)

LOCATION: KPE (FELP). Entry tunnel.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJV 1093R ✓
b) INSURANCE COMPANY: ✓
c) POLICY NUMBER: ✓
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: ✓
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: ✓
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: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHUNG WAI KAM (MALE / FEMALE) ✓
b) NRIC/FIN/PASSPORT: S1901157 CONTACT: 98718156 ✓
c) ADDRESS: 40PM TAMPAK H 45 ✓
R06-500 SL 5290985 ✓
d) DATE OF BIRTH: 17/07/1978 (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR) ✓
f) YEARS OF DRIVING EXPERIENCE: 15 ✓

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) HIRER ✓
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: SKV 156M ✓ MODEL: ✓
b) DRIVER'S NAME: ✓
c) NRIC/FIN/PASSPORT: CONTACT: ✓

9. THIRD PARTY VEHICLE

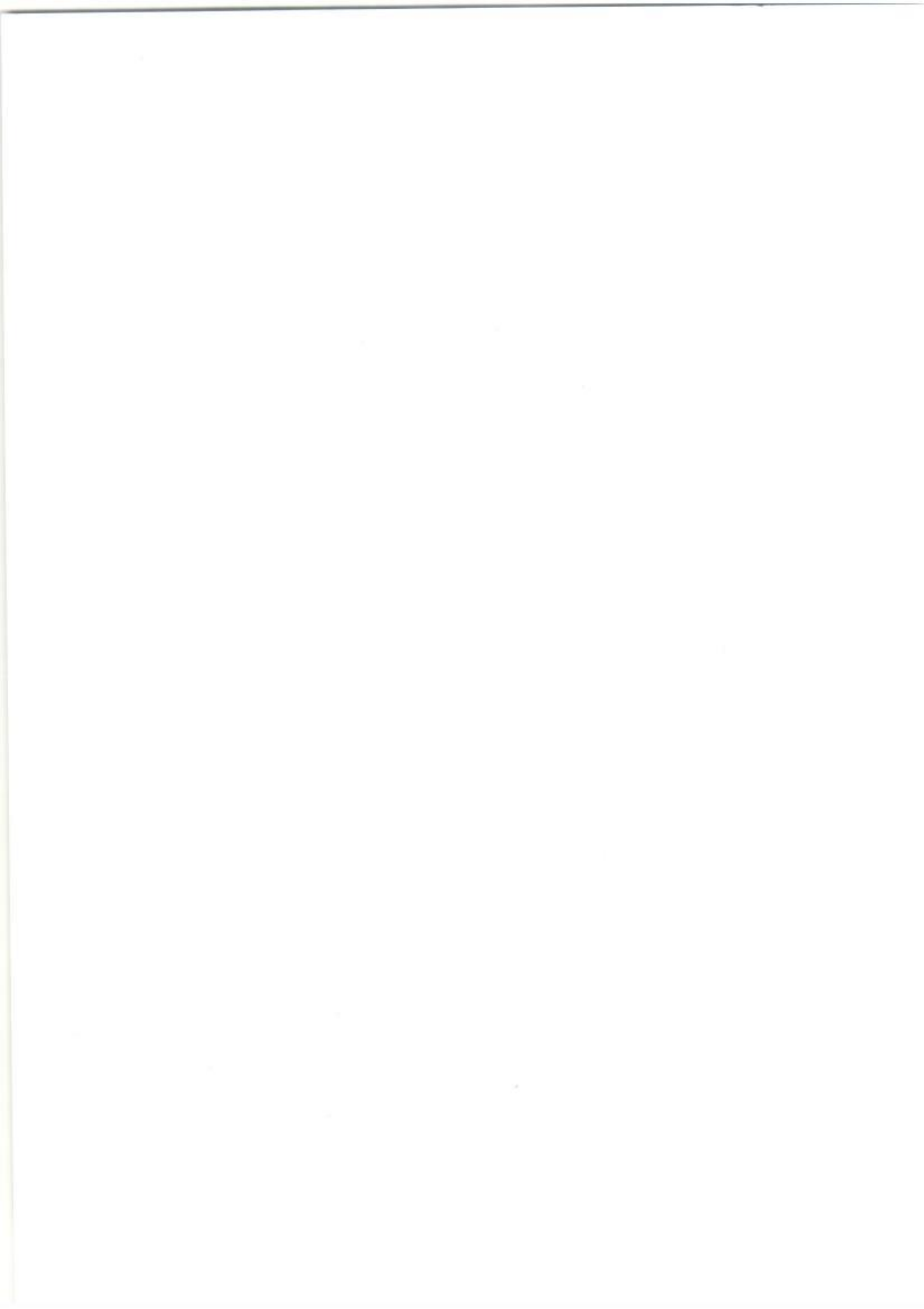
- d) VEHICLE NUMBER: MODEL: ✓
e) DRIVER'S NAME: ✓
f) NRIC/FIN/PASSPORT: CONTACT: ✓



✓ email = RICKYCHUNG.HOME@GMAIL.COM

fax =

VIDEO =



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7970775I



Name
CHUNG WAI KAY

鍾 委 鈞

Race
CHINESE

Date of birth
07-07-1979

Sex
M

Country of birth
HONG KONG



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7970775I

Name
CHUNG WAI KAY

Birth Date 07 Jul 1979

Issue Date 02 Apr 2014




002291037C

4804579



NRIC No. S7970775I



Date of issue
22-12-2011


Address
APT BLK 498M TAMPINES STREET 45
#06-500
SINGAPORE 529498

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	27 Aug 1998
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	12 May 2004

NP 428A



Licence No: S7970775I

*HIRED

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"/>	5097668851		W AUTO LEASING PTE LTD	201632885E	GFT	Third Party	SVJ1093R	SVJ1093R	05/10/2018	23/01/2019

Continue

Claim Handling

Task Transfer Exit

Accident MT/1028954

LOS SAL SUB

Policy No.	5097668851	Vehicle No.	SJV1093R	GST Registration No.	
Certificate No.					
Policyholder Name	W AUTO LEASING PTE LTD			Policyholder NRIC	201632885E
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	22/01/2019 11:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	19/01/2019	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE TWDS NICOLL HWY				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			0.00
Third Party Excess	1,500.00	Outside Singapore TP Excess			1,500.00

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 117A #04-511	Address 2	JALAN TENTERAM	Address 3	TENTERAM PEAK
Address 4	SINGAPORE 321117	Address Type	Singapore address	Post Code	321117
Unit No.	04-511	Related Policy Number	5104563407-01		

OI Driver Info

Driver Name	Driver Type		
Unnamed driver Name	Driver NRIC	Driver DOB	
Register Date of Driver License	Driver Age	Driving Experience	
Contact No. (Mobile)	Contact No. (Office)	Contact No. (Home)	



Claim Handling

The premium on this policy has not been collected.

Accident MT/1028954

Policy No.	5097668851	Vehicle No.	SJV1093R	GST Registration No.
Certificate No.				
Policyholder Name	W AUTO LEASING PTE LTD			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	22/01/2019 11:34	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/01/2019	Time of Accident hh:mm	11:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	KPE TWDS NICOLL HWY			

▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	0.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

▼ 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 117A #04-511	Address 2	JALAN TENTERAM	Address 3
Address 4	SINGAPORE 321117	Address Type	Singapore address	Post Code
Unit No.	04-511	Related Policy Number	5104563407-01	

▼ OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Modification History

Claim 002 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred

Workshop

Cover No.

Finalisation

Date Registered

Report Taken By

☐ Print AK letter

OD-MX

Insured

Name

W AUTO

Contact

No.

(Home)

NIL

OI

Vehicle

Number

SJV109

SJV1093R / SKV156M ON 19 Jan 2019

Insured Liability

Not at Fault

Preferred

Repair

Option

Preferred Workshop, Name unknown

GIA

report

Received

Claim

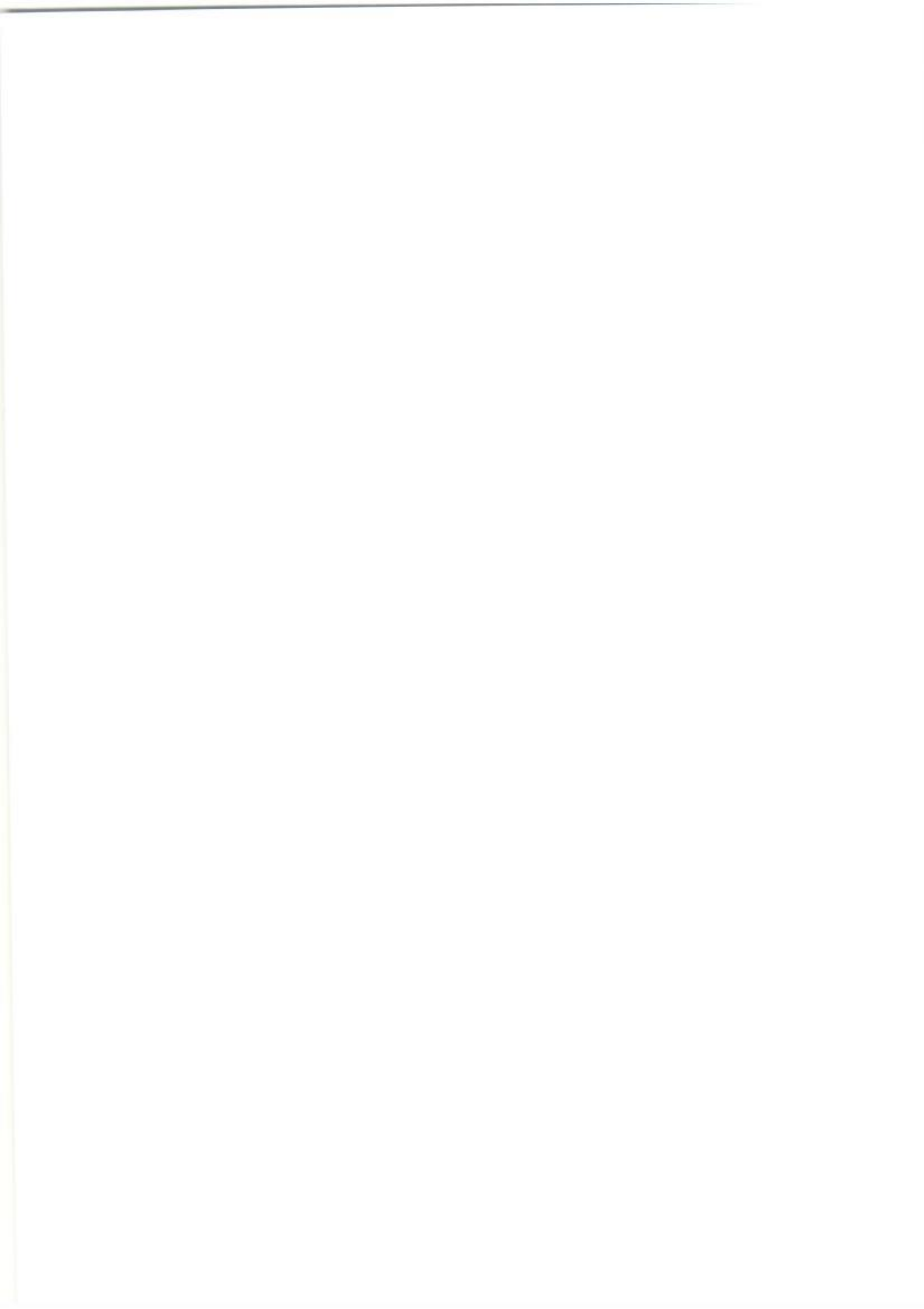
Close

Date

31/01/2019 17:36

Workshop

Repairer



[Save](#) [Submit](#)

Attachment



Accident No.	MT/1028954	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/01/2019 17:36
Path *		Category *	Confidential
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Message Read	Clear	Please Select ▼	NO ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des.
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:36	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:34	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 17:32	Photos	Normal	Photos

