NATIONAL Assessment Centre Services. [wef 1 Jan'08] . MUA19023108

	Job description	Date & Time Completed	Done by
Date In: 19/02/2019 12:18			
Ref No: NBA/INC19003046/Y	SAS e-filing		
Veh No: SJJ 2804M	E-mail (Middle 8hrs, AIC 2hrs)		
D.O.A : 08/02/2019 16:30	I-Motor Claim Form	MT/1030756-001	19/02/2019 16:05
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: SLA9694C 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: ( )

Contact	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	Action

NA1901330

Claimants Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments

Invoice Description	Charges	Invoice	Audit
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100); INC ($80)			
3) TP : 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 2008)	$75		
6) TR : Re-Inspection	$160		
7) N1 : Idea DA + SMRT Survey			
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: Idea Mobile	30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Cat. 1:

2 / 3:

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 19/02/2019 16:01

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 witholding 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	19/02/2019 12:18
Date Of Accident	03/02/2019 16:30
Exact Location Of Accident	BANDA STREET OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJJ2804M
Insured/Policyholder	
Name Of Registered Owner	LEONG WEI HOA
NRIC No	S8671256C
Email Address	JAYDEN.LWH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96432288
Alternative Phone No	OTHERS-96432288
Vehicle Particulars	
Manufacturer	TOYOTA
Model	AXIO
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	REPORTING ONLY
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	5102980651
Cover Note Number	
Driver	
Name of Driver	LEONG WEI HOA
NRIC No	S8671256C
Date Of Birth	15/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	13/07/2007
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96432288
Fax Number	
Contact Number	OTHERS-96432288
EMail Address	JAYDEN.LWH@GMAIL.COM

Address	BLK 108 BUKIT PURMEI ROAD #04-101
Postcode	090108
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	COLLIDED INTO PARKED VEHICLE
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)	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	SLA9699C
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

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.

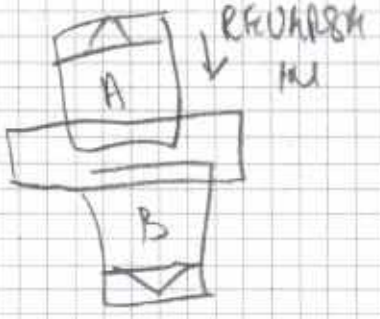
   (e) the information so collected under (d) above may be shared / disclosed:

   (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:	Driver's Signature (If driver is not the policyholder) Date & Time:	19/02/2019 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN BONDA STREET OPEN SPACE CARPARK



A) SJJ 2804M

B) SLA 9699C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was park at bonda street (B0052) parking when I reverse my car, I did not notice the kerb was short and I COLLIDED into the back of the Audi SLA9699C. The back bumper was scratch.

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:	19/02/2019 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Claim Handling

Accident HT/1030756

Policy No.	5102980651	Vehicle No.	SJU2804M	GST Registration No.	
Certificate No.					
Policyholder Name	leong Wei hoa			Policyholder NRIC	S8671256C
Product Code	PRIVATE CAR INSURANCE	Cover Type	privo CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KYC	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Not available

Accident Details

Report Date	04/02/2019 12:35	Accident Report Within 24 hrs	Non-Reporting	Accident Type	Collided Into Parked Vehicle
Date of Accident	03/02/2019	Time of Accident hh:mm	16:10	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	IDM No.	
Accident Location	URA B0005 OPEN CARPARK NEAR MAXWELL HAWKER CENTRE				

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 425 #09-475	Address 2	CANBERRA ROAD	Address 3	SINGAPORE 750425
Address 4		Address Type	Singapore address	Post Code	750425
Unit No.		Related Policy Number	5102980651		

OI Driver Info

Driver Name	LEONG WEI HOA	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8671256C	Driver DOB	15/07/1986
Register Date of Driver License	13/07/2007	Driver Age	32	Driving Experience	11
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 425 #09-475	Address 2	CANBERRA ROAD	Address 3	SINGAPORE 750425
Address 4		Address Type	Singapore address	Post Code	750425
Unit No.					
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 002 OD-MX New

Claim Type *	OD-MX	Insured Name	leong Wei hoa	Insured NRIC	S8671256C
Contact No.(Mobile)	86432288	Contact No. (Home)		Contact No. (Office)	
Email Address	hao_ar@hotmail.com	OI Vehicle Number	SJU2804M	TP Vehicle Number	SLA9699C
Claim Description	SJU2804M / SLA9699C ON 3 Feb 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Estimate No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Finalisation	Yes				
Date Registered	19/02/2019 12:13	Claim Close Date		Date Received	18/02/2019 12:35
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	HT/1030756	Claim No.	002
Last Doc. Received	Yes No	Upload Date	19/02/2019 16:05

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2019 16:05	SAS	Normal	SAS 2019-2-19	
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2019 12:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-19	
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2019 12:16	Photos	Normal	Photos 2019-2-19	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2019 12:16	Photos	Normal	Photos 2019-2-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2019 12:15	Photos	Normal	Photos 2019-2-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2019 12:15	Photos	Normal	Photos 2019-2-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2019 12:15	Photos	Normal	Photos 2019-2-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2019 12:15	Photos	Normal	Photos 2019-2-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2019 12:15	Photos	Normal	Photos 2019-2-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2019 12:15	Photos	Normal	Photos 2019-2-19

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (03 / 02 / 2019) (DD/MM/YYYY). TIME: (16 : 30) (HH:MM)

LOCATION: Banda Street Car park

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJJ2804M
   b) INSURANCE COMPANY: NTUC Income
   c) POLICY NUMBER: 5102980651
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Toyota Axio
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Private use
   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: LEONG WEI HOA (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8671256C CONTACT: 96432288
   c) ADDRESS: Blk 108 Bukit Purmei Road #04-101 S(090108)

   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

   * No of passenger (Including driver) (0)

3. DRIVER
   a) NAME: As above. (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (15 / 07 / 1986) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 13/07/2007
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: SLA 9699C MODEL: Audi
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:

   * No of passenger (Including driver) ( )

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

   * No of passenger (Including driver) ( )

email = jayden.lwh@gmail.com

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8671256C

Name

LEONG WEI HOA

梁 伟 豪

Race

CHINESE

Date of birth

15-07-1986

Sex

M

Country of birth

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8671256C

Name

LEONG WEI HOA

Birth Date 15 Jul 1986

Issue Date 13 Jul 2007

001514492E

4923742

NRIC No. S8671256C

Date of issue

14-01-2013

APT BLK 108 BUKIT PURMEI ROAD #04-101
SINGAPORE 090108

NRIC No: S8671256C Date: 08/07/2016

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

		PASS DATE
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	13 Jul 2007

NP 428A

Licence No: S8671256C

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SJJ2804M

Date of Accident 03/02/2019 16:29

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5102980651		LEONG WEI HOA	S8671256C	GPC	drivo CLASSIC	SJJ2804M	SJJ2804M	09/08/2018	07/09/2019

Continue