

NATIONAL Assessment Centre Services.

Part 1 Jan 09

NA/190/20417

Date In: 13/01/2019 17:38	Job description	Date & Time Completed	Done by
Ref No: N/A/190/20417	SAS e-filing		
Veh No: SMG5209S	E-mail (4/John 3hrs, AIC 2hrs)		
D.O.A: 12/02/2019 05:10	I-Motor Claim Form	M7/1031905001	13/01/2019 18:10
OID: (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: GBC7645D	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 ()	

() 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: ()

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

Injury: _____

NA/190/1122		
Client's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	Forfeiting against INC Only (wef 10 Jan 2009)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpt Allowance \$3	
	*NS: Repair Co-ordination \$10	
	*NS: Post Repair Inspection \$25	
	*NS: DV / Collect Excess Coordination \$3	
	TP (Nil): TP (Non INC) against INC \$20	
	9) NI: Idao Mobile \$30	
QC Checked by (Engr-In-Charge):	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	13/02/2019 17:38
Date Of Accident	12/02/2019 05:10
Exact Location Of Accident	THOMSON MEDICAL CENTRE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG5209S
Insured/Policyholder	
Name Of Registered Owner	WONG WEI QUAN
NRIC No	S8933368G
Email Address	WEIQUAN1989@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90253477
Alternative Phone No	OTHERS-90253477

Vehicle Particulars

Manufacturer	BMW
Model	318i
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	5106271260
Cover Note Number	

Driver

Name of Driver	WONG WEI QUAN
NRIC No	S8933368G
Date Of Birth	21/09/1989
Occupation	INDOOR
Date Of Driving Pass	12/09/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90253477
Fax Number	
Contact Number	OTHERS-90253477
Email Address	WEIQUAN1989@HOTMAIL.COM

Address	BLK 304 TAMPINES STREET 32 #11-76
Postcode	520304
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC7645D
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	DURAIRAJ RAMKUMAR
NRIC/Passport Number	G5193676R
Contact Number	97928898
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: 130219 1615

Driver's Signature

(If driver is not the policyholder)

Date & Time:

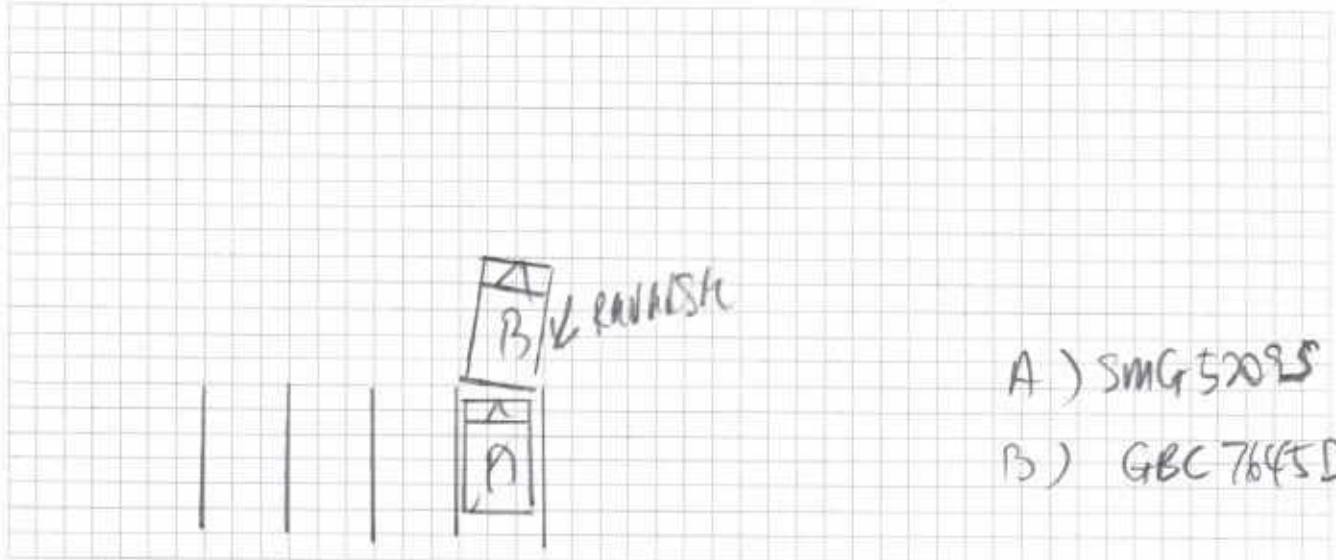
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

THOMSON MEDICAL CENTRE CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car was at parking lot at Thomson medical. Camera in car recorded the lorry reversing and hitting my vehicle at about 0510 hrs. Accident was found out only in the afternoon at about 1540 pm.

DECLARATION

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

Wigan
Policyholder's Signature
Date & Time: 13/02/19 1632

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

13/02/2019
Reporting Centre Personnel's Signature
Name: Resdi Norton
NRIC/FIN No.:

Claim Handling

Accident HT/1031909

Policy No.	5106271260	Vehicle No.	SMG52095	GST Registration No.	
Certificate No.					
Policyholder Name	WONG WEI QUAN			Policyholder NRIC	S89333680
Product Code	PRIVATE CAR INSURANCE	Cover Type	Basic PREMIUM	Leading	0
Contact No.(Mobile)	90253477	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KPI	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	13/02/2019 17:46	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	12/02/2019	Time of Accident (H:mm)	09:10	Country of Accident	Singapore
Reporting Centre		Orange Fork		JCH No.	
Accident Location	THOMSON MEDICAL CENTRE CARPARK				

Excess

Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

Coverage	Sum Insured		
Transport Allowance	99999999.99		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 304 #11-76	Address 2	TAMPINES STREET 32	Address 3	SINGAPORE S20304
Address 4		Address Type	Singapore address	Post Code	S20304
Unit No.	11-76	Related Policy Number	5106271260		

OT Driver Info

Driver Name	WONG WEIQUAN	Driver Type	Main Driver	Driver DOB	31/09/1988
Unnamed driver Name		Driver NRIC	S89333680	Driving Experience	10
Register Date of Driver License	12/09/2008	Driver Age	29	Contact No.(Home)	
Contact No.(Mobile)	90253477	Contact No.(Office)		Address 1	SINGAPORE S20304
Address 1	BLK 304 #11-76	Address 2	TAMPINES STREET 32	Address 3	SINGAPORE S20304
Address 4		Address Type	Singapore address	Post Code	S20304
Unit No.	11-76				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SMG52095	Driver Insurer Company	NHUC

Declaration

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

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	WONG WEI QUAN	Insured NRIC	S89333680
Contact No.(Mobile)	90253477	Contact No.(Home)	87812884	Contact No.(Office)	
Email Address		OT Vehicle Number	SMG52095	TP Vehicle Number	6BC79450
Claim Description	SMG52095 / 6BC79450 On 12 Feb 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Confirmed No. of Photos	Yes	Preferred	Preferred Workshop, Name unknown	GIA	Received
Date Registered		Repair Option		Report	
Report Taken By		Claim Close Date	13/02/2019 17:46	Date Received	13/02/2019 00:00
		Workshop Repaired	ROSLI WAHAB	Total Loss but Repaired	

Print AX letter

Save Submit

Attachment

Accident No.	HT/1031909	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/02/2019 16:10
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 18:10	Photos	Normal	Photos 2019-2-13	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 18:10	Photos	Normal	Photos 2019-2-13	

	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 18:13	Photos	Normal	Photos 2019-2-13
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 18:13	Photos	Normal	Photos 2019-2-13
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 18:09	Photos	Normal	Photos 2019-2-13
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 18:09	Photos	Normal	Photos 2019-2-13
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 18:09	Photos	Normal	Photos 2019-2-13
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 18:09	Photos	Normal	Photos 2019-2-13
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 18:09	NRSC/ Driving Licenses	Normal	NRSC/ Driving Licenses 2019-2-13
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 18:09	SAS	Normal	SAS 2019-2-13

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 02 / 2019) (DD/MM/YYYY), TIME: (05 : 10) (HH:MM)

LOCATION: Thomson Medical Centre

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMG 5209S
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5106271260
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 318I
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PARKED car
 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: WONG WEIGUAN (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: S89333686 CONTACT: 90253477
 C) ADDRESS: BLK 304 TAMPINES ST 32 #11-76 S(520304)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABRAH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (21 / 09 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 12 SEP 2008

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: GBC7645D MODEL: Nissan Cabstar
 e) DRIVER'S NAME: P Durairaj Ramkumar
 f) NRIC/FIN/PASSPORT: G5193676R CONTACT: 97928898

* No of passenger
 (including driver)
 (0)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

Email = weiguan 1989 @ hotmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8933368G



Name
WONG WEIQUAN

黄伟权

Race
CHINESE

Date of birth
21-09-1989

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8933368G

Name
WONG WEIQUAN

Birth Date 21 Sep 1989

Issue Date 12 Sep 2008



0016510318

3620103



NRIC No. S8933368G



Date of issue
04-10-2004


Address
APT BLK 304 TAMPINES STREET 32
#11-76
SINGAPORE 520304

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

PASS DATE
12 Sep 2008

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

Licence No: S8933368G



NP 428A

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5106271260

Cover : drive PREMIUM

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : To Be Advised |
| Chassis Number | : WBA8E32040A554099 |
| 2. Name of Policyholder | : WONG WEI QUAN |
| 3. Effective Date of Insurance | : 24 Dec 2018 |
| 4. Expiry Date of Insurance | : 23 Dec 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: NO
PRIMARY DRIVER	: WONG WEIQUAN
NAMED DRIVER (1)	: LOH CHEW HUA
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : CHESSA INSURANCE AGENCIES PTE. LTD. (00000615068)
Date of Issue : 21 Dec 2018 16:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive