

NATIONAL Assessment Centre Services (wef 1 Jan'05) **MLA119028999**

Date In: 4/13/19 - 10:23	Job description	Date & Time Completed	Done by
Ref No: 461 INC 19003922/24	SAS e-filing		
Veh No: SUR13596	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 2/1/19 - 12:35	i-Motor Claim Form	MT/103435-001	4/13/19 10:47
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: SCV 48 JEA 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1901656 Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Sat. 1: Sat. 2 / 3:	Invoice Preparation Checklist:		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		Int Bill	Add Bill
	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:-			
QJ*				
*N5: Courtesy Car / Tpl 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	\$0			
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	04/03/2019 10:23
Date Of Accident	03/03/2019 12:35
Exact Location Of Accident	BUKIT BATOK RD BEFORE JUNC BUKIT BATOK WEST AVE 7
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR1399G
Insured/Policyholder	
Name Of Registered Owner	WOON WEE CHIANG
NRIC No	S6871285H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96623960
Alternative Phone No	OFFICE-96623960
Vehicle Particulars	
Manufacturer	SEAT
Model	IBIZA 5DR 1.0 ECOTSI 110 FR 7AT
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	5092793251-01
Cover Note Number	
Driver	
Name of Driver	WOON WEE CHIANG
NRIC No	S6871285H
Date Of Birth	29/11/1968
Occupation	INDOOR
Date Of Driving Pass	04/04/1997
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96623960
Fax Number	
Contact Number	OFFICE-96623960
EMail Address	NOEMAIL

Address	BLK 155 GANGSA ROAD #16-335
Postcode	670155
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : LAM CHIOU LING GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190303/7006.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU4858A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAP SENG HUAT
NRIC/Passport Number	S1632366G

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)
Passenger 1

2
NAME: ;
GENDER: ;

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBD8449S
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver LIM CHEE KIONG
NRIC/Passport Number S7532011F
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1
NAME: ;
GENDER: ;

DETAILS OF INJURED PERSON 1

Name WOON WEE CHIANG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLR1399G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LAM CHIOU LING
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLR1399G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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.



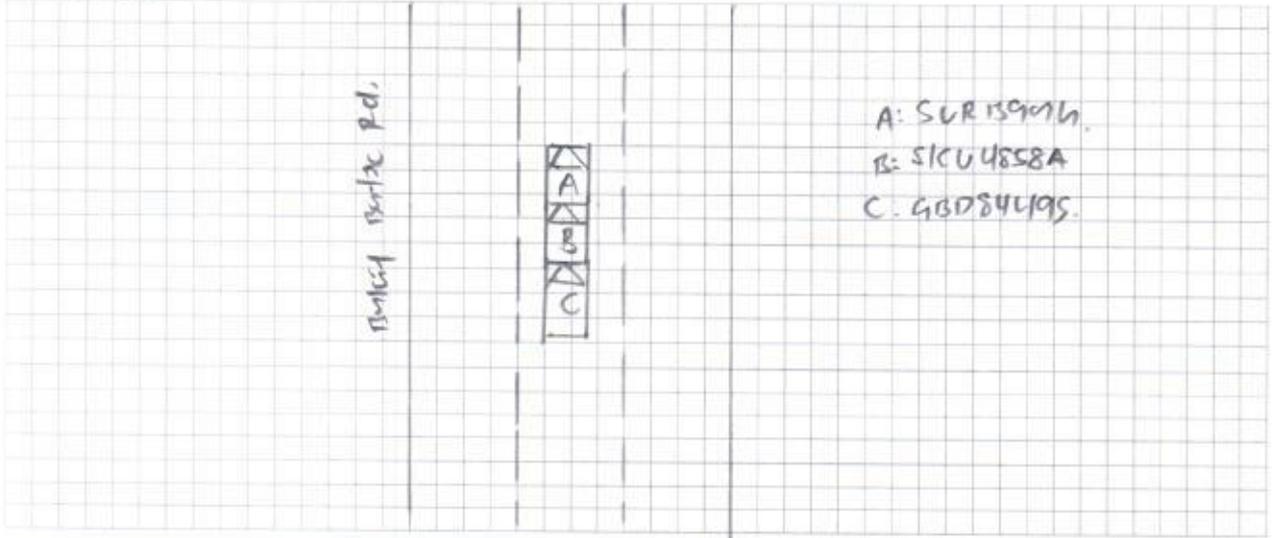
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report 7/170193303/2006

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.:



**SINGAPORE
POLICE FORCE**



T/20190303/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190303/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/03/2019 19:20		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WOON WEE CHIANG			Address: APT BLK 155 GANGSA ROAD #16-335 SINGAPORE 670155		
ID Type / ID No.: NRIC NO / S6871285H			Contact No.: Home/Office:		Mobile: 96623960
Nationality: SINGAPORE CITIZEN			Email: woonweechiang@gmail.com		
Sex: Male	Age: 50	Date of Birth: 29/11/1968	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Quantity surveyor		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/03/2019 12:35	Type of Location: T-Junction
Location: Bukit Batok Road Behind Home Team NS				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLR1399G	Car	SEAT	IBIZA 5DR 1.0 ECOTSI 110 FR 7AT	Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR1399G	NTUC Income Insurance Co-Operative Limited	5092793251-01	01/08/2018	31/07/2019



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Lam Chiou Ling	ID No.	S1656526A
Related Vehicle	SLR1399G (Car)	Contact No.	81210050
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/03/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	WOON WEE CHIANG	ID No.	S6871285H
Related Vehicle	SLR1399G (Car)	Contact No.	96623960
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/03/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

I was travelling along Bukit Batok Road towards Jurong (behind Hometeam NS) and my car was queuing for traffic light to clear to move ahead. Suddenly we felt (my wife and i) felt a sudden jerk and bang from behind us. I put on parking mode and stepped out of the car to have a look. I realized it was a 3 cars accident where my car was hit from behind. My car was stationery before the accident.

When we got home, my wife and I felt unwell at the neck, side and back area our body. We decided to visit a GP. GP referred us to NUH for further review and diagnosis.



**SINGAPORE
POLICE FORCE**



T/20190303/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190303/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
03/03/2019 19:20

Classification Of Case:

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S6871285H



Name
 WOON WEE CHIANG

云 惟 强

Race
 CHINESE

Date of birth
 29-11-1968

Sex
 M

Country of birth
 MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S6871285H

Name
 WOON WEE CHIANG

Birth Date 29 Nov 1968

Issue Date 12 Apr 2003




000379913E

4735813



NRIC No S6871285H



Date of issue
 20-06-2011

APT BLK 155 GANGSA ROAD #16-335
 SINGAPORE 670155

NRIC No: S6871285H Date: 29/02/2012 No: 6977422

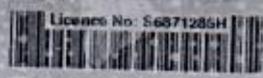
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
 04 Apr 1997

NP 422A

Licence No: S6871285H



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"/>	5092793251-01		WOON WEE CHIANG	S6871285H	GPC	drive PREMIUM	SLR1399G	SLR1399G	01/08/2018	31/07/2019

Continue

Policy Information

Policy No.	5092793251-01	Policyholder Name	WOON WEE CHIANG	Policyholder NRIC	S6871285H
Certificate No.					
Address	BLK 155 #16-335 GANGSA ROAD SINGAPORE 670155				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	11/07/2018	Effective Date	01/08/2018 00:00	Expiry Date	31/07/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	LIAN FONG CREDIT & TRADING	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 155 #16-335	Address 2	GANGSA ROAD	Address 3	SINGAPORE 670155
Address 4		Address Type	Singapore address	Post Code	670155
Unit No.		Related Policy Number	5092793251-01		

Insured Object: SLR1399G

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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[Continue](#) [Cancel](#)

Claim Handling

[Exit](#)

Accident MT/1034365

Policy No.	5092793251-01	Vehicle No.	SLR1399G	GST Registration No.	
Certificate No.					
Policyholder Name	WOON WEE CHIANG	Cover Type	drive PREMIUM	Policyholder NRIC	S6871285H
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Leading	0
Contact No. (Mobile)	96623960	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value=""/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes	Private Hire	No		
Accident Details					
Report Date	04/03/2019 10:45	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	03/03/2019	Time of Accident (hh:mm)	12:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK RD BEFORE JUNC BUKIT BATOK WEST AVE 7				
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 Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address					
Address 1	BLK 155 #16-335	Address 2	GANGSA ROAD	Address 3	SINGAPORE 670155
Address 4		Address Type	Singapore address	Post Code	670155
Unit No.		Related Policy Number	5092793251-01		

DI Driver Info					
Driver Name	WOON WEE CHIANG	Driver Type	Main Driver	Driver DOB	29/11/1968
Unnamed driver Name		Driver NRIC	S6871285H	Driving Experience	21
Register Date of Driver License	04/04/1997	Driver Age	50	Contact No. (Home)	0
Contact No. (Mobile)	96623960	Contact No. (Office)	0	Address 3	SINGAPORE 670155
Address 1	BLK 155	Address 2	GANGSA ROAD	Post Code	670155
Address 4		Address Type	Singapore address		
Unit No.	16-335	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	CO-PK	Insured Name	WOON WEE CHIANG	Insured NRIC	S6871285H
Contact No. (Mobile)	96623960	Contact No. (Home)	80747239	Contact No. (Office)	
Email Address	woonweechiang@gmail.com	DI Vehicle Number	SLR1399G	TP Vehicle Number	SKU4858A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLR1399G / SKU4858A DN 3 Mar 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/03/2019 10:47	Claim Close Date		Date Received	04/03/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1034365	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/03/2019 10:48

Path *	Category *	Confidential	Urgency *	Description *
<input type="text" value=""/>				
<input type="text" value=""/>				
<input type="text" value=""/>				
<input type="text" value=""/>				

