NATIONAL Assessment Centre Services. ANA419038596

Date In: 26/03/2019 16:03	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/19005398/4	SAS e-filing		
Veh No: SCE 8191	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/08/2019 19:15	I-Motor Claim Form	MT/1037554/001. 26/03/2019 17:35	
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: SCR 520R , 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		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

NA1902196

Claimant Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Services	Fee		
1) AR: Accident Reporting ($30)			
2) DA: Damage Assessment ($100) INC ($80)			
3) TF: Towing Fee	$40/$45		
4) PT: Follow-Through Survey	$120		
5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2003)	$30		
	$75		
6) TR: Re-Inspection	$160		
7) N1: Idea DA + SMRT Survey			
8) NTUC Additional Services:-			
OD:			
*NS: Courtesy Car / Tpt Allowance	35		
*NS: Repair Co-ordination	$10 / $25		
*NS: Post Repair Inspection	35		
*NS: DV / Collect Excess Coordination	$30		
TP(N11): TP (Non INC)	30		
9) N13: Idea Mobile			
Invoice dated / Fee Charged			
Invoice dated / Fee Charged			

10-DEC-2018 MON 08:09

FOR:

MNA419039596 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 26/03/2019 16:03
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 26/03/2019 17:30

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	26/03/2019 16:03
Date Of Accident	22/03/2019 19:15
Exact Location Of Accident	JUNCTION OF QUUENSWAY/ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCE819T
Insured/Policyholder	
Name Of Registered Owner	LOW CHONG SUN
NRIC No	S0516492C
Email Address	WLOWCS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97383375
Alternative Phone No	OTHERS-97383375
Vehicle Particulars	
Manufacturer	DAIHATSU
Model	TERIOS 1.5L 4WD AUTO ABS AIRBAG
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	5044745703-08
Cover Note Number	
Driver	
Name of Driver	LOW CHONG SUN
NRIC No	S0516492C
Date Of Birth	09/02/1944
Occupation	INDOOR
Date Of Driving Pass	25/03/1970
Driving Experience	48 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97383375
Fax Number	
Contact Number	OTHERS-97383375
EMail Address	WLOWCS@GMAIL.COM

Address	BLK 77A REDHILL ROAD #19-18
Postcode	151077
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	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)	2
Passenger 1	NAME: : WIFE 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 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	SKR520R
Vehicle Make/Model/Colour	VOLKSWAGEN
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.
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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:

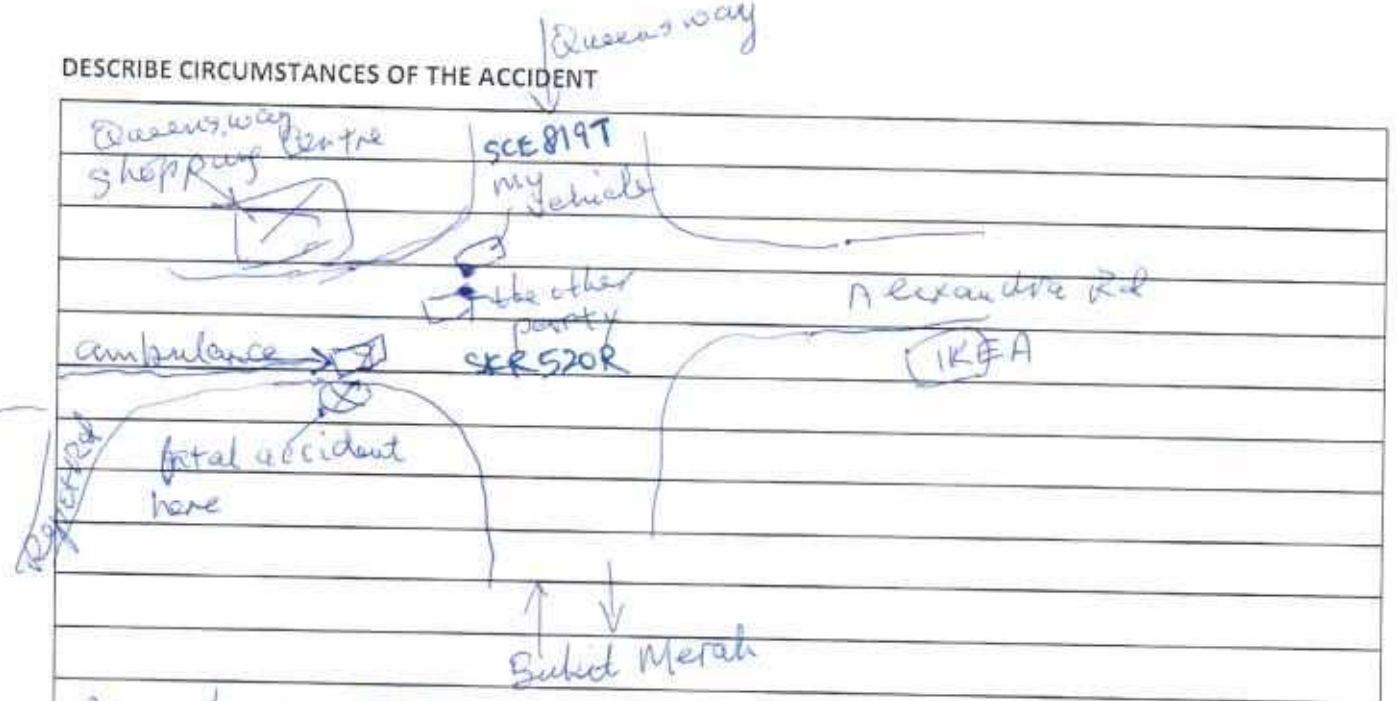
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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:	26/03/2019 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



At about 7.15 pm on 22nd March'19 I was driving down from Queensway and turning right into Alexandra Rd on the way towards Depot Rd when my vehicle had a slight scratch with another vehicle SKR520R, my vehicle left front with the other vehicle right back (□□). Traffic was very heavy due to fatal accident a few minutes before my own accident with vehicle SKR520R. Traffic was also very slow and chaotic.

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:

26/03/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

Accident MT/1027554

Policy No.	S044745703-08	Vehicle No.	SCE819T	GST Registration No.	
Certificate No.					
Policyholder Name	LOW CHONG SUN				
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Policyholder NRIC	S0518492C
Contact No.(Mobile)	97383375	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
47K	No Yes	TCA	No Yes	eCode	No
NCD Protection	Yes	NCD Entitlement(%)	50	eCode Reason	
				Private Hire	No

Accident Details

Report Date	26/03/2019 16:21	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	22/03/2019	Time of Accident hh:mm	19:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ZCM No.	
Accident Location	JUNCTION OF QUEENSWAY/ALEXANDRA ROAD				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Untamed 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 77A #19-18	Address 2	REDHILL ROAD	Address 3	SINGAPORE 151077
Address 4		Address Type	Singapore address	Post Code	151077
Unit No.		Related Policy Number	S044745703-08		

OI Driver Info

Driver Name	LOW CHONG SUN	Driver Type	Main Driver		
Untamed Driver Name		Driver NRIC	S0518492C	Driver DOB	20/02/1949
Register Date of Driver License	15/09/1969	Driver Age	70	Driving Experience	49
Contact No.(Mobile)	97383375	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 77A #19-18	Address 2	REDHILL ROAD	Address 3	SINGAPORE 151077
Address 4		Address Type	Singapore address	Post Code	151077
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SCE819T	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		

Modification History

Claim 001 OD-MX New

Claim Type *		OD-MX	Insured Name	LOW CHONG SUN	Insured NRIC S0518492C
Contact No.(Mobile)		97383375	Contact No. (Home)	64752280	Contact No. (Office)
Email Address		Wlowcs@gmail.com	OI Vehicle Number	SCE819T	TP Vehicle Number SKR520R
Claim Description		SCE819T / SKR520R ON 22 Mar 2019			Name of Preferred Workshop
Preferred Workshop			Insured Liability	Partially at Fault	
Contact No.			Preferred Repair Option	Preferred Workshop, Name unknown	GIA report Received
Finalisation	Yes				
Date Registered		26/03/2019 16:23	Claim Close Date		Date Received 26/03/2019 16:24
Report Taken By		ROSLI WAHAB	Workshop Repairer		Total Loss but Recovered

Print All letter

Save Submit

Attachment

Accident No.	MT/1027554	Claim No.	001
Last Doc. Received	Yes No	Upload Date	26/03/2019 17:35

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? (OD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Mar 2019 17:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-26	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Mar 2019 17:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-26	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Mar 2019 17:35	SAS	Normal	SAS 2019-3-26	

	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2019 16:24	Photos	Normal	Photos 2019-3-26
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2019 16:24	Photos	Normal	Photos 2019-3-26
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2019 16:24	Photos	Normal	Photos 2019-3-26
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2019 16:23	Photos	Normal	Photos 2019-3-26
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2019 16:23	Photos	Normal	Photos 2019-3-26
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2019 16:23	Photos	Normal	Photos 2019-3-26
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2019 16:23	Photos	Normal	Photos 2019-3-26
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2019 16:23	Photos	Normal	Photos 2019-3-26
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2019 16:23	Photos	Normal	Photos 2019-3-26

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (22/03/2019) (DD/MM/YYYY), TIME: (19:15) (HH:MM)

LOCATION: Junction Queensway / Alexandra Road

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SCE 819T
   b) INSURANCE COMPANY: NTUC INCOME
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY~~ / ~~THIRD PARTY FIRE & THEFT~~)
   e) MAKE & MODEL: ~~Subaru Legacy~~ Daihatsu
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Personal 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: Low Chong Sur (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S0516492/C CONTACT: 97383375
   c) ADDRESS: Blk 77A Redhill Road #19-18 S151077

MFE

* No of passenger (Including driver) (2)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER
   a) NAME: As Above (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (09/02/1944) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR) Retired
   f) DATE OF DRIVING PASS
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? ~~(YES)~~ / (NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Clear
   b) ROAD SURFACE: (DRY / WET / OTHERS dry
6. WAS ANYBODY INJURED ~~(YES)~~ / (NO)
7. a) REPORTED TO POLICE ~~(YES)~~ / (NO)
   IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE

* No of passenger (Including driver) (__)

   a) VEHICLE NUMBER: SKR520R MODEL: VW
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:
9. THIRD PARTY VEHICLE

* No of passenger (Including driver) (__)

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

email = wlowcs@gmail.com

VIDEO


REPUBLIC OF SINGAPORE

ITY CARD NO. S0516492C

LOW CHONG SUN

刘 崇 山

CHINESE

09-02-1944 M

SINGAPORE


S0516492C

O+ 05-05-1994

APT BLK 77A REDHILL ROAD #18-18
SINGAPORE 151077
NRIC No: S0516492C Date: 03-11-2005


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0516492C

Name

LOW CHONG SUN

Birth Date 09 Feb 1944

Issue Date 11 Mar 2004

001158198K


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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms 19 Sep 1969

Licence No: S0516492C

NP 427A

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 22/03/2019 15:12
Vehicle No.(For Motor): SCE819T | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5044745703-08		LOW CHONG SUN	50516492C	GPC	drivo CLASSIC	SCE819T	SCE819T	24/07/2018	23/07/2019

Continue