NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA1:9087996

Date In: 24/5/14 - 10:57	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1902914/69/24	SAS e-filing		
Veh No: SHX 7788 E	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 23/5/14 - 5:30	i-Motor Claim Form	M-71 10459 07-0021	24/5/14 14:40
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: GBD 1655J 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/1923820

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:-			
OD*			
*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	24/05/2019 10:51
Date Of Accident	23/05/2019 15:30
Exact Location Of Accident	KAKI BUKIT AVE 4
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGX7788E
Insured/Policyholder	
Name Of Registered Owner	FABIAN HEW WEN GUANG
NRIC No	S9443536F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92731030
Alternative Phone No	OFFICE-92731030
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
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	5102144897
Cover Note Number	
Driver	
Name of Driver	FABIAN HEW WEN GUANG
NRIC No	S9443536F
Date Of Birth	25/11/1994
Occupation	INDOOR
Date Of Driving Pass	02/01/2014
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92731030
Fax Number	
Contact Number	OFFICE-92731030
EMail Address	NOEMAIL

Address	BLK 577 HOUGANG AVENUE 4 #15-660
Postcode	530577
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 - 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	GBD1635S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	FABIAN HEW WEN GUANG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGX7788E
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.
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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.

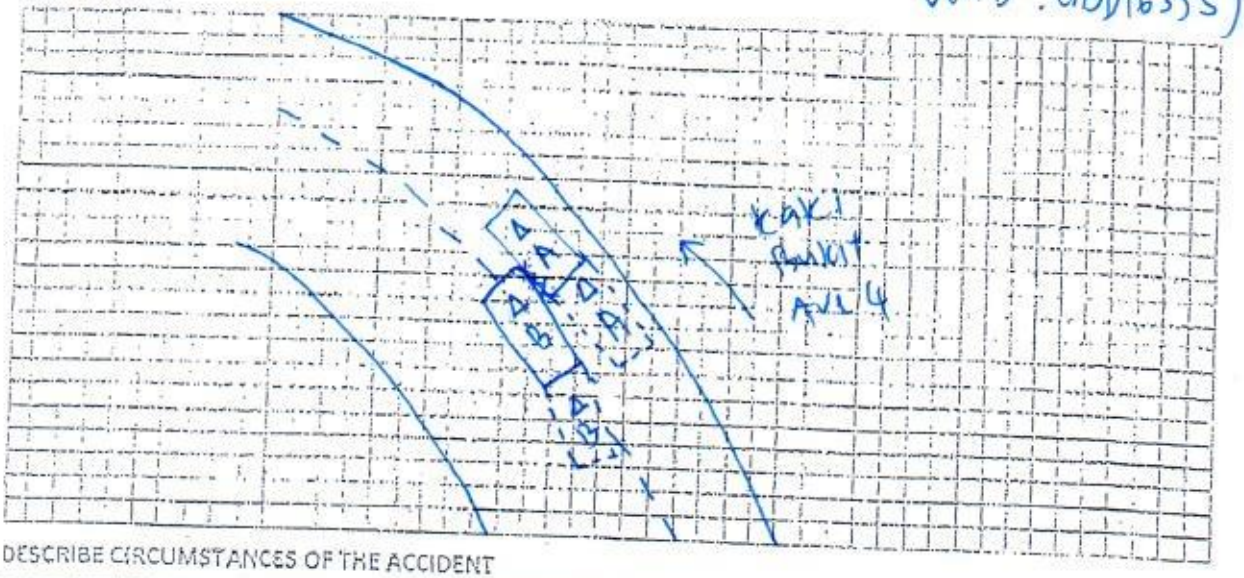
Policyholder's Signature
Date & Time:

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

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

Veh A : SGx 7788E
Veh B : GBD16355)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,
I was driving my car (Veh A : SGx7788E) along Bartley Road East turning into (take) Bukit Ave 4. While I was executing the turn, I felt an impact from my left rear and realised a van (Veh B : GBD 16355) had cut into my lane abruptly and collided into me.

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 : 23/05/2019 Accident Time: 1530 (24-HR-Format)

Accident Place : KAKI BUKIT AV4 4

Vehicle Reg. No. (Car Plate No.) : SGX 7788 E

Vehicle Make/Model : Volkswagen Scirocco

Insurance Company : NTUC Policy No.

Owner or Company Name /IC No. : FABIAN HEW WEN GUANG S9443536F

Owner or Company Contact No. : 92731030 Owner's Hp Company Tel

DRIVER'S Name / IC No. : -

DRIVER'S Date Of Birth : 25/11/1994 DRIVER'S License Pass Date 02/01/2014

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: (owner.)

DRIVER'S Address : BLK 577 HOUGANG AVE 4 #15-660 S(530577)

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

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

Email Address : ADMIN@MYCAR.SG.

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): 01

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: GBD 1635 S

Vehicle Make\Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add:

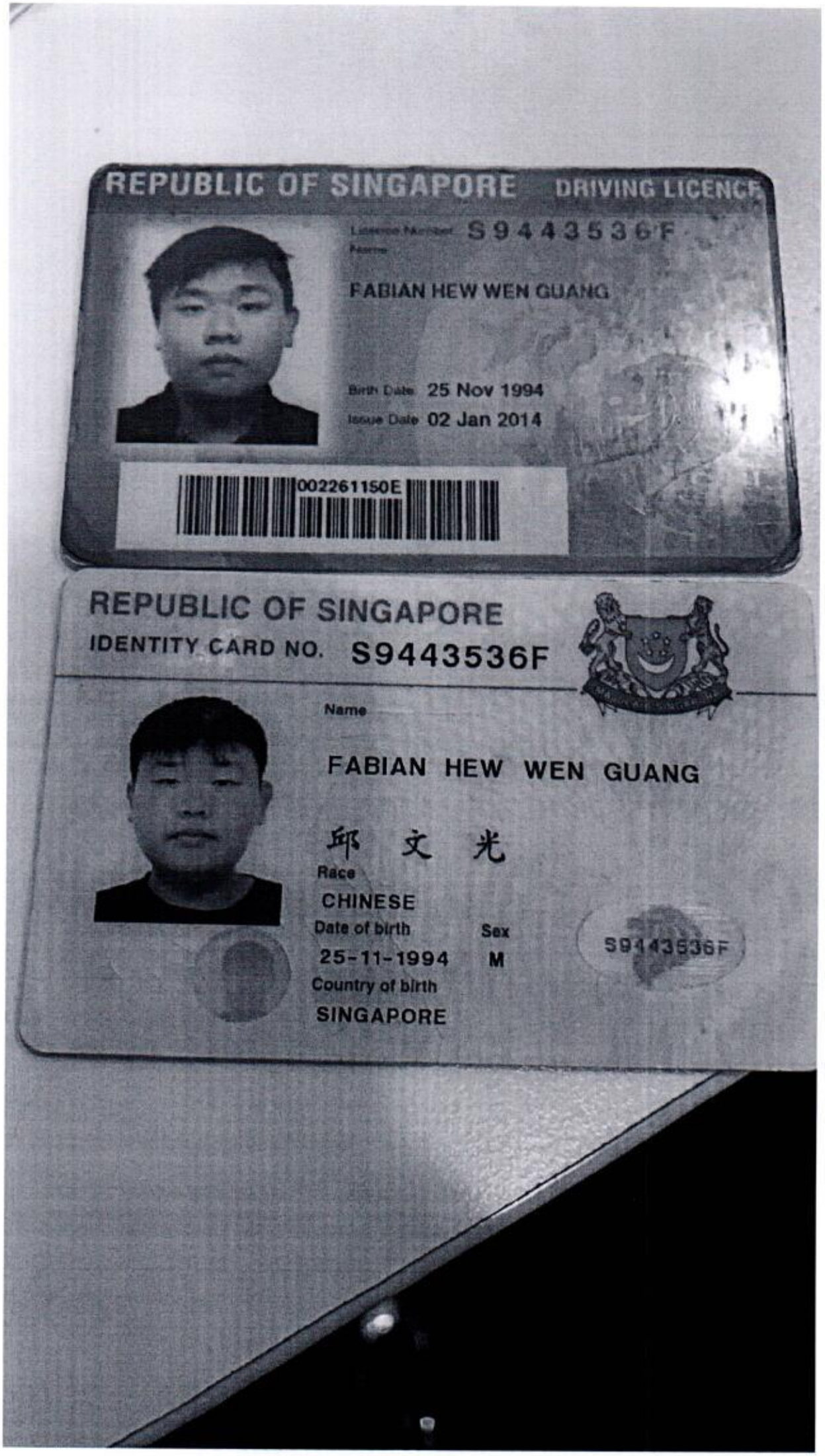
Vehicle Reg. No:

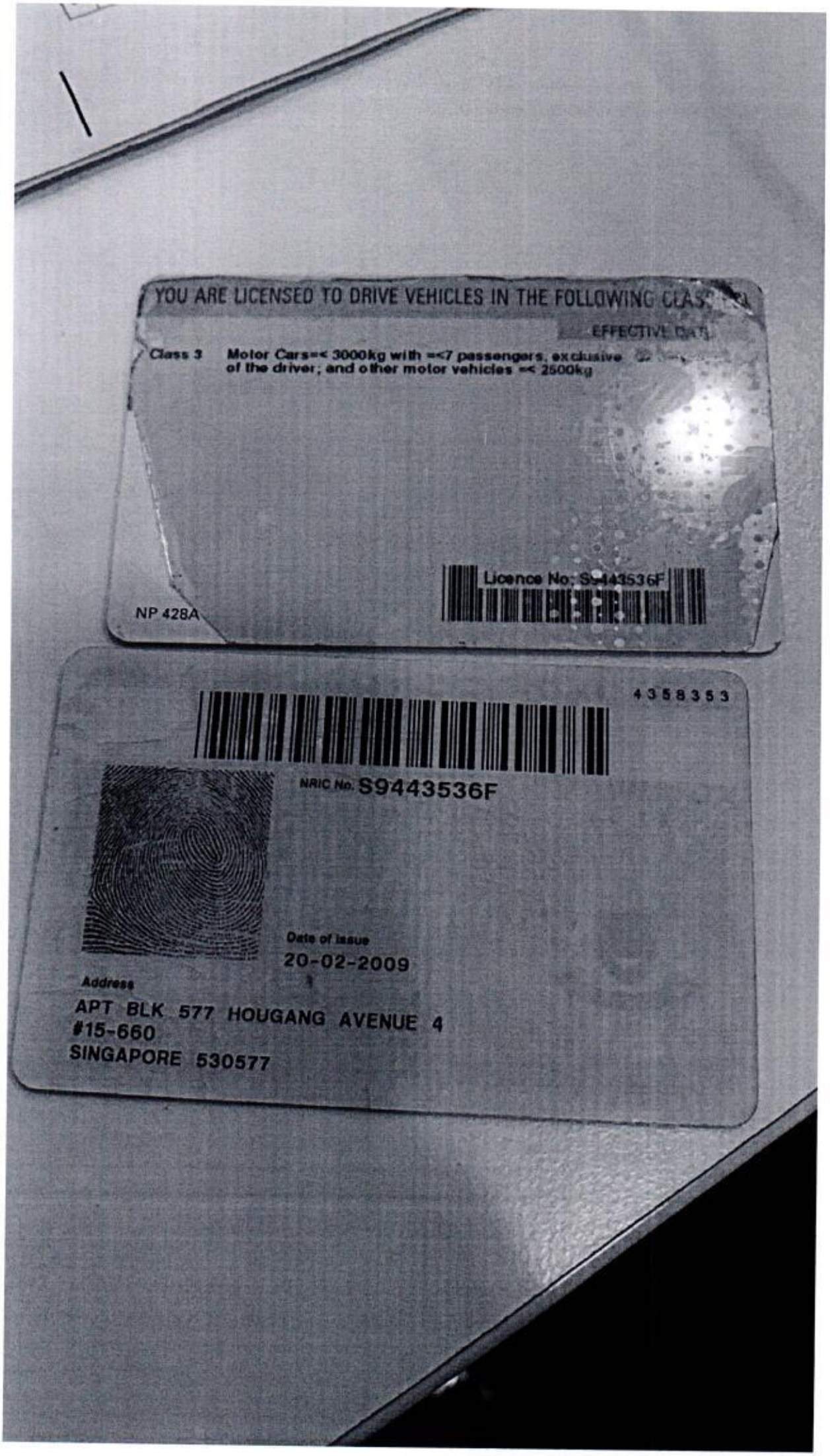
Vehicle Make\Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add:


REPUBLIC OF SINGAPORE DRIVING LICENCE
S9443536F
FABIAN HEW WEN GUANG
Birth Date 25 Nov 1994
Issue Date 02 Jan 2014
002261150E
REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9443536F
Name
FABIAN HEW WEN GUANG
邱 文 光
Race
CHINESE
Date of birth
25-11-1994
Sex
M
Country of birth
SINGAPORE
S9443536F


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS
EFFECTIVE DATE
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg
Licence No: S9443536F
NP 428A
4358353
NRIC No. S9443536F
Date of issue
20-02-2009
Address
APT BLK 577 HOUGANG AVENUE 4
#15-660
SINGAPORE 530577

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) SGX7788E

Date of Accident 23/05/2019 15:30

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5102144897		FABIAN HEW WEN GUANG	S9443536F	GPC	drivo CLASSIC	SGX7788E	SGX7788E	10/07/2018	06/10/2019

Continue

Policy Information

Policy No.	5102144897	Policyholder Name	FABIAN HEW WEN GUANG	Policyholder NRIC	S9443536F
Certificate No.					
Address	BLK 577 #15-660 HOUGANG AVENUE 4 SINGAPORE 530577				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	10/07/2018	Effective Date	10/07/2018 00:00	Expiry Date	06/10/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	1500	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	I INSURANCE AGENCY	Agent Tel.	67026779	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

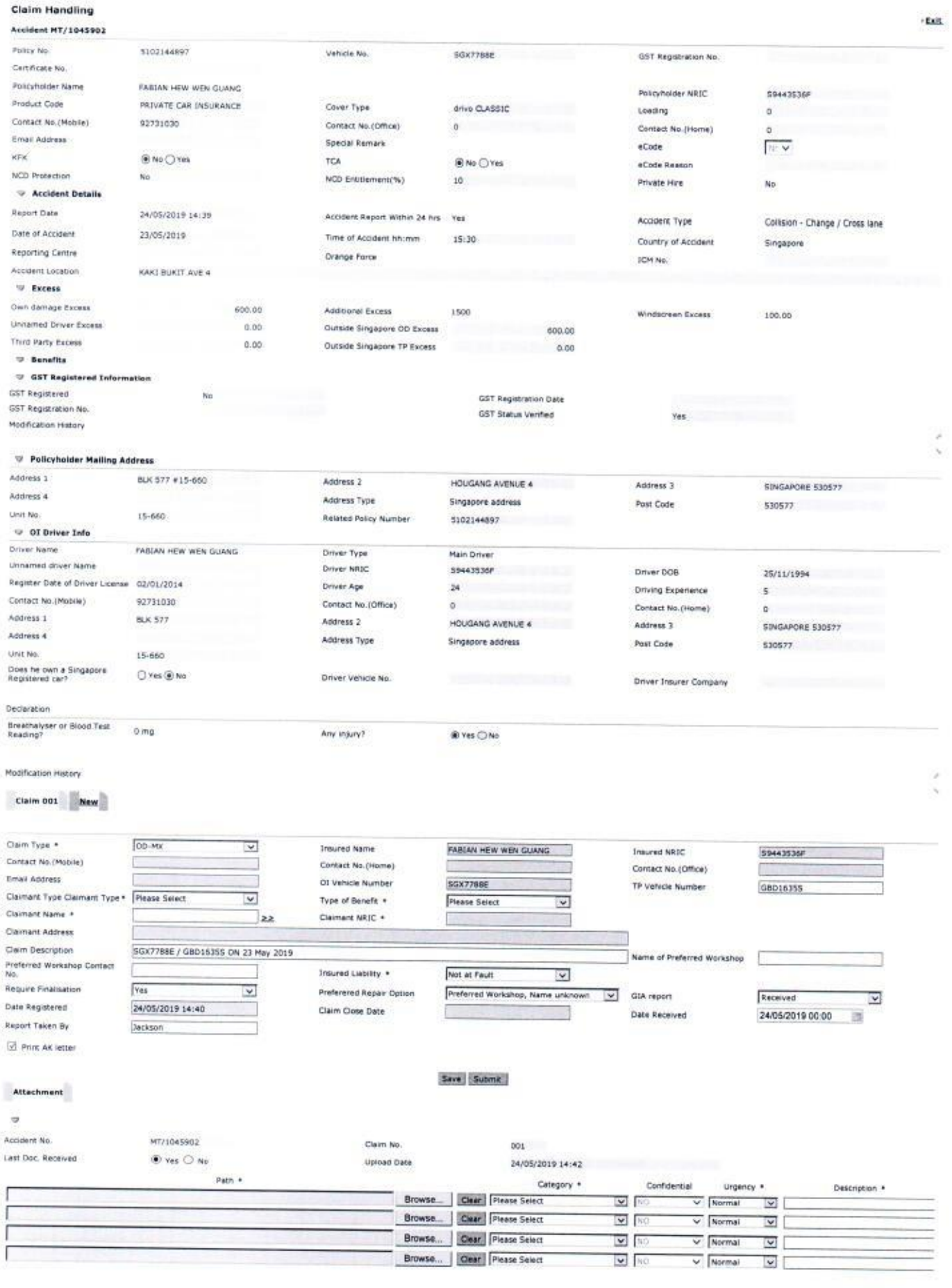
Address 1	BLK 577 #15-660	Address 2	HOUGANG AVENUE 4	Address 3	SINGAPORE 530577
Address 4		Address Type	Singapore address	Post Code	530577
Unit No.	15-660	Related Policy Number	5102144897		

Insured Object: SGX7788E

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	05/04/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 10 Jul 2018 TO 06 Oct 2019 In view of this amendment, an additional premium of $485.14 (inclusive of GST) is payable under your policy. This amount will be debited to your credit card account number 4265-88xx-xxxx-1763.

Continue Cancel



Claim Handling

Exit

Accident MT/1045902

Policy No.	5102144897	Vehicle No.	SGX7788E	GST Registration No.	
Certificate No.					
Policyholder Name	FABIAN HEW WEN GUANG			Policyholder NRIC	S9443536F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	92731030	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	24/05/2019 14:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	23/05/2019	Time of Accident hh:mm	15:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KAKI BUKIT AVE 4				

Excess

Own damage Excess	600.00	Additional Excess	1500	Windscreen Excess	100.00
Unnamed 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 577 #15-660	Address 2	HOUGANG AVENUE 4	Address 3	SINGAPORE 530577
Address 4		Address Type	Singapore address	Post Code	530577
Unit No.	15-660	Related Policy Number	5102144897		

OI Driver Info

Driver Name	FABIAN HEW WEN GUANG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9443536F	Driver DOB	25/11/1994
Register Date of Driver License	02/01/2014	Driver Age	24	Driving Experience	5
Contact No.(Mobile)	92731030	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 577	Address 2	HOUGANG AVENUE 4	Address 3	SINGAPORE 530577
Address 4		Address Type	Singapore address	Post Code	530577
Unit No.	15-660				
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	FABIAN HEW WEN GUANG	Insured NRIC	S9443536F
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SGX7788E	TP Vehicle Number	GBD1635S
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NRIC *			
Claimant Address					
Claim Description	SGX7788E / GBD1635S ON 23 May 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	24/05/2019 14:40	Claim Close Date		Date Received	24/05/2019 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1045902	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	24/05/2019 14:42

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

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? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 14:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 14:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 14:42	SAS	Normal	SAS 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 14:42	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 14:42	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 14:41	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 14:41	Photos	Normal	Photos 2019-5-24		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 14:41	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 14:41	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 14:41	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 14:41	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 14:41	Photos	Normal	Photos 2019-5-24		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading