

NATIONAL Assessment Centre Services		MMA 49059673	
Date In: 08/05/2019 16:00	Job description	Date & Time Completed	Done by
Ref No: MMA/INC/1900818/4	SAS e-filing		
Veh No: SLA 56AEP	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: 08/05/2019 10:00	i-Motor Claim Form	M71W43540-001	08/05/2019
OD <input checked="" type="checkbox"/> : Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		16131
	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: SMF 29000	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:	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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claimant against INC Only (wef 10 Jan 2015)		
	6) TR: Re-inspection \$75		
	7) N1: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q11:		
	* 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 (N-in INC) against INC \$20		
	* N12: Idau Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

07-MAY-2019 16:39

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 08/05/2019 16:00
Date Of Accident 08/05/2019 10:00
Exact Location Of Accident TRAFFIC JUNCTION OF SWISS CLUB ROAD/DUNEARN ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA5695P
Insured/Policyholder
Name Of Registered Owner CHEN YEW PING
NRIC No S1063970J
Email Address INFO@WENGFATT.SG
Mobile Phone No (LOCAL) +65-96215317
Alternative Phone No OTHERS-96215317

Vehicle Particulars

Manufacturer TOYOTA
Model COROLLA ALTIS-1.6 (A)
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 5107954222
Cover Note Number

Driver

Name of Driver CHEN YEW PING
NRIC No S1063970J
Date Of Birth 05/01/1946
Occupation INDOOR
Date Of Driving Pass 08/07/1964
Driving Experience 54 YEARS AND 10 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96215317
Fax Number
Contact Number OTHERS-96215317
Email Address INFO@WENGFATT.SG

Address	985 BUKIT TIMAH ROAD #03-21
Postcode	589627
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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	SMF2900D
Vehicle Make/Model/Colour	MAZDA CX-3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG ENG CHIANG
NRIC/Passport Number	S2166902D
Contact Number	96888807
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:

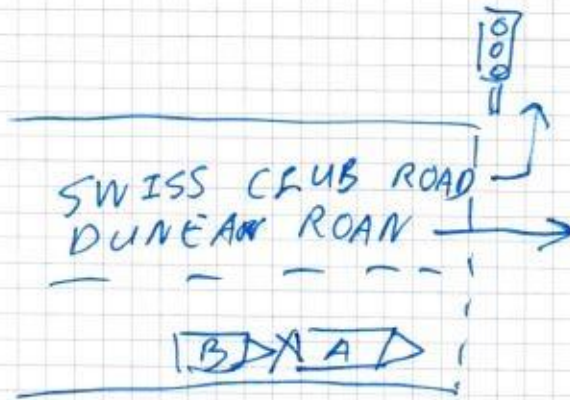
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:

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

SKETCH PLAN



A: SLA5695D
B: SMF290QD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary at traffic light when
vehicle (B) hit me from the rear
My vehicle is vehicle (A)

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 28/05/2019
Res L. [Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident HT/1043546

Policy No.	3107954222	Vehicle No.	SLA5695P	GST Registration No.	
Certificate No.					
Policyholder Name	CHEN YEW PING			Policyholder NRIC	S10639703
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Leading	0
Contact No.(Mobile)	96215317	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
▼ Accident Details					
Report Date	08/05/2019 16:21	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/05/2019	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TRAFFIC JUNCTION OF SWISS CLUB ROAD/DUNEARN ROAD				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OO Standard Excess	600.00	TP Standard Excess	0.00		
YEDD OD Excess	0.00	YEDD TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	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	985 BUKIT TIMAH ROAD	Address 2	#03-21 MAPLE WOODS	Address 3	SINGAPORE S89627
Address 4		Address Type	Singapore address	Post Code	S89627
Unit No.	03-21	Related Policy Number	3107954222		
▼ OT Driver Info					
Driver Name	CHEN YEW PING	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S10639703	Driver DOB	05/01/1946
Register Date of Driver License	08/07/1964	Driver Age	73	Driving Experience	S4
Contact No.(Mobile)	96215317	Contact No.(Office)		Contact No.(Home)	
Address 1	985 BUKIT TIMAH ROAD	Address 2	#03-21 MAPLE WOODS	Address 3	SINGAPORE S89627
Address 4		Address Type	Singapore address	Post Code	S89627
Unit No.	03-21				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLA5695P	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001


New

Claim Type *	OD-MX	Insured Name	CHEN YEW PING	Insured NRIC	S10639703
Contact No.(Mobile)	96215317	Contact No.(Home)	64699718	Contact No.(Office)	
Email Address		OT Vehicle Number	SLA5695P	TP Vehicle Number	SMF2900D
Claim Description	SLA5695P / SMF2900D ON 8 May 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Basact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	08/05/2019 16:30
Date Registered				Date Received	08/05/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	HT/1043546	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/05/2019 16:31		
Path *					
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Message Read		Clear	Please Select		
Send Message					
▼ Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 16:31	Photos	Normal	Photos 2019-5-8	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 16:31	Photos	Normal	Photos 2019-5-8	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 16:30	Photos	Normal	Photos 2019-5-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 16:30	Photos	Normal	Photos 2019-5-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 16:30	Photos	Normal	Photos 2019-5-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 16:30	Photos	Normal	Photos 2019-5-8
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 16:30	Photos	Normal	Photos 2019-5-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 16:30	SAS	Normal	SAS 2019-5-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 16:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-8

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: (8/05/19) (DD/MM/YYYY), TIME: (10.00am) (HH:MM)

LOCATION: Traffic light junction of Swiss Club Rd & Dunearn Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLA 5695 P
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5107954222
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Actis
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
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: CHEN YEW PING (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: B6397011 CONTACT: 98215317
c) ADDRESS: 985, Bukit Timah Road
Postal code: 589627

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ONE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: Same as above CONTACT:
c) ADDRESS: Same as above

*d) DATE OF BIRTH: (5/1/46) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

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)
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: SMF 2900 D MODEL: CX-3 Mazda
b) DRIVER'S NAME: ONG ENG CHIANC
c) NRIC/FIN/PASSPORT: S2166902 D CONTACT: 9688807

9. THIRD PARTY VEHICLE

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

* No of passengers
(Including driver)
()

* No of passengers
(Including driver)
()

* No of passengers
(Including driver)
()

Email = info@wengfatt.sg
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1063970J**



Name
CHEN YEW PING

Race
CHINESE

Date of Birth
05-01-1946

Country of Birth
SINGAPORE

Sex
M





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1063970J**

Name
CHEN YEW PING

Birth Date: **05 Jan 1946**
Issue Date: **10 Mar 2004**





1001157049C

0196058



NRIC No: **S1063970J**




Blood Group: **B+** Date of issue: **20-12-1991**

**985 BUKIT TIMAH ROAD #03-21
SINGAPORE 589627**

NRIC No: **S1063970J** Date: **19/12/2016**


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
08 Jul 1964

NP 428A

Licence No: **S1063970J**



Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="08/05/2019 16:12"/>
Vehicle No.(For Motor)	<input type="text" value="SLA569SP"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107954222		CHEN YEOW PING	S1063970J	GPC	drive PREMIUM	SLA569SP	SLA569SP	07/03/2019	06/03/2020