NATIONAL Assessment Centre Services. [wef 1 Jan'03] MNA 119084023.

Date In: 28/6/19 11:04	Job description	Date & Time Completed	Done by
Ref No. NA/INC 190114641h4.	SAS e-filing		
Veh No: SKH 3705H	E-mail (within 8hrs, AIC 2hrs)		
DOA: 27/6/19 17:15.	I-Motor Claim Form	MTH1051033 001	28/6/19 15:16.
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: SLJ 8406R. 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: (INC Hours: 7.30-16.00)	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	Action

NA 1904799

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Sal. 1:

Sal. 2/3:

Invoice/Fee Collection Checklist		Amt (S$) Invoice	Amt (S$) Indr'bill
1) AR : Accident Reporting ($30);		30.00	
2) DA : Damage Assessment ($100);	INC ($80)		
3) TP : 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 2003)			
6) TR : Re-Inspection	$75		
7) N1 : Idea 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: Idea 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	28/06/2019 11:04
Date Of Accident	27/06/2019 17:15
Exact Location Of Accident	AYE TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKH3705H
Insured/Policyholder	
Name Of Registered Owner	LONG HIAN SONG
NRIC No	S7532070A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98559282
Alternative Phone No	OFFICE-98559282
Vehicle Particulars	
Manufacturer	BMW
Model	116I AT ABS D/AIRBAG 2WD HID 5DR
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	5106851491
Cover Note Number	-
Driver	
Name of Driver	LONG HIAN SONG
NRIC No	S7532070A
Date Of Birth	25/10/1975
Occupation	INDOOR
Date Of Driving Pass	25/01/2013
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98559282
Fax Number	
Contact Number	OFFICE-98559282
EMail Address	NOEMAIL

Address	BLK 624B PUNGGOL CENTRAL #08-316
Postcode	822624
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	CHAIN COLLISION
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	3
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

PLEASE REFER TO ATTACHED STATEMENT.

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	SLJ8406R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOON JEREMY
NRIC/Passport Number	S9045726H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLH353Y

Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S1581202H
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.

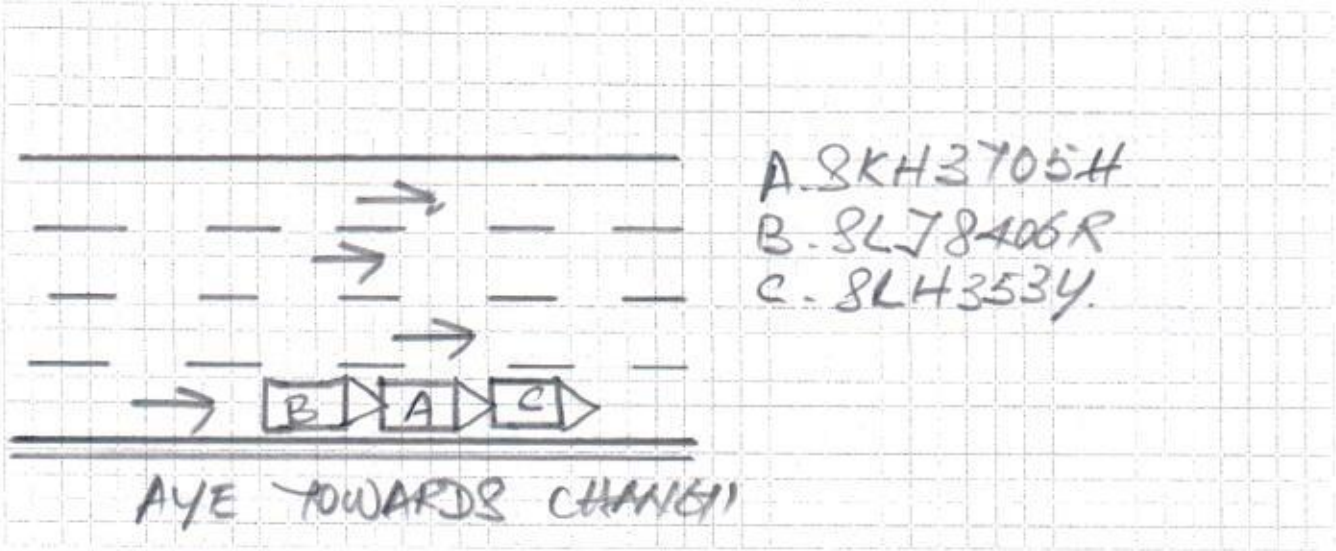
   (e) the information so collected under (d) above may be shared / disclosed:

   (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

MY VEH WAS STOPED AT 1ST LANE DUE TO TRAFFIC JAMMED SUDDENLY I FELT AN STRONG IMPACT FROM REAR PORTION. AND PUSHED MY TO HIT VEH INFRONT OF 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.:

HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.
TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: SKH3705H MAKE/MODEL: BMW

DATE OF ACCIDENT 27/6/2019 (DAY/MONTH/YEAR) TIME 17 HR 15 ~~30~~ MIN AM/PM

LOCATION OF ACCIDENT AYE TOWARDS ~~TUAS~~ CHANGI AIRPORT

EXACT PURPOSE USE DURING ACCIDENT GOING HOME

CAR OWNER

NAME OF CAR OWNER LONG THAM SONG

CONTACT NO 98559280

NRIC S7532070A

CLAIM TYPE [ ] OD [✓] THIRD PARTY [ ] REPORTING ONLY

INSURANCE COMPANY NTUC

TYPE OF COVERAGE [✓] COMPREHENSIVE [ ] THIRD PARTY [ ] THIRD PARTY FIRE & THEFT

POLICY NO

ACCIDENT DRIVER [ ] AS ABOVE [ ] IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER As Above

NRIC S7532070A NO OF PASSENGER/S 0

DATE OF BIRTH 25-10-1975

OCCUPATION [ ] OUTDOOR [✓] INDOOR

DATE OF DRIVING PASS 25/JAN/2013

GENDER [✓] MALE [ ] FEMALE

CONTACT NO

ADDRESS BLK 624B PUNGGOL CENTRAL #08-316 S822624

DRIVER OWN ANY VEHICL NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT:

WEATHER CONDITION [✓] CLEAR [ ] RAINING OTHER:

ROAD SURFACE [✓] DRY [ ] WET OTHER:

ANY INJURIES NO/ IF YES- NAME:

CONTACT NO

POLICE REPORT NO/ IF YES- LOCATION:

VIDEO FOOTAGE NO

3RD PARTY INFO

VEHICLE B NO SLZ8406R NO OF PASSENGER/S UNKNOW

NAME SOON JEREMY S9045704H

CONTACT NO

VEHICLE C NO SLH3534/S1581204H NO OF PASSENGER/S UNKNOW

VEHICLE D NO NO OF PASSENGER/S

VEHICLE E NO NO OF PASSENGER/S

VEHICLE F NO NO OF PASSENGER/S

ANY WITNESS

WITNESS CONTACT NO

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7532070A

Name

LONG HIAN SONG
(LONG TIANSONG)

Birth Date: 25 Oct 1975

Issue Date: 25 Jan 2013

002146026G

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7532070A

Name

LONG HIAN SONG
(LONG TIANSONG)

龙 田 淞

Race

CHINESE

Date of birth

25-10-1975

Sex

M

Country of birth

SINGAPORE

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	25 Jan 2013

For LKK/NAC Use Only

Licence No: S7532070A

NP 428A

4356880

NRIC No. S7532070A

Date of issue

20-02-2009

APT BLK 624B PUNGGOL CENTRAL #08-316
SINGAPORE 822624

NRIC No: S7532070A

Date: 17/11/2015 (R)

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) SKH3705H

Date of Accident 27/06/2019 11:03

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5106851491		LONG HIAN SONG	S7532070A	GPC	drivo CLASSIC	SKH3705H	SKH3705H	09/01/2019	08/01/2020

Continue

Claim Handling

Accident MT/1051033

Policy No.	5106851491	Vehicle No.	SKH3705H	GST Registration No.	
Certificate No.					
Policyholder Name	LONG HIAN SONG			Policyholder NRIC	S7532
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	98559282	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	28/06/2019 15:09	Accident Report Within 24 hrs	Yes	Accident Type	Chain (
Date of Accident	27/06/2019	Time of Accident hh:mm	17:15	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE TWDS CHANGI AIRPORT				

Excess

Own damage Excess	600.00	Additional Excess	0	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

Coverage		Sum Insured	
Transport Allowance		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	BLK 624B #08-316	Address 2	PUNGGOL CENTRAL	Address 3	PUNGC
Address 4	SINGAPORE 822624	Address Type	Singapore address	Post Code	82262
Unit No.	08-316	Related Policy Number	5106851491		

OI Driver Info

Driver Name	LONG HIAN SONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7532070A	Driver DOB	25/10/
Register Date of Driver License	25/01/2013	Driver Age	43	Driving Experience	6
Contact No.(Mobile)	98559282	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 624B #08-316	Address 2	PUNGGOL CENTRAL	Address 3	PUNGC
Address 4	SINGAPORE 822624	Address Type	Singapore address	Post Code	82262
Unit No.	08-316				
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	LONG HIAN SONG
Contact No.(Mobile)	98559282	Contact No. (Home)	62872504
Email Address	alvin8694@hotmail.com	OI Vehicle Number	SKH3705H
Claim Description	SKH3705H / SLJ8406R ON 27 Jun 2019		
Preferred Workshop Contact No.	0	Insured Liability	Not at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
GIA report	Received		
Date Registered	28/06/2019 15:13	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

✓ Print AK letter

Save Submit

Attachment

Accident No.	MT/1051033	Claim No.	001
Last Doc. Received	● Yes ○ No	Upload Date	28/06/2019 15:16

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 28 Jun 2019 15:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Jun 2019 15:16	SAS	Normal	SAS 2019-6-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Jun 2019 15:16	Photos	Normal	Photos 2019-6-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Jun 2019 15:15	Photos	Normal	Photos 2019-6-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Jun 2019 15:15	Photos	Normal	Photos 2019-6-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Jun 2019 15:15	Photos	Normal	Photos 2019-6-28
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Jun 2019 15:13	Photos	Normal	Photos 2019-6-28
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Jun 2019 15:13	Photos	Normal	Photos 2019-6-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Jun 2019 15:13	Photos	Normal	Photos 2019-6-28

▽ **Video List**

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window | Scan and uploading