NATIONAL Assessment Centre Services. (Incl. Jurong) MNA1190608701

Date In: 10/5/19 15:30	Job description	Date & Time Completed	Done by
Ref No: MAI INC1900833164	SAS e-filing		
Veh No: SLX8346G	E-mail (within 8hrs, AIC 2hrs)		
DOA 9/5/19 21:45	I-Motor Claim Form	MT/1043946-001	10/5/19 17:07
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 / GW: (Tel: Fax:)

TP Particulars: Veh No: SJS2264. 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 Only: Cab 6016)	Date & Time	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

MA1903316

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Cal. 1:

Cal. 2 / 3:

Invoice/Transaction Check	Amt ($)	Addl'l Amt ($)
1) AR : Accident Reporting ($30);	30.00	
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 (w.e.f 10 Jan 2005)		
6) TR : Re-Inspection	$75	
7) N1 : Idao DA + SMRT Survey	$160	
8) NTUC Additional Services:-		
OR*		
*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	10/05/2019 15:30
Date Of Accident	09/05/2019 21:45
Exact Location Of Accident	TAMPINES AVE 12 TWDS PASIR RIS DR 8
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLX8346G
Insured/Policyholder	
Name Of Registered Owner	SNG HONG SHENG, LEWIS
NRIC No	S7411220Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88688982
Alternative Phone No	OFFICE-88688982
Vehicle Particulars	
Manufacturer	KIA
Model	K3
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	5100295159-01
Cover Note Number	-
Driver	
Name of Driver	SNG HONG SHENG, LEWIS
NRIC No	S7411220Z
Date Of Birth	16/04/1974
Occupation	INDOOR
Date Of Driving Pass	08/08/1996
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88688982
Fax Number	
Contact Number	OFFICE-88688982
EMail Address	NOEMAIL

Address	BLK 99 BEDOK NORTH AVE 4 #09-1904
Postcode	460099
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?	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: : XU YING 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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS226Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PANG LI ZHONG
NRIC/Passport Number	S9810300G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SNG HONG SHENG, LEWIS
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLX8346G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	XU YING
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLX8346G
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.

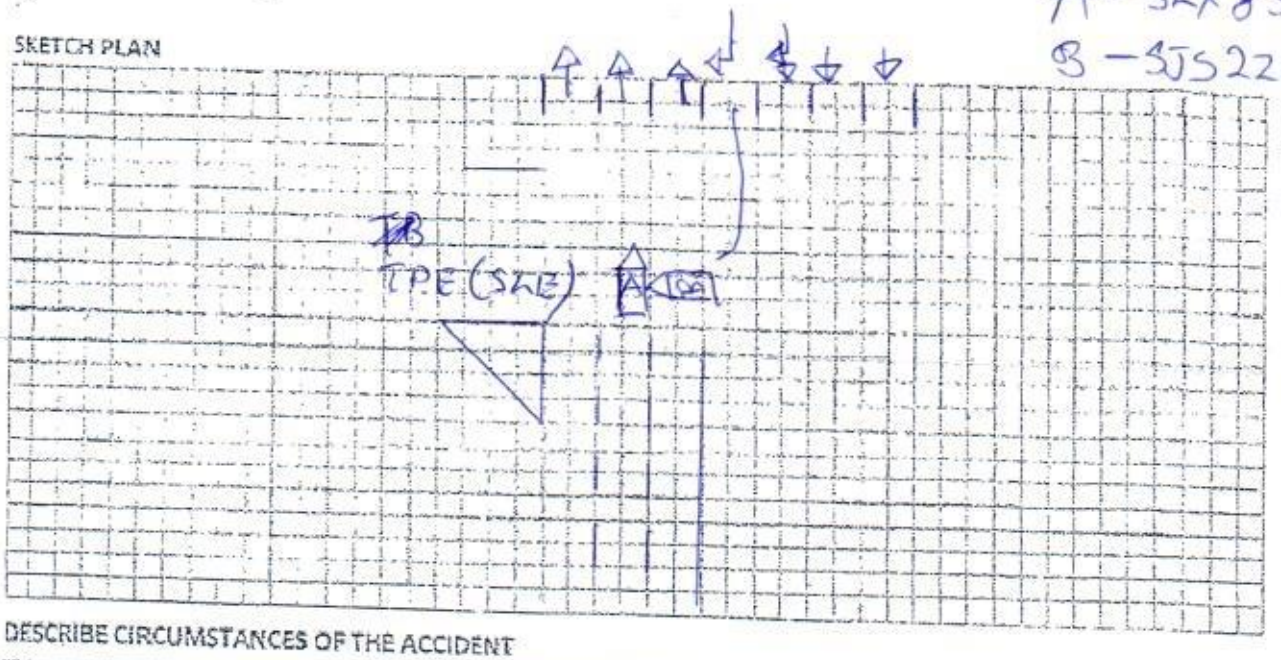
Policyholder's Signature
Date & Time:

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

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

A - SLX8346G
B - SJS226Y

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was travelling along Tampines Ave 12 toward Pasir Ris Dr 8. Approaching junction of TPE(SLE) and Tampines Ave 12, the traffic light is in my favour. Vehicle B turning right from the opposite direction collided on to right portion of my car.

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 : 9/5/19 Accident Time: @ 2145 (24-HR-Format)

Accident Place : Tampines Ave 12 toward Pasir Ris Dr 8

Vehicle Reg. No. (Car Plate No.) : SLX 8346G

Vehicle Make/Model : KIA K3

Insurance Company : NTUC Policy No. 5100295159-01

Owner or Company Name /IC No. : SNG HONG SHENG, LEWIS S7411220Z

Owner or Company Contact No. : 88688982 Owner's Hp _____ Company Tel

DRIVER'S Name / IC No. : S7411220Z

DRIVER'S Date Of Birth : 16/04/1974 DRIVER'S License Pass Date 08 Aug 1996

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

DRIVER'S Address : 99 Bedok North Ave 4 #09-1904

DRIVER'S Contact No./ Alt No. :1) 88688982 2) _____

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

Email Address : platinumwerkz@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): 2

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: SJS 226Y	Vehicle Reg. No:
Vehicle Make\Model: Nissan	Vehicle Make\Model:
Name Driver: ~~Pang~~ Pang Li Zhong	Name Driver:
IC No. Driver: S9810300G	IC No. Driver:
Driver's Contact & Add: 643 Yishun Street 61 #12-280	Driver's Contact & Add:

platinumwerkz@gmail.com

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7411220Z

Name

SNG HONG SHENG, LEWIS

孫 鴻 昇

Race

CHINESE

Date of birth

16-04-1974

Sex

M

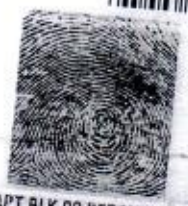
Country/Place of birth

SINGAPORE

S7411220Z

5487681

NRIC No. S7411220Z



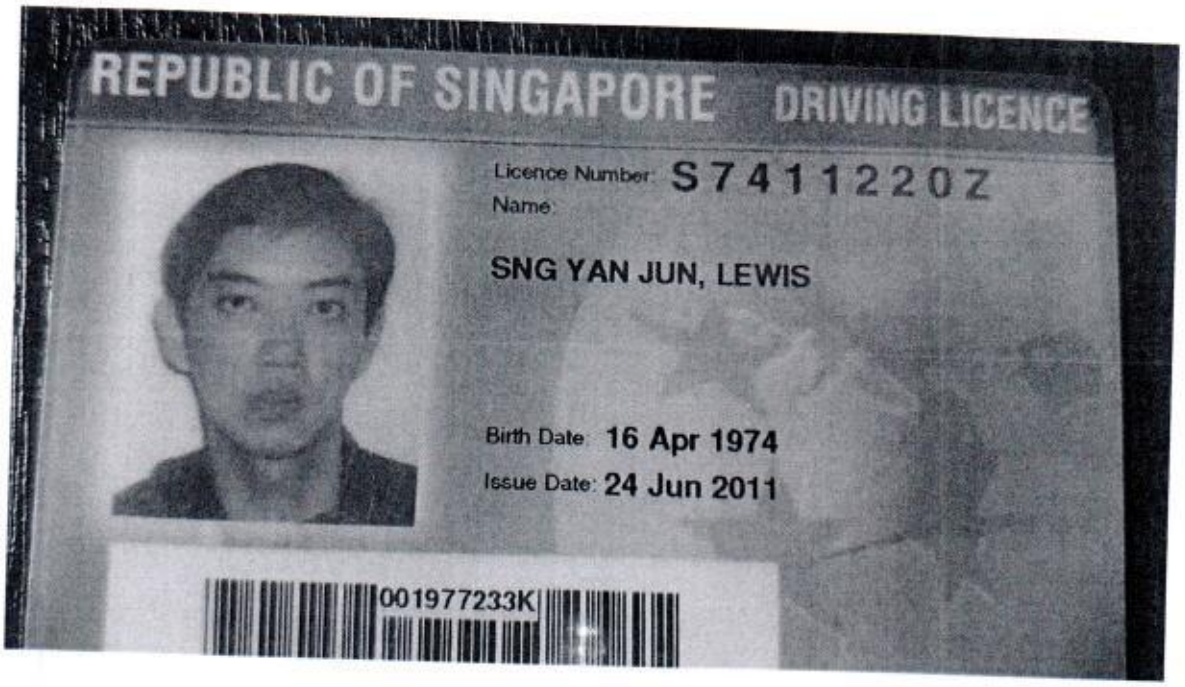
Date of issue

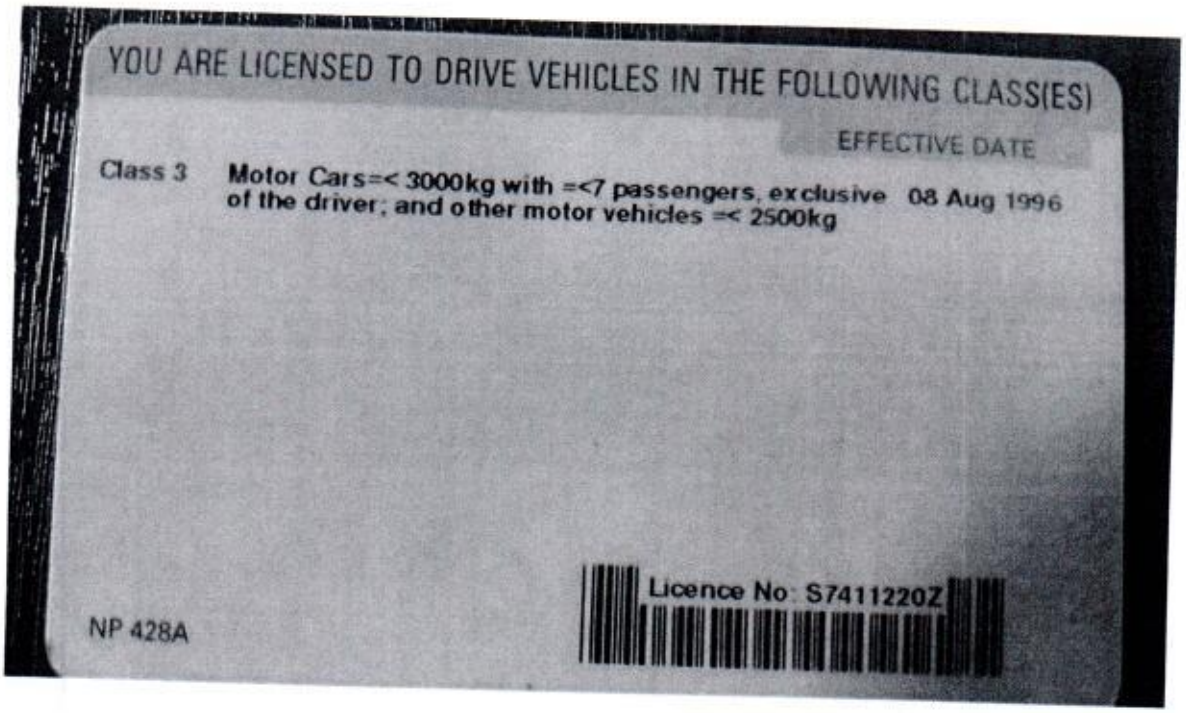
24-10-2015

APT BLK 99 BEDOK NORTH AVENUE 4 #09-1904
SINGAPORE 460099

NRIC No: S7411220Z

Date: 29/09/2016


REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number: S7411220Z
Name:
SNG YAN JUN, LEWIS
Birth Date: 16 Apr 1974
Issue Date: 24 Jun 2011
001977233K


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg
08 Aug 1996
Licence No: S7411220Z
NP 428A

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

› Change Language › Change Password › Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SLX8346G

Date of Accident 09/05/2019 15:27

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5100295159-01		SNG HONG SHENG, LEWIS	S7411220Z	GPC	drivo CLASSIC	SLX8346G	SLX8346G	13/04/2019	12/04/2020

Continue

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

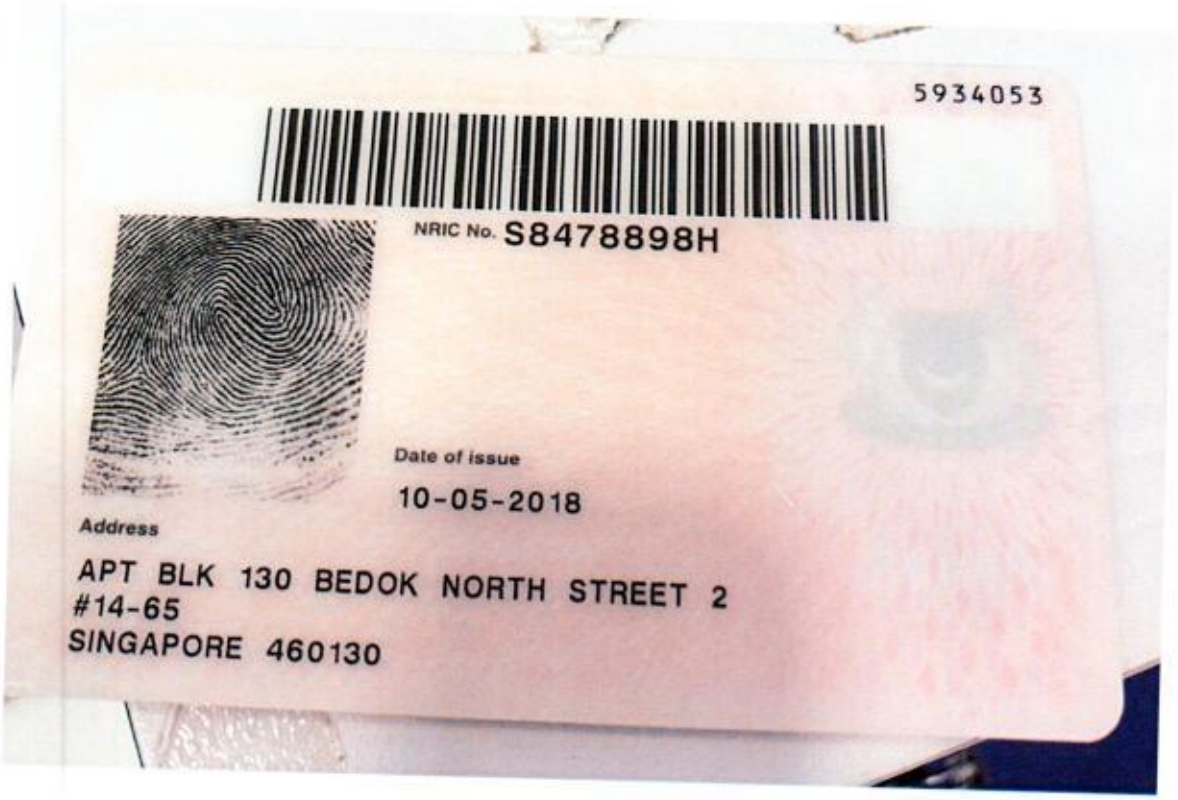
Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1220Z
Vehicle Details	
Vehicle No.:	SLX8346G
Vehicle to be Exported:	Yes
Intended Deregistration Date:	11 May 2019
Vehicle Make:	KIA
Vehicle Model:	CERATO K3 1.6A SUNROOF
Primary Colour:	Grey
Manufacturing Year:	2017
Engine No.:	G4FGHH692013
Chassis No.:	KNAFZ411MJ5761818
Maximum Power Output:	95.3 kW (127 bhp)
Open Market Value:	$15,355.00
Original Registration Date:	13 Apr 2018
First Registration Date:	13 Apr 2018
Transfer Count:	0
Actual ARF Paid:	$15,355.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Apr 2028
PARF Rebate Amount:	$11,516.00
Intended COE Rebate Details	
COE Expiry Date:	12 Apr 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$36,810.00
COE Rebate Amount:	$29,448.00
Total Rebate Amount:	**$40,964.00**

The information contained herein is correct as at 10 May 2019

OK

passanger


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8478898H
MAJULAH SINGAPURA
Name
XU YING
徐 英
Race
CHINESE
Date of birth
04-11-1984
Sex
F
Country/Place of birth
CHINA
S8478898H


5934053
NRIC No. S8478898H
Date of issue
10-05-2018
Address
APT BLK 130 BEDOK NORTH STREET 2
#14-65
SINGAPORE 460130

Claim Handling

Accident MT/1043946

Policy No.	5100295159-01	Vehicle No.	SLX8346G	GST Registration No.	
Certificate No.					
Policyholder Name	SNG HONG SHENG, LEWIS				
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Policyholder NRIC	S7411:
Contact No.(Mobile)	88688982	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KFK	○ No ○ Yes	TCA	● No ○ Yes	eCode	No
NCD Protection	Yes	NCD Entitlement(%)	50	eCode Reason	
				Private Hire	No

Accident Details

Report Date	10/05/2019 17:03	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	09/05/2019	Time of Accident hh:mm	21:45	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES AVE 12 TWDS PASIR RIS DR 8				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	1,500.00			Driver is Covered?	Covere
Total OD Excess Applicable	2,100.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No		
GST Registration No.		GST Registration Date	
Modification History		GST Status Verified	Yes

Policyholder Mailing Address

Address 1	BLK 65 #15-1144	Address 2	NEW UPPER CHANGI ROAD	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	46006
Unit No.		Related Policy Number	5100295159-01		

OI Driver Info

Driver Name	SNG HONG SHENG, LEWIS	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7411220Z		
Register Date of Driver License	01/01/2001	Driver Age	45	Driver DOB	16/04/
Contact No.(Mobile)	88688982	Contact No.(Office)		Driving Experience	18
Address 1	BLK 65 #15-1144	Address 2	NEW UPPER CHANGI ROAD	Contact No.(Home)	
Address 4		Address Type	Singapore address	Address 3	SINGA
Unit No.				Post Code	46006
Does he own a Singapore Registered car?	○ Yes ● No	Driver Vehicle No.			
Declaration				Driver Insurer Company	
Breathalyser or Blood Test Reading?	0 mg	Any injury?	● Yes ○ No		

Modification History

Claim 001 **New**

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No.

Finalisation

Date Registered

Report Taken By

Print AK letter

OD-MX	Insured Name	SNG HONG SHENG, LEWIS	
88688982	Contact No. (Home)	66121220	
lewissng@hotmail.com	OI Vehicle Number	SLX8346G	
SLX8346G / SJS226Y ON 9 May 2019			
0	Insured Liability	Not at Fault	
Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report Received
10/05/2019 17:05	Claim Close Date		
LIEW SHAN HUI			

Save Submit

Attachment

Accident No.	MT/1043946	Claim No.	001
Last Doc. Received	Yes / No	Upload Date	10/05/2019 17:07

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 10 May 2019 17:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 May 2019 17:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 May 2019 17:07	SAS	Normal	SAS 2019-5-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 May 2019 17:07	Photos	Normal	Photos 2019-5-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 May 2019 17:07	Photos	Normal	Photos 2019-5-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 May 2019 17:07	Photos	Normal	Photos 2019-5-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 May 2019 17:07	Photos	Normal	Photos 2019-5-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 May 2019 17:07	Photos	Normal	Photos 2019-5-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 May 2019 17:05	Photos	Normal	Photos 2019-5-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 May 2019 17:05	Photos	Normal	Photos 2019-5-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 May 2019 17:05	Photos	Normal	Photos 2019-5-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 May 2019 17:05	Photos	Normal	Photos 2019-5-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 May 2019 17:05	Photos	Normal	Photos 2019-5-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 May 2019 17:05	Photos	Normal	Photos 2019-5-10

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window Scan and uploading