NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA19045442

Date In: 8/4/19-14:45	Job description	Date & Time Completed	Done by
Ref No: NA/NC 1902685/24	SAS e-filing		
Veh No: SBL128D	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 5/4/19 - 19:10	i-Motor Claim Form	MA/1039315-00	8/4/19 19:41
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: SJK2148M 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

NA 1902534

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
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:-			
QD*			
*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: Idac 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	08/04/2019 14:29
Date Of Accident	05/04/2019 19:10
Exact Location Of Accident	HOUGANG AVE 4 TWDS HOUGANG AVE 9
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBL128D
Insured/Policyholder	
Name Of Registered Owner	LAU SWEE SENG WILSON
NRIC No	S6846472B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96718098
Alternative Phone No	OFFICE-96718098
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	5107623213
Cover Note Number	
Driver	
Name of Driver	CATHERINE KAREN PEH LI QIN
NRIC No	S7213229G
Date Of Birth	19/04/1972
Occupation	INDOOR
Date Of Driving Pass	05/10/2004
Driving Experience	14 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90498287
Fax Number	
Contact Number	OFFICE-90498287
EMail Address	NOEMAIL

Address	BLK 538 HOUGANG STREET 52 #06-82
Postcode	530538
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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)	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

REFER TO STATEMENT.

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	SGZ148M
Vehicle Make/Model/Colour	HONDA STREAM
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)	

DETAILS OF INJURED PERSON 1

Name	CATHERINE KAREN PEH LI QIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SBL128D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1) Please report **correctly** on the details of the accident to speed up the claims process.
2) This form must **be completed by the policy holder 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 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.
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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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:

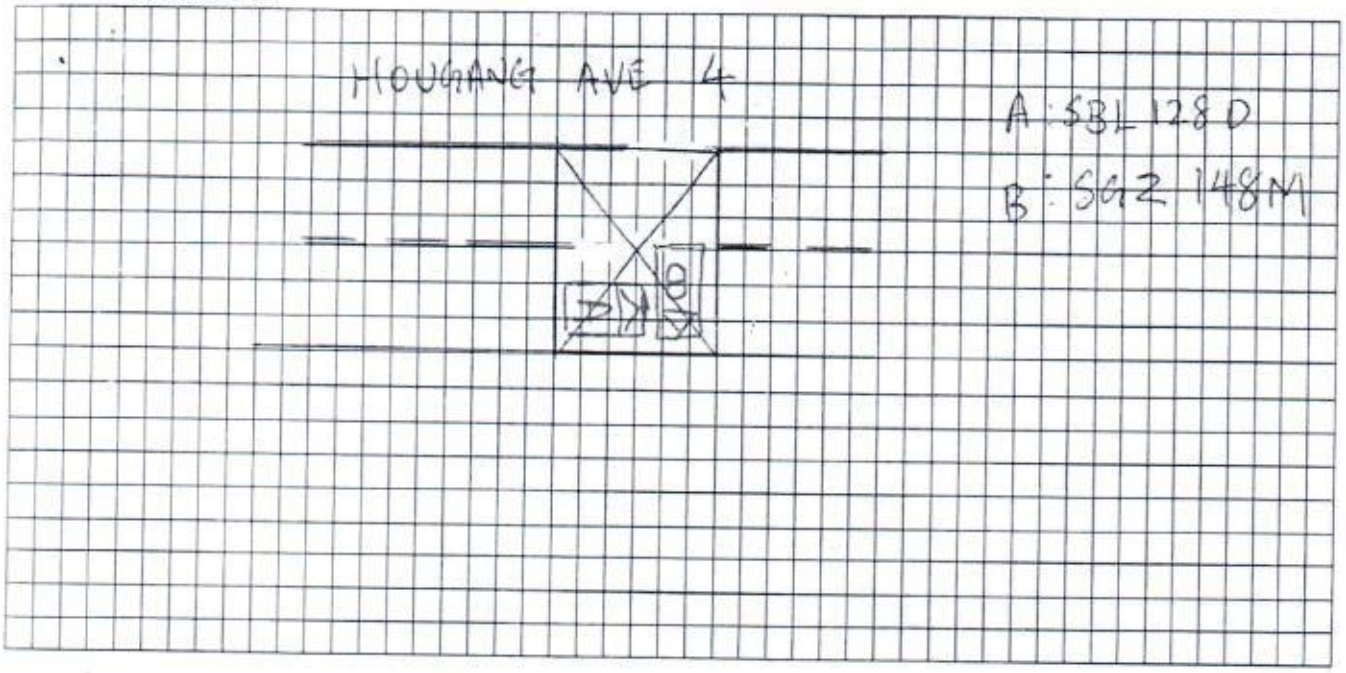
(I) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time I vehicle A (SBL 1280) was traveling on Hougang Ave 4 towards Ave 9. As I was travelling on the first lane, upon reaching a yellow box vehicle B (SGZ 148M) came out from the left side and cause the collision to happen.

DECLARATION

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

Policy holder's signature	**Driver's signature**	**reporting centre personnel's Signature**
Date & time:	**(if driver is not policy holder)**	**Name:**
	Date & time:	**NRIC/FIN No.:**

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the Individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS		
Date of accident	05/04/19	(DD/MM/YY)
Time of accident	19:08	(HH:MM)
Exact location of accident	HOUGANG AVE 4 TOWARDS AVE 9	

DETAILS OF VEHICLE	
Vehicle registration number	SBL 128D
Vehicle make and model	BMW 316
Type of vehicle	Saloon ☑ MPV ☐ CRV ☐ Van ☐ Lorry ☐ Bus ☐ Motorcycle ☐ Others: _____
Vehicle category	Private ☑ Commercial ☐ Motorcycle ☐
Purpose of using at said time	GOING OUT
Are you claiming under your own insurance company?	Yes ☐ No ☑ if no, please select: Third part claim ☑ Reporting only ☐

INSURANCE INFORMATION	
Insurance company	NTUC INCOME
Policy number	5107623213
Type of policy	Comprehensive ☑ Third party fire & theft ☐ TP only ☐

INSURED / POLICY HOLDER		
Name	LAU SWEE SENG WILSON	Male ☑ Female ☐
NRIC / Fin / Passport number	S6846472B	
Contact	9671 8098	
Address	~~Blk~~ BLK 538 HOUGANG ST 52 #06-82 S'PORE (530538)	

DRIVER	SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)	
Name	CATHERINE KAREN PEH LI	Male ☐ Female ☐
NRIC / Fin / Passport number	S7215229G	
Contact		
Address	BLK 538 Hougang St 52 #06-82 S(530538)	
Email address	90498287	
Date of birth	19/4/1972	
Occupation	Indoor ☑ Outdoor ☐	
Driving date pass	5/10/2004	

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes ☐ No ☑ If no, relationship of the driver and insured: Owner daughter.
Accident captured by camera?	Yes ☑ No ☐
Weather condition	Clear ☑ Raining ☐ Others: _____
Road surface	Dry ☑ Wet ☐
No of passenger	(1) (Inclusive of driver)

PASSENGER 1	
Name	
Gender	Male ☐ Female ☐

PASSENGER 2	
Name	
Gender	Male ☐ Female ☐

PASSENGER 3	
Name	
Gender	Male ☐ Female ☐

PASSENGER 4	
Name	
Gender	Male ☐ Female ☐

PASSENGER 5	
Name	
Gender	Male ☐ Female ☐

PASSENGER 6	
Name	
Gender	Male ☐ Female ☐

OTHER INFORMATION	
Was anybody injured?	Yes ☑ No ☐
Was other vehicle damaged?	Yes ☑ No ☐

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes ☐ No ☑ If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SGZ 148M
Vehicle make model	HONDA STREAM
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes □ No □
Was injured conveyed to hospital by ambulance?	Yes □ No □

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes □ No □
Was injured conveyed to hospital by ambulance?	Yes □ No □

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes □ No □
Was injured conveyed to hospital by ambulance?	Yes □ No □

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes □ No □
Was injured conveyed to hospital by ambulance?	Yes □ No □

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes □ No □
Was injured conveyed to hospital by ambulance?	Yes □ No □

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes □ No □
Was injured conveyed to hospital by ambulance?	Yes □ No □

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7213229G

Name

CATHERINE KAREN PEH LI QIN

白 麗 勤

Race

CHINESE

Date of birth

19-04-1972

Sex

F

Country of birth

SINGAPORE

S7213229G

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7213229G

Name:

CATHERINE KAREN PEH LI QIN

Birth Date: 19 Apr 1972

Issue Date: 21 Oct 2005

001375667G

Scanned with CamScanner

3778288

NRIC No. S7213229G

Date of issue
07-10-2005

APT BLK 538 HOUGANG STREET 52 #06-82
SINGAPORE 530538

NRIC No: S7213229G Date: 02/08/2014

RE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors vehicles =< 2500 kg	05 Oct 2004

Licence No: S7213229G

NP 428A

Scanned with CamScanner

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: 05/04/2019 19:10

Vehicle No.(For Motor): SBL128D | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5107623213		LAU SWEE SENG WILSON	S6846472B	GPC	drivo CLASSIC	SBL128D	SBL128D	21/02/2019	26/01/2020

Continue

Policy Information

Policy No.	5107623213	Policyholder Name	LAU SWEE SENG WILSON	Policyholder NRIC	S6846472B
Certificate No.					
Address	BLK 538 #06-82 HOUGANG STREET 52 SINGAPORE 530538				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	21/02/2019	Effective Date	21/02/2019 00:00	Expiry Date	26/01/2020 23:59
Excess Type	Per Accident	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	ALFA CREDIT PTE LTD	Agent Tel.	62411228	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 538 #06-82	Address 2	HOUGANG STREET 52	Address 3	SINGAPORE 530538
Address 4		Address Type	Singapore address	Post Code	530538
Unit No.		Related Policy Number	5107623213		

Insured Object: SBL128D

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	21/02/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 21 Feb 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: HONG LEONG FINANCE LIMITED CHASSIS NUMBER: WBA3A16040NS36173 ENGINE NUMBER: B248J552N13B16A VEHICLE REGISTRATION NUMBER: SBL128D ORIGINAL REGISTRATION DATE: 27 Jan 2014

Continue Cancel

Claim Handling

Exit

Accident MT/1039315

Policy No.	5107623213	Vehicle No.	SBL128D	GST Registration No.	
Certificate No.					
Policyholder Name	LAU SWEE SENG WILSON			Policyholder NRIC	S6846472B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96718098	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	08/04/2019 19:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	05/04/2019	Time of Accident hh:mm	19:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOUGANG AVE 4 TWDS HOUGANG AVE 9				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YSED TP Excess		Driver is Covered?	
Additional Excess	0.00				
Total OD Excess Applicable		Total TP Excess Applicable			

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 538 #06-82	Address 2	HOUGANG STREET 52	Address 3	SINGAPORE 530538
Address 4		Address Type	Singapore address	Post Code	530538
Unit No.		Related Policy Number	5107623213		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CATHERINE KAREN PEH LI QIN	Driver NRIC	S7213229G	Driver DOB	19/04/1972
Register Date of Driver License	05/10/2004	Driver Age	46	Driving Experience	14
Contact No.(Mobile)	90496287	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 538	Address 2	HOUGANG STREET 52	Address 3	SINGAPORE 530538
Address 4		Address Type	Singapore address	Post Code	530538
Unit No.	06-82				
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	LAU SWEE SENG WILSON	Insured NRIC	S6846472B
Contact No.(Mobile)	96718098	Contact No.(Home)	62123990	Contact No.(Office)	
Email Address	kyla88@singnet.com.sg	OI Vehicle Number	SBL128D	TP Vehicle Number	SGZ148M
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SBL128D / SGZ148M ON 5 Apr 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/04/2019 19:41	Claim Close Date		Date Received	08/04/2019 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save | Submit

Attachment

Accident No.	MT/1039315	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	08/04/2019 19:42

Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	NO	Normal	

Browse...
Clear
Please Select
NO
Normal
Send Message
Upload
Attachment List
Attachment
Uploaded By/Date
Category
Urgency
Description
Msg Sent? (CD)
Action
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2019 19:42
NRIC/ Driving License
Normal
NRIC/ Driving License 2019-4-8
SAS
SAS 2019-4-8
Photos
Photos 2019-4-8
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2019 19:41
Edit
Video List
Uploaded By/Date
Folder Date
File Name
Source
Action
Display in New Window
Scan and uploading