NATIONAL Assessment Centre Services. (ver 1 Jan'05) MNA1902835.

Date In: 1/3/19 15:45	Job description	Date & Time Completed	Done by
Ref No: MA/IMC1900388/1/64.	SAS e-filing		
Veh No: SLB 5528H	E-mail (within 8hrs, AIC 2hrs)		
D O A: 28/2/19 20:30	I-Motor Claim Form	MT/1034296 01	1/3/19 17:50.
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: SKR 3762P. 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 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

MA1901613

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Sat. 1:

2 / 3:

Invoice Preparation Checklist	Amt ($)	Add'l bill
1) AR : Accident Reporting ($30);	30.00	
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 (w.e.f 10 Jan 2005)		
6) TR : Re-inspection $75		
7) N1 : Idao 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: 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 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	01/03/2019 15:45
Date Of Accident	28/02/2019 20:30
Exact Location Of Accident	THOMSON RD TWDS PIE CHANGI
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLZ5528H
Insured/Policyholder	
Name Of Registered Owner	LEOW JUN QIANG, LESLIE
NRIC No	S8918379J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88580368
Alternative Phone No	OFFICE-88580368
Vehicle Particulars	
Manufacturer	BMW
Model	316I 1.6 AT D/AB 4DR ABS HID
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	5103559507
Cover Note Number	-
Driver	
Name of Driver	LEOW JUN QIANG, LESLIE
NRIC No	S8918379J
Date Of Birth	21/05/1989
Occupation	INDOOR
Date Of Driving Pass	03/01/2008
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88580368
Fax Number	
Contact Number	OFFICE-88580368
EMail Address	NOEMAIL

Address	BLK 614B EDGEFIELD PLAINS #03-311
Postcode	822614
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 - CROSS JUNCTION
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)	2
Passenger 1	NAME: : DO THINHUYEN 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

PLEASE REFER TO 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 Witness 1

Name	SYED AHMAD
Phone Number	98484297
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR3762P
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 orpossessed 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:

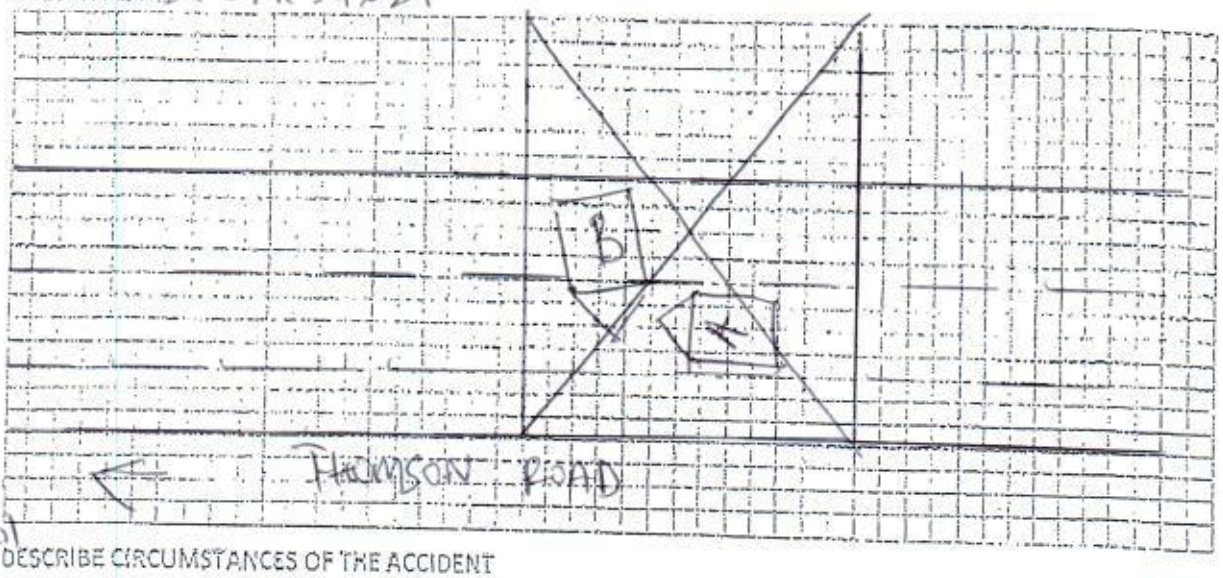
(i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(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.:

A: SL2552 8H

SKETCH PLAN B: SKR 3762 P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED TIME AND DATE, I (SL2552 8H) WAS TRAVELLING ALONG THE STATED VENUE ON THE MIDDLE LANE, ~~SUDDENLY~~ WHILE I ~~WAS~~ PASS THE TRAFFIC JUNCTION, A VEHICLE (SKR 3762 P) SUDDENLY ~~DASHED~~ MADE A RIGHT TURN FROM THE OPPOSITE ~~LANE~~ DIRECTION AND COLLIDED ONTO MY FRONT. AT THE POINT OF TIME, THERE WAS ANOTHER ACCIDENT WHEREBY AETOS LTA MARSHALL (CPL P02 00) SYED AHMAD - 9848 4297 WAS AT THE SCENE AND HE WILL WITNESS FOR MY ACCIDENT.

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.:

Date of Accident : 28/02/2019 Accident Time: 2030 (24-HR-Format)

Accident Place : THOMSON ROAD TOWARDS PIE CHANGI

Vehicle Reg. No. (Car Plate No.) : SLZ5528H

Vehicle Make/Model : BMW / 316

Insurance Company : NTUC Policy No.

Owner or Company Name /IC No. : LEOW JUN KIANG LESLIE / S8918379J

Owner or Company Contact No. : Owner's Hp Company Tel

DRIVER'S Name / IC No. : SAME ↑

DRIVER'S Date Of Birth : 21/05/1989 DRIVER'S License Pass Date 03/01/2008

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: OWNER

DRIVER'S Address : BLK 614B EDGEFIELD PLAINS #03-311

DRIVER'S Contact No./ Alt No. :1) 85580368 2)

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : LESLIELEOWW@GMAIL.COM

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 02

PASSENGER: DO THI NHUYEN

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SKR 3762P

Vehicle Make\Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add:

Vehicle Reg. No:

Vehicle Make\Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8918379J

Name

LEOW JUN QIANG, LESLIE

Birth Date: 21 May 1989

Issue Date: 23 May 2018

002805712G

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8918379J

Name

LEOW JUN QIANG, LESLIE

廖 俊 强

Race

CHINESE

Date of birth

21-05-1989

Sex

M

Country/Place of birth

SINGAPORE

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	03 Jan 2008

Licence No:S8918379J

NP 428A

5758753

NRIC No. S8918379J

Date of Issue

05-06-2017

Address

APT BLK 614B EDGEFIELD PLAINS
#03-311
SINGAPORE 822614

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: 28/02/2019 15:44

Vehicle No.(For Motor): SLZ5528H | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5103559507		LEOW JUN QIANG, LESLIE	S8918379J	GPC	drivo CLASSIC	SLZ5528H	SLZ5528H	05/09/2018	04/09/2019

Continue

Claim Handling

Accident MT/1034246

Policy No.	5103559507	Vehicle No.	SLZ5528H	GST Registration No.	
Certificate No.					
Policyholder Name	LEOW JUN QIANG, LESLIE			Policyholder NRIC	S8918:
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	88580368	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	01/03/2019 17:45	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	28/02/2019	Time of Accident hh:mm	20:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	THOMSON RD TWDS PIE CHANGI				

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 614B #03-311	Address 2	EDGEFIELD PLAINS	Address 3	PUNGG
Address 4	SINGAPORE 822614	Address Type	Singapore address	Post Code	82261
Unit No.	03-311	Related Policy Number	5103559507		

OI Driver Info

Driver Name	LEOW JUN QIANG LESLIE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S89183791	Driver DOB	21/05/
Register Date of Driver License	03/01/2008	Driver Age	29	Driving Experience	11
Contact No.(Mobile)	88580368	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 614B #03-311	Address 2	EDGEFIELD PLAINS	Address 3	PUNGG
Address 4	SINGAPORE 822614	Address Type	Singapore address	Post Code	82261
Unit No.	03-311				
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: LEOW JUN QIANG, LESLIE
Contact No.(Mobile)			Contact No. (Home): NIL
Email Address			OI Vehicle Number: SLZ5528H
Claim Description		SLZ5528H / SKR3762P ON 28 Feb 2019	
Preferred Workshop	0	Insured Liability: Not at Fault	
Request No. Finalisation	Yes	Preferred Repair Option: Preferred Workshop, Name unknown	GIA report: Received
Date Registered		01/03/2019 17:49	Claim Close Date:
Report Taken By		LIEW SHAN HUI	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1034246	Claim No.	001

Last Doc. Received ◉ Yes ○ No Upload Date 01/03/2019 17:50

Path *		Category *	Confidential	Urgency *
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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:50	SAS	Normal	SAS 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:50	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:50	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:50	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:50	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:50	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:50	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:49	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:49	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:49	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:49	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:49	Photos	Normal	Photos 2019-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Mar 2019 17:49	Photos	Normal	Photos 2019-3-1

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window | Scan and uploading