

NATIONAL Assessment Centre Services.

[Part 1 Jan 2003]

MNA 119065005

Date In: 21/5/19 10:48	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19008852/64	SAS e-filing		
Veh No: SKP 1176 E	E-mail (within 3hrs, AIC 2hrs)		
DDA: 18/5/19 18:45	I-Motor Claim Form	M7/1045336 ⁰⁰¹	21/5/19 16:56
OD: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/When		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKV 5905	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 Non-INC) ()

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 1903660

Client's Particulars:	Invoice / Item / Action / Check / Dis /	Amount (\$)	Amount (\$)
Driver/Owner:	1) AIC: Accident Reporting (\$30);	30.00	
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		
Auditors' Comments:	5) FT: Follow-Through: Survey (Resurvey) \$30		
Sub 1:	For claiming against INC Only (see 10 Jan 2003)		
Sub 2/3:	6) TR: Re-inspection \$75		
	7) N1: Ideal DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$23		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Ideal 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	21/05/2019 10:48
Date Of Accident	18/05/2019 18:45
Exact Location Of Accident	LOR TELOK PARALLEL CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP1176E
Insured/Policyholder	
Name Of Registered Owner	SONG WEICHENG
NRIC No	S8214993G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81982228
Alternative Phone No	OFFICE-81982228

Vehicle Particulars

Manufacturer	BMW
Model	320i
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5087806223-02
Cover Note Number	-

Driver

Name of Driver	SONG WEICHENG
NRIC No	S8214993G
Date Of Birth	26/05/1982
Occupation	INDOOR
Date Of Driving Pass	01/12/2005
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81982228
Fax Number	
Contact Number	OFFICE-81982228
EMail Address	NOEMAIL

Address	28 JLN LEMPENG #10-05
Postcode	128807
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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)	0

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
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

PLEASE REFER TO POLICE REPORT.

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	SKV590S
Vehicle Make/Model/Colour	
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.
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:

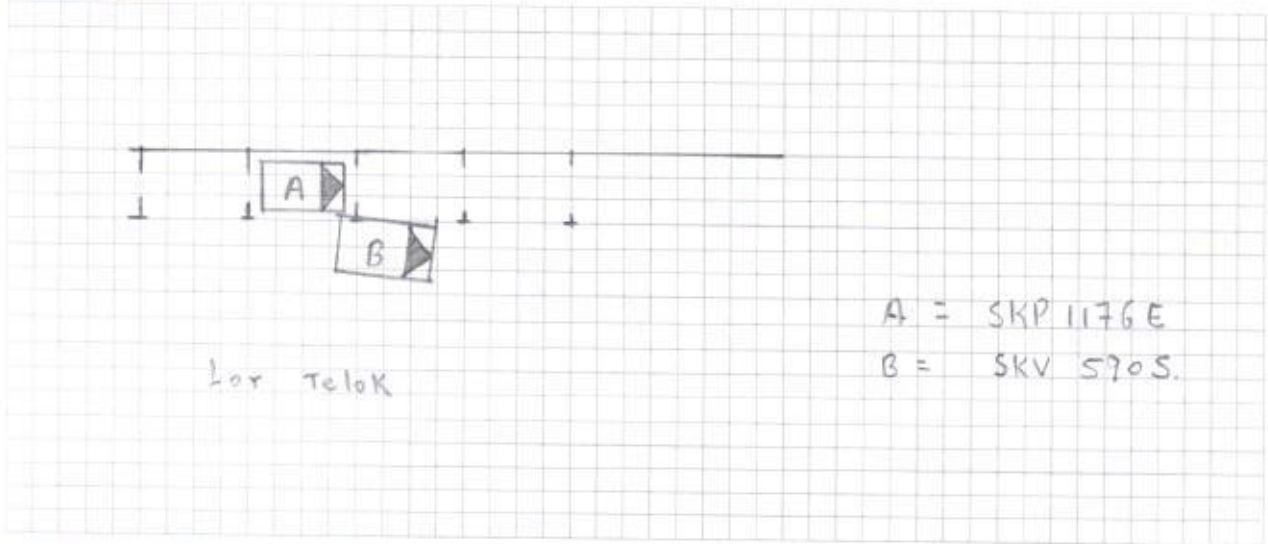
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Please Refer to Police Report

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/20190518/7015

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

1 of 3

Report No. T/20190518/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2019 21:43		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SONG WEICHENG			Address: 28 JALAN LEMPENG #10-05 SINGAPORE 128807		
ID Type / ID No.: NRIC NO / S8214993G			Contact No.: Home/Office: Mobile: 81982228		
Nationality: SINGAPORE CITIZEN			Email: lance.song@live.com		
Sex: Male	Age: 36	Date of Birth: 26/05/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Assistant Project Manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/05/2019 18:45	Type of Location: Car Park
Location: CIRCULAR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Parked vehicle against moving vehicle that is parking				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKV590S	Car	HONDA	Vezel	Blue	Slightly Damaged	5

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKV590S	NTUC Income Insurance Co-Operative Limited	5087806223-02	25/02/2019	24/02/2020



**SINGAPORE
POLICE FORCE**



T/20190518/7015

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

2 of 3

Report No. T/20190518/7015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SONG WEICHENG	ID No.	S8214993G
Related Vehicle	SKV590S (Car)	Contact No.	81982228
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

My vehicle SKP1176E parked in the car park lot, while SKV590S reversing and knocked onto my car front right bumper, headlamp and fender.



**SINGAPORE
POLICE FORCE**



T/20190518/7015

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

3 of 3

Report No. T/20190518/7015

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 / TPIB /
KALESWARI PALANI
Contact No.: 65476902

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:
18/05/2019 21:43

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8214993G**

Name
SONG WEICHENG

Birth Date: **26 May 1982**
Issue Date: **24 Nov 2004**

001301638F



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8214993G**

Name
SONG WEICHENG

宋 伟 成

Race
CHINESE

Date of birth
26-05-1982

Country of birth
SINGAPORE

Sex
M




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

	PASS DATE
Class 2B Motorcycles <= 200 CC	34 Nov 2004
Class 2A Motorcycles between 201 CC and 400 CC	27 Dec 2005
Class 2 Motorcycles > 400 CC	27 Feb 2007
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	01 Dec 2005

S8214993G

S / No. **9000060885**

NP 428A

Licence No: **S8214993G**

5095193

S8214993G

NRIC No: **S8214993G**

Date of issue
18-07-2012

28 JALAN LEMPENG #10-05
SINGAPORE 128807

NRIC No: **S8214993G** Date: **16/07/2018**



Hello, NAC_PAYA_UBI_800601

[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="18/05/2019 10:44"/>							
Vehicle No.(For Motor)	<input type="text" value="SKP1176E"/>	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"/>	5087806223-02		SONG WEICHENG	58214993G	GPC	drive PREMIUM	SKP1176E	SKP1176E	25/02/2019	24/02/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1045336

Policy No.	5087806223-02	Vehicle No.	SKP1176E	GST Registration No.	
Certificate No.					
Policyholder Name	SONG WEICHENG			Policyholder NRIC	5821493G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	81982228	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	21/05/2019 16:52	Accident Report Within 24 hrs	Yes	Accident Type	Damag
Date of Accident	18/05/2019	Time of Accident hh:mm	18:45	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOR TELOK PARALLEL CARPARK				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

Coverage		Sum Insured	
Excess Waiver		99999999.99	

GST Registered Information

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

Policyholder Mailing Address

Address 1	28 JALAN LEMPENG	Address 2	#10-05 THE TRILINQ	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	12880
Unit No.		Related Policy Number	5087806223-02		

OI Driver Info

Driver Name	SONG WEI CHENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	58214993G	Driver DOB	26/05/
Register Date of Driver License	01/01/2000	Driver Age	36	Driving Experience	19
Contact No.(Mobile)	81982228	Contact No.(Office)		Contact No.(Home)	
Address 1	28 JALAN LEMPENG	Address 2	#10-05 THE TRILINQ	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	12880
Unit No.					
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	SONG WEICHENG
Contact No.(Mobile)	81982228	Contact No. (Home)	65200884
Email Address	lance.song@live.com	O1 Vehicle Number	SKP1176E
Claim Description	SKP1176E / SKV590S ON 18 May 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Spaak No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	21/05/2019 16:54
			LIEW SHAN HUI

☒ Print AK letter

Save Submit

Attachment

Accident No.
Last Doc. Received

MT/1045336
Yes No

Claim No.
Upload Date

001
21/05/2019 16:56

Path *

Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen

Message Read

Clear

Category *

Confidential

Urgency *

Clear

Please Select

NO

Normal

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NO

Normal

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NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 May 2019 16:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 May 2019 16:56	SAS	Normal	SAS 2019-5-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 May 2019 16:55	Photos	Normal	Photos 2019-5-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 May 2019 16:55	Photos	Normal	Photos 2019-5-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 May 2019 16:55	Photos	Normal	Photos 2019-5-21
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 May 2019 16:54	Photos	Normal	Photos 2019-5-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 May 2019 16:54	Photos	Normal	Photos 2019-5-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 May 2019 16:54	Photos	Normal	Photos 2019-5-21

Video List

Uploaded By/Date Folder Date File Name Source

Display in New Window

Scan and uploading