NATIONAL Assessment Centre Services (... Jan'06) MNA419106048

Date In: 14/08/2019 1110	Job description	Date & Time Completed	Done by
Ref No: NBH/INC/190149010/7	SAS e-filing		
Veh No: SMM 6884D	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 13/08/2019 13:38	I-Motor Claim Form	MT/1057541-001	14/08/2019 11:54
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: SKB 328P 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

NA1906202

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) 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 2009)			
6) TR : Re-inspection	$35		
7) N1 : Idea DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
QIT			
* N5: Courtesy Car / Tpt Allowance	$5		
* N6: Repair Co-ordination	$10		
* N7: Fast 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*		[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 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	14/08/2019 11:01
Date Of Accident	13/08/2019 13:30
Exact Location Of Accident	ROCHOR RD RIGHT TURNING JUNCTION TO BEACH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM6884D
Insured/Policyholder	
Name Of Registered Owner	GAN WEILI
NRIC No	S8215736J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98893876
Alternative Phone No	OTHERS-98893876
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT HYBRID
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5110906801
Cover Note Number	
Driver	
Name of Driver	GAN WEILI
NRIC No	S8215736J
Date Of Birth	26/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2006
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98893876
Fax Number	
Contact Number	OTHERS-98893876
EMail Address	NOEMAIL

Address	BLK 703 HOUGANG AVENUE 2 #09-203
Postcode	530703
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	SIDE SWIPE
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB328P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG YEW HONG
NRIC/Passport Number	S7528217F
Contact Number	96905504
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**.
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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.

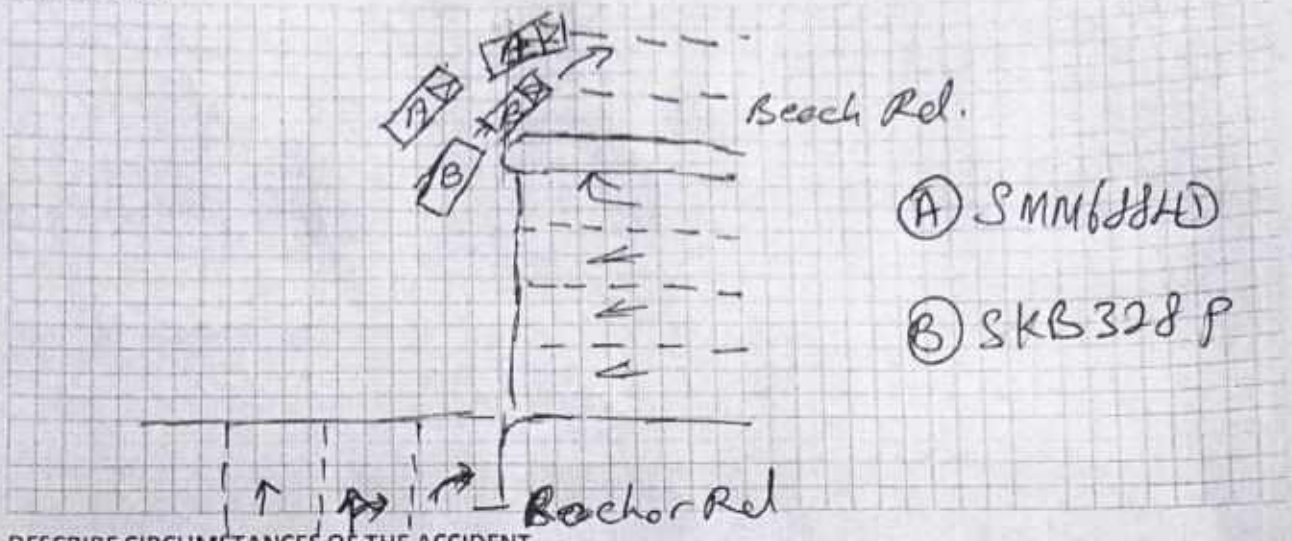
   (e) the information so collected under (d) above may be shared / disclosed:

   (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



Ⓐ SMM6J8HD

Ⓑ SKB328P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time I was driving along Rochor Rd turning to right to Beach Rd. I was on straight and right turning lane. Veh B was on my right (right turning only lane). After the pedestrian clear, I than proceed to turn right. I wish to state that, while turning right I keep more toward left. But veh B still collided on to my vehicle right portion while turning right.
My vehicle dashcam Front and rear view was capture how this accodent happen.

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.:

14/08/2018

Claim Handling

Accident MT/1057541

Policy No.	511000880I	Vehicle No.	SMH6884D	GST Registration No.	
Certificate No.					
Policyholder Name	GAN WEILI			Policyholder NRIC	S8215736J
Product Code	PRIVATE CAR INSURANCE	Cover Type	Prive CLASSIC	Loading	0
Contact No.(Mobile)	98933876	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCote	No
KFK	No Yes	TCA	No Yes	eCote Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	14/08/2019 11:19	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	13/08/2019	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KOCHOR RD RIGHT TURNING JUNCTION TO BEACH ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,300.00		
HIED OD Excess	0.00	HIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,300.00		

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 703 #09-203	Address 2	HOUGANG AVENUE 3	Address 3	SINGAPORE 530703
Address 4		Address Type	Singapore address	Post Code	530703
Unit No.	09-203	Related Policy Number	511000880I		

01 Driver Info

Driver Name	GAN WEILI	Driver Type	Main Driver		
Unnamed Driver Name		Driver NRIC	S8215736J	Driver DOB	26/05/1982
Register Date of Driver License	11/07/2006	Driver Age	37	Driving Experience	13
Contact No.(Mobile)	98933876	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 703 #09-203	Address 2	HOUGANG AVENUE 3	Address 3	SINGAPORE 530703
Address 4		Address Type	Singapore address	Post Code	530703
Unit No.	09-203				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SMH6884D	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	GAN WEILI	Insured NRIC	S8215736J
Contact No.(Mobile)	93317881	Contact No.(Home)	64433320	Contact No.(Office)	
Email Address		OI Vehicle Number	SMH6884D	TP Vehicle Number	SK8328P
Claim Description	SMH6884D / SK8328P ON 13 Aug 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/08/2019 11:22	Claim Close Date		Date Received	14/08/2019 00:00
Report Taken By	AOSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1057541	Claim No.	001
Last Doc. Received	Yes No	Upload Date	14/08/2019 11:24

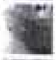
Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Area

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 14 Aug 2019 11:24	Photos		Normal	Photos 2019-8-14	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Aug 2019 11:24	Photos		Normal	Photos 2019-8-14	

				
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Aug 2019 11:23	Photos	Normal	Photos 2019-8-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Aug 2019 11:23	Photos	Normal	Photos 2019-8-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Aug 2019 11:23	Photos	Normal	Photos 2019-8-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Aug 2019 11:23	Photos	Normal	Photos 2019-8-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Aug 2019 11:23	Photos	Normal	Photos 2019-8-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Aug 2019 11:23	Photos	Normal	Photos 2019-8-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Aug 2019 11:33	Photos	Normal	Photos 2019-8-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Aug 2019 11:22	Photos	Normal	Photos 2019-8-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Aug 2019 11:22	Photos	Normal	Photos 2019-8-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Aug 2019 11:22	SAS	Normal	SAS 2019-8-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Aug 2019 11:22	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Aug 2019 11:22	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-14

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading

Email: sm@idac.com.sg Tel no: 6555 6888
*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 13/08/2019 (dd/mm/yy) Time of Accident: 13 30 (24-HR-FORMAT)

Vehicle No. : SMM6884D Vehicle Make & Model: Honda Fit Hybrid.

Exact location of Accident: Rochor Rd Right Turning Junction To Beach Rd.

Policyholder's Name / IC No. : Gan WeiLi / S8215736J.

Driver's Name / IC No. : (As Above) ☑

Driver's Contact No. : 98893876 Company Contact No (Company Veh Only):

Driver's Address: Blk 703 Hougang Ave 2 #09-03 S(530703)

Email address : Insurance Company: NTUC

Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☑ Other Vehicle (*The one you want to claim against*) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle Was being used at time of accident?

☐ Private use / ☑ Work purpose

Occupation (nature of job) ☐ Indoor / ☑ Outdoor

***No. of Passengers (Including Driver):** 1

***Passanger Name:** **Gender: Male / Female**
***Passanger Name:** **Gender: Male / Female**

Weather condition & Road conditions? (On the day of accident)

☑ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☑ Yes / ☐ No

Any Injuries: ☐ Yes / ☑ No **(If YES)** Injured Person' Name:

Injuries Sustain: Injured Person in Which Vehicle:

Police Report filed: ☐ Yes / ☑ No **(If YES)** Which Police Station:

The Other Party(s) Details:

1. Driver's Name / IC No: Chong Yew Hong / S7528217F Vehicle No: SKB328P.

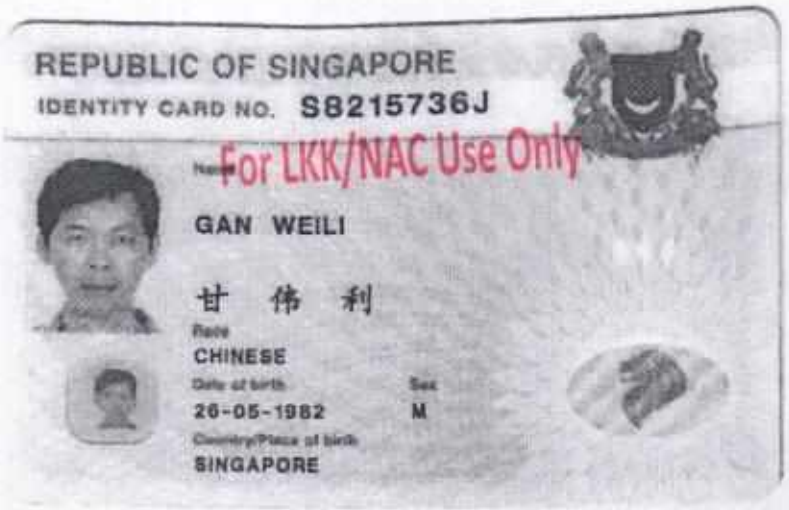
Driver's Contact No: 96908804. Insurance Company :

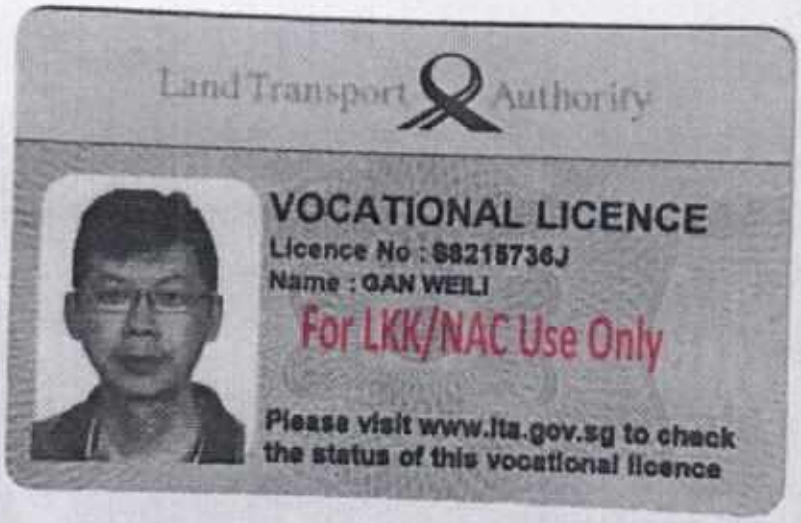
2. Driver's Name / IC No (If Any): Vehicle No:

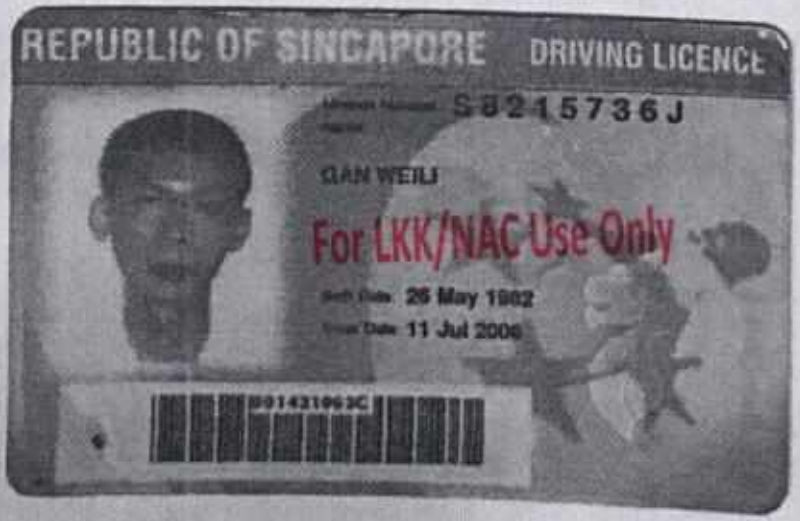
Driver's Contact No: Insurance Company :

*Independent Witness (If Any): Contact No:

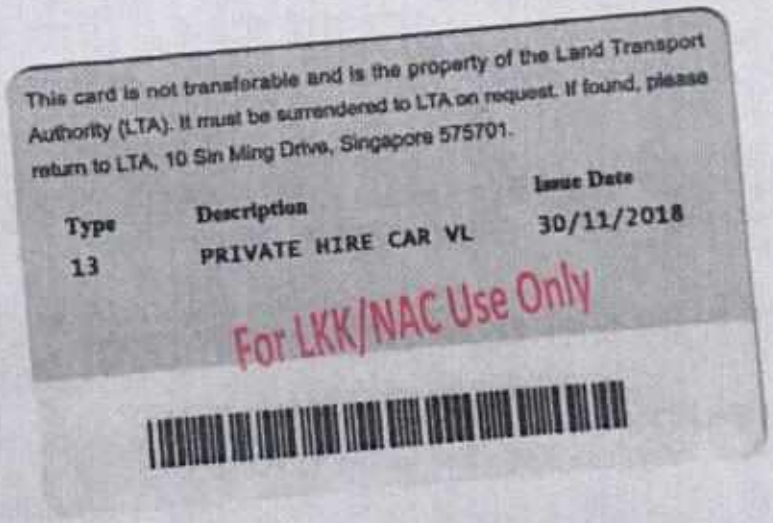
Preferred Workshop Name: Contact No:

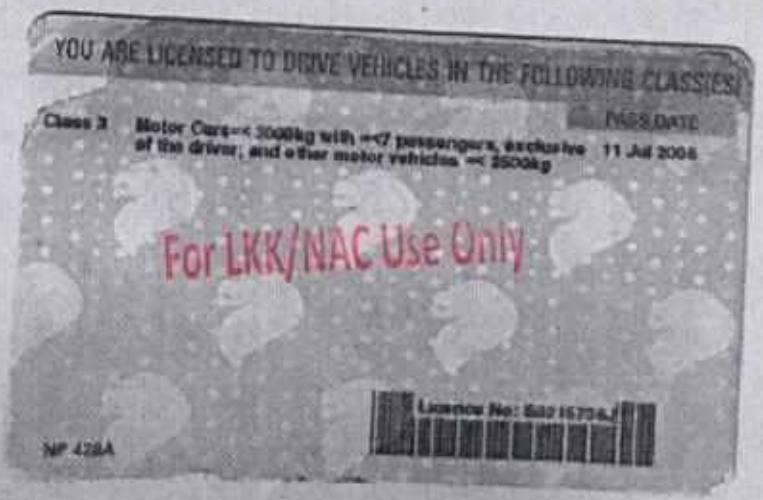

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8215736J
For LKK/NAC Use Only
GAN WEILI
甘 伟 利
Race
CHINESE
Date of birth
26-05-1982
Sex
M
Country/Place of birth
SINGAPORE


Land Transport Authority
VOCATIONAL LICENCE
Licence No : S8215736J
Name : GAN WEILI
For LKK/NAC Use Only
Please visit www.lta.gov.sg to check the status of this vocational licence


REPUBLIC OF SINGAPORE DRIVING LICENCE
S8215736J
GAN WEILI
For LKK/NAC Use Only
26 May 1982
11 Jul 2006


5853933
NRIC No. S8215736J
For LKK/NAC Use Only
Date of Issue
29-12-2017
APT BLK 703 HOUGANG AVENUE 2 #09-203
SINGAPORE 530703
NRIC No: S8215736J Date: 20/12/2018


This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.
Type
13
Description
PRIVATE HIRE CAR VL
Issue Date
30/11/2018
For LKK/NAC Use Only


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
Class
Pass Date
3
Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 3500kg
11 Jul 2006
For LKK/NAC Use Only
NP 428A

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) SMM6884D
Date of Accident 13/08/2019 10:59
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5110906801		GAN WEILI	S8215736J	GPC	drivo CLASSIC	SMM6884D	SMM6884D	10/07/2019	09/07/2020

Continue