NATIONAL Assessment Centre Services (Sept / Jan 09) MNA/19/0318

Date In: 05/08/2019 20:24	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/190/37014	SAS e-filing		
Veh No: SCL 7889 H	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 03/08/2019 12:35	i-Motor Claim Form	MT/105655/001	05/08/2019 20:40
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 / NNC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: SJP 6533 L 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 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/906010

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 ($) in Bill	Amt ($) 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 : Idau DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OIP			
* N3: 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: Idau Mobile	30		
Invoice dated	*Fee Charged*		[redacted]
Invoice dated	*Fee Charged*	[redacted]	

P. 1/1

07-MAY-2019 18:39

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	05/08/2019 20:24
Date Of Accident	03/08/2019 12:35
Exact Location Of Accident	ALONG BEDOK NORTH AVENUE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCL7889H
Insured/Policyholder	
Name Of Registered Owner	HO WEI FANG
NRIC No	S2512474Z
Email Address	LITTLE1@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97529466
Alternative Phone No	OTHERS-97529466
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	200E
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	0082816898-15
Cover Note Number	
Driver	
Name of Driver	HO WEI FANG
NRIC No	S2512474Z
Date Of Birth	31/01/1951
Occupation	INDOOR
Date Of Driving Pass	14/04/1980
Driving Experience	39 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97529466
Fax Number	
Contact Number	OTHERS-97529466
EMail Address	LITTLE1@SINGNET.COM.SG

Address	1 LENTOR VALE
Postcode	788855
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 - HEAD TO REAR
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?	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

PLEASE REFER TO SKETCH PLAN

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	SJP6533L
Vehicle Make/Model/Colour	MASERATI GRANTURISMO CAMBIOCORSA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TERENCE LAI
NRIC/Passport Number	S8410228H
Contact Number	93362984
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.
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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.**
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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:

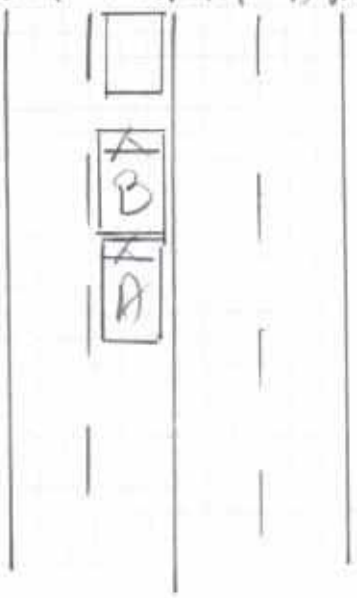
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

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

Policyholder's Signature Date & Time: 5 Aug 11.47 am	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN

ALONG BEDOK NORTH AVENUE 1



A) SCL 1889H

B) SJP 0533L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3 Aug at 12.45 pm, I was driving along Bedok North Ave 1. The traffic at that time was heavy and slow. My car was also moving very slowly. Suddenly the car in front of me stop suddenly and I stepped on my brake to stop. However, I realised that I could not stop in time and has knocked on the car in front. Both the drive of the car (SJP 6533L) and I came out of our cars and examined the cars. I ~~the boo~~ observed that there were minor ~~injuries~~ damages to both cars and exchaged contact with the drive, Mr Terence Lai.

I took two photos each of his & ~~mine~~ my ~~car~~. Cars

DECLARATION

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

Policyholder's Signature
Date & Time:
5 Aug, 1.47 am

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

05/08/2019

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

Claim Handling

Accident MT/1056557

Policy No.	0082816898-15	Vehicle No.	SCL7889H	GST Registration No.	
Certificate No.					
Policyholder Name	HO WEI FANG				
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Policyholder NRIC	S25124742
Contact No.(Mobile)	97529466	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	05/08/2019 20:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/08/2019	Time of Accident hh:mm	12:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	ALONG BEDOK NORTH AVENUE 1				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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	1 LENTOR VALE	Address 2	SINGAPORE 788855	Address 3	
Address 4		Address Type	Singapore address	Post Code	788855
Unit No.		Related Policy Number	0082816898-15		

OI Driver Info

Driver Name	HO WEI FANG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2512474Z	Driver DOB	31/01/1951
Register Date of Driver License	01/01/2001	Driver Age	68	Driving Experience	18
Contact No.(Mobile)	97529466	Contact No.(Office)		Contact No.(Home)	
Address 1	1 LENTOR VALE	Address 2	SINGAPORE 788855	Address 3	
Address 4		Address Type	Singapore address	Post Code	788855
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SCL7889H	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 | **New**

Claim Type *	OD-MN	Insured Name	HO WEI FANG	Insured NRIC	S2512474Z
Contact No.(Mobile)	97529466	Contact No. (Home)	64544032	Contact No. (Office)	NIL
Email Address	33061@singnet.com.sg	OI Vehicle Number	SCL7889H	TP Vehicle Number	SJP6533L
Claim Description	SCL7889H / SJP6533L ON 3 Aug 2019			Name of Preferred Workshop	

Preferred Workshop Remark No. | Insured Liability: Fully at Fault | Preferred Repair Option: Preferred Workshop, Name unknown | Finalisation: Yes | GIA report: Received

Date Registered	05/08/2019 20:40	Claim Close Date		Date Received	05/08/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AR letter

Save | Submit

Attachment

Accident No.	MT/1056557	Claim No.	001
Last Doc. Received	Yes No	Upload Date	05/08/2019 20:40

Path *		Category *	Confidential	Urgency *	Description *
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 | Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Aug 2019 20:40	Photos		Normal	Photos 2019-8-5	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Aug 2019 20:40	Photos		Normal	Photos 2019-8-5	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Aug 2019 20:40	Photos		Normal	Photos 2019-8-5	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Aug 2019 20:40	Photos	Normal	Photos 2019-8-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Aug 2019 20:40	Photos	Normal	Photos 2019-8-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Aug 2019 20:40	Photos	Normal	Photos 2019-8-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Aug 2019 20:40	Photos	Normal	Photos 2019-8-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Aug 2019 20:40	Photos	Normal	Photos 2019-8-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Aug 2019 20:40	SAS	Normal	SAS 2019-8-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Aug 2019 20:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-5

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (03 / 08 / 2019) (DD/MM/YYYY), TIME: (12 : 35) (HH:MM)

LOCATION: Along Bedok North Ave 1

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SCL 7889 H
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: Mercedes
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME:
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (~~YES~~/NO)
   IF NO, PLEASE STATE (~~THIRD PARTY CLAIM~~ / REPORTING ONLY)
2. INSURED / POLICY HOLDER
   A) NAME: HO WEI FANG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S2512474Z CONTACT: 97529466
   c) ADDRESS: No: 1, Lentor Vale, Singapore 788855

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passengers (including driver) (1)

3. DRIVER
   a) NAME: HO WEI FANG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (31 / 01 / 1951) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / ~~OUTDOOR~~)
   f) DATE OF DRIVING PASS 14 Apr. 1980
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (~~YES~~ / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS clear)
   b) ROAD SURFACE: (DRY / WET / OTHERS dry)
6. WAS ANYBODY INJURED (~~YES~~ / NO)
7. a) REPORTED TO POLICE (~~YES~~ / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE

* No of passenger (including driver) (__)

   a) VEHICLE NUMBER: SJP 6533L MODEL: Maserati Granturismo CambioCorsa
   b) DRIVER'S NAME: Terence Lai
   c) NRIC/FIN/PASSPORT: S8410228H CONTACT: 93362984
9. THIRD PARTY VEHICLE

* No of passenger (including driver) (__)

   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

email = little1@singnet.com.sg

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2512474Z

For LKK/NAC Use Only

Name

HO WEI FANG

許 惠 芳

Race

CHINESE

Date of birth

31-01-1951

Sex

F

Country/Place of birth

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

S2512474Z

HO WEI FANG

For LKK/NAC Use Only

Birth Date 31 Jan 1951

Issue Date 07 May 2003

6091409

NRIC No. S2512474Z

For LKK/NAC Use Only

Date of issue

31-12-2016

Address

1 LENTOR VALE
SINGAPORE 788855

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms

14 Apr 1980

For LKK/NAC Use Only

Licence No: S2512474Z

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SCL7889H

Date of Accident 03/08/2019 11:36

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	0082816898-15		HO WEI FANG	S2512474Z	GPC	Third Party	SCL7889H	SCL7889H	01/10/2018	30/09/2019

Continue