NATIONAL Assessment Centre Services (wef 1 Jan 05) MHA1957654

Date In: 11/6/19 - 15:48	Job description	Date & Time Completed	Done by
Ref No: HA/1449/01227/24	SAS e-filing		
Veh No: SLA2657JC	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 10/6/19 - 19:40	i-Motor Claim Form	M1/1048573-00	11/6/19 16:01
(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: SLB3947J 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

HA/90443G

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	11/06/2019 15:48
Date Of Accident	10/06/2019 19:40
Exact Location Of Accident	CRAWFORD LANE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLQ2657K
Insured/Policyholder	
Name Of Registered Owner	VINCENT WIGUNA NG
NRIC No	S8878679C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96667455
Alternative Phone No	OFFICE-96667455
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI 1633G5 HID SR NAV
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?	YES
If No, Please state action to be taken	
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	5107654325
Cover Note Number	
Driver	
Name of Driver	VINCENT WIGUNA NG
NRIC No	S8878679C
Date Of Birth	20/02/1988
Occupation	INDOOR
Date Of Driving Pass	12/09/2013
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96667455
Fax Number	
Contact Number	OFFICE-96667455
EMail Address	NOEMAIL

Address	BLK 104 LENGKONG TIGA #06-355
Postcode	410104
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?	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)	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	SHB3993J
Vehicle Make/Model/Colour	MERC
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ONG TIAN HOCK
NRIC/Passport Number	S6903369E
Contact Number	96695749
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.
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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

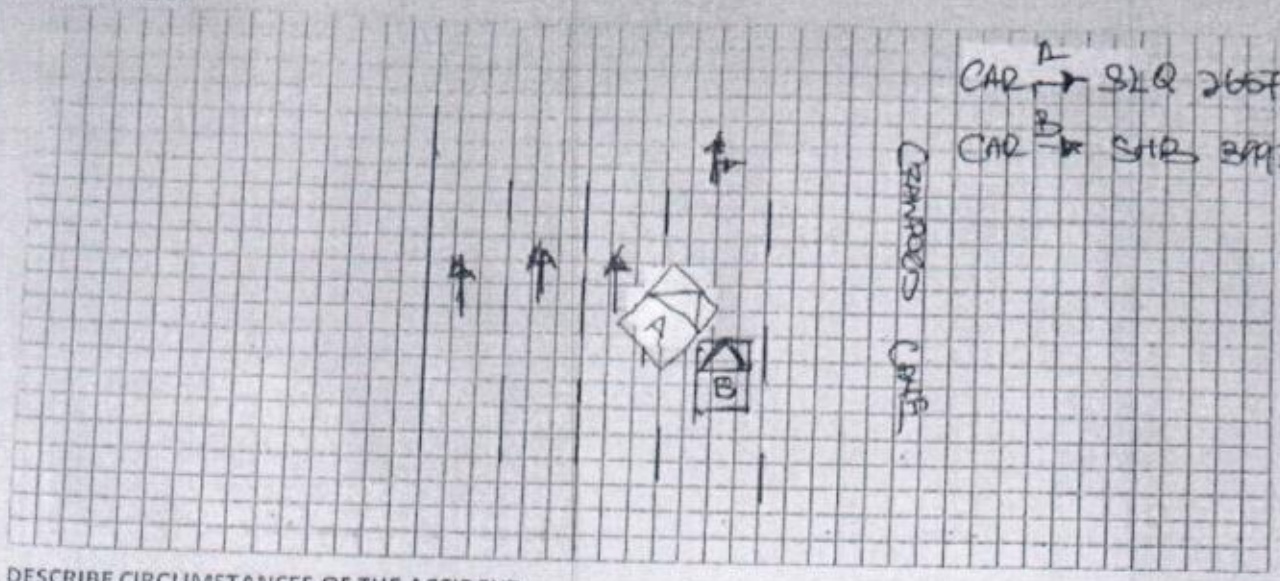
(ii) for complying with requirements under any regulations, laws or court orders.

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

CN stated 10/6/2019 and time 1939 hrs

While driving along North Bridge Road along Lane 2. I was changing lane into lane 1. Prior to changing into lane 1, I had checked that the taxi was stationary. There was a queue of cars turning into nearby lane of Crawford Carpark.

Unexpectedly, a white mercedes taxi with plate number SHB 3993 J accelerated suddenly and rammed into the right hand side of my vehicle, SLQ2657K. I executed the lane change while very sure that cars on Lane 1 are stationary and queuing, so that it was safe. However, upon realising that the taxi moved off, I immediately jammed break, as shown by video that my vehicle was stationary when the accident happened.

A witness, a lorry queuing behind the taxi, Mr Ben Ong, (HP: 93801055) with plate number GX 9209 Y, witnessed that the taxi was initially stationary at queue, changed his mind and accelerated suddenly, causing the accident.

DECLARATION

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

Policyholder's Signature
Date & Time: 10 June 2019 9.45 pm

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

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

Date of Accident : 10/6/2019 Accident Time: 1939. (24-HR-Format)

Accident Place : ALONG CRANFORD LANE .

Vehicle Reg. No. (Car Plate No.) : SLQ2657K .

Vehicle Make/Model : VOLKWAGON JETTA .

Insurance Company : NTUC Policy No. _____

Owner or Company Name /IC No. : VINCENT WIGUNA NG . S8078679C .

Owner or Company Contact No. : 9666 7455 Owner's Hp _____ Company Tel

DRIVER'S Name / IC No. : _____

DRIVER'S Date Of Birth : 22/02/1988 DRIVER'S License Pass Date 12/09/2013 .

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

DRIVER'S Address : BIK 104 JELAK KAKA TIGA . #06-355 .

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

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

Email Address : V.wiguna@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): 01 No injuries

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: SHB 3193 J .

Vehicle Make\Model: MERC

Name Driver: ONG TIAN HOCK

IC No. Driver: S6903369E .

Driver's Contact & Add: 9669 5749 .

Vehicle Reg. No: _____

Vehicle Make\Model: _____

Name Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

EPUBLIC OF SINGAPORE
DENTITY CARD NO. S8878679C

Name
VINCENT WIGUNA NG

黃 建 雄

Race
CHINESE
Date of birth
20-02-1988
Country/Place of birth
INDONESIA
Sex
M

S8878679C

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

S8878679C

VINCENT WIGUNA

20 Feb 1988
12 Sep 2013

002223755H

5987703

NRIC No. S8878679C

Date of issue
26-07-2018

Address
APT BLK 104 LENGKONG TIGA
#06-355
SINGAPORE 410104

For LKK/NAC Use Only

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	12 Sep 2013

NP 428A

Licence No: S8878679C

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 10/06/2019 19:40

Vehicle No.(For Motor) SLQ2657K

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5107654325		VINCENT WIGUNA NG	S8878679C	GPC	drivo PREMIUM	SLQ2657K	SLQ2657K	20/02/2019	19/02/2020

Continue

Policy Information

Policy No.	5107654325	Policyholder Name	VINCENT WIGUNA NG	Policyholder NRIC	S8878679C
Certificate No.					
Address	BLK 104 #06-355 LENGKONG TIGA SINGAPORE 410104				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	19/02/2019	Effective Date	20/02/2019 00:00	Expiry Date	19/02/2020 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	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 104 #06-355	Address 2	LENGKONG TIGA	Address 3	SINGAPORE 410104
Address 4		Address Type	Singapore address	Post Code	410104
Unit No.	06-355	Related Policy Number	5107654325		

Insured Object: SLQ2657K

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	20/02/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 20 Feb 2019, the following amendment(s) is/are made to this policy: NAME OF POLICYHOLDER: VINCENT WIGUNA NG

Continue Cancel

Claim Handling

Exit

Accident MT/1048573

Policy No.	5107654325	Vehicle No.	SLQ2657K	GST Registration No.	
Certificate No.					
Policyholder Name	VINCENT WIGUNA NG			Policyholder NRIC	S8878679C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	96667455	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	40	Private Hire	No

Accident Details

Report Date	11/06/2019 15:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	10/06/2019	Time of Accident hh:mm	19:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CRAWFORD LANE				

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	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	BLK 104 #06-355	Address 2	LENGKONG TIGA	Address 3	SINGAPORE 410104
Address 4		Address Type	Singapore address	Post Code	410104
Unit No.	06-355	Related Policy Number	5107654325		

OI Driver Info

Driver Name	VINCENT WIGUNA NG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8878679C	Driver DOB	20/02/1988
Register Date of Driver License	12/09/2013	Driver Age	31	Driving Experience	5
Contact No.(Mobile)	96667455	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 104	Address 2	LENGKONG TIGA	Address 3	SINGAPORE 410104
Address 4		Address Type	Singapore address	Post Code	410104
Unit No.	06-355				
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 OD-MD New

Claim Type *	OD-MD	Insured Name	VINCENT WIGUNA NG	Insured NRIC	S8878679C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLQ2657K	TP Vehicle Number	SHB3993J
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SLQ2657K / SHB3993J ON 10 Jun 2019			Name of Preferred Workshop	MY CAR CONSULTANT PTE LTD
Preferred Workshop Contact No.	98888885	Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	11/06/2019 16:01	Claim Close Date		Date Received	11/06/2019 00:00
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
☑ Print AK letter				OD Excess Collected by Workshop	

Save Submit

Attachment

Accident No.	MT/1048573	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	11/06/2019 00:00

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 11 Jun 2019 16:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 16:00	SAS	Normal	SAS 2019-6-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 16:00	Photos	Normal	Photos 2019-6-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 16:00	Photos	Normal	Photos 2019-6-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 16:00	Photos	Normal	Photos 2019-6-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 16:00	Photos	Normal	Photos 2019-6-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 16:00	Photos	Normal	Photos 2019-6-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 16:00	Photos	Normal	Photos 2019-6-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 15:59	Photos	Normal	Photos 2019-6-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 15:59	Photos	Normal	Photos 2019-6-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 15:59	Photos	Normal	Photos 2019-6-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 15:59	Photos	Normal	Photos 2019-6-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 15:59	Photos	Normal	Photos 2019-6-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 15:59	Photos	Normal	Photos 2019-6-11		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading