NATIONAL Assessment Centre Services MNAY19106080

	Job description	Date & Time Completed	Done by
Date In: 14/08/2019 11:33	SAS e-filing		
Ref No: NBA/FNCI901408374	E-mail (within 8hrs, AIC 2hrs)	MT/1057554001 14/08/2019 11:48	
Veh No: SKB 328 P	I-Motor Claim Form		
D.O.A : 13/08/2019 13.30	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	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: SMM 6884D 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	Action

NA1406203

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 : Idea DA + SMRT Survey	$160		
8) NTUC Additional Services:			
SIU			
*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		

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 11:33
Date Of Accident	13/08/2019 13:30
Exact Location Of Accident	JUNCTION OF ROCHOR ROAD AND BEACH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB328P

Insured/Policyholder

Name Of Registered Owner	EILEEN TAY SOO TING (ZHENG SUTING)
NRIC No	S8141500E
Email Address	ISITNOT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96335979
Alternative Phone No	OTHERS-96908804

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110460220
Cover Note Number	

Driver

Name of Driver	CHONG YEW HONG (ZHANG YAOKANG)
NRIC No	S7528217F
Date Of Birth	22/09/1975
Occupation	INDOOR
Date Of Driving Pass	07/12/1999
Driving Experience	19 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96335979
Fax Number	
Contact Number	OTHERS-96908804
EMail Address	ISITNOT@GMAIL.COM

Address	853 OLD HOLLAND ROAD
Postcode	278679
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM6884D
Vehicle Make/Model/Colour	HONDA FIT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GAN WEILI
NRIC/Passport Number	S8215736J
Contact Number	98893876
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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:

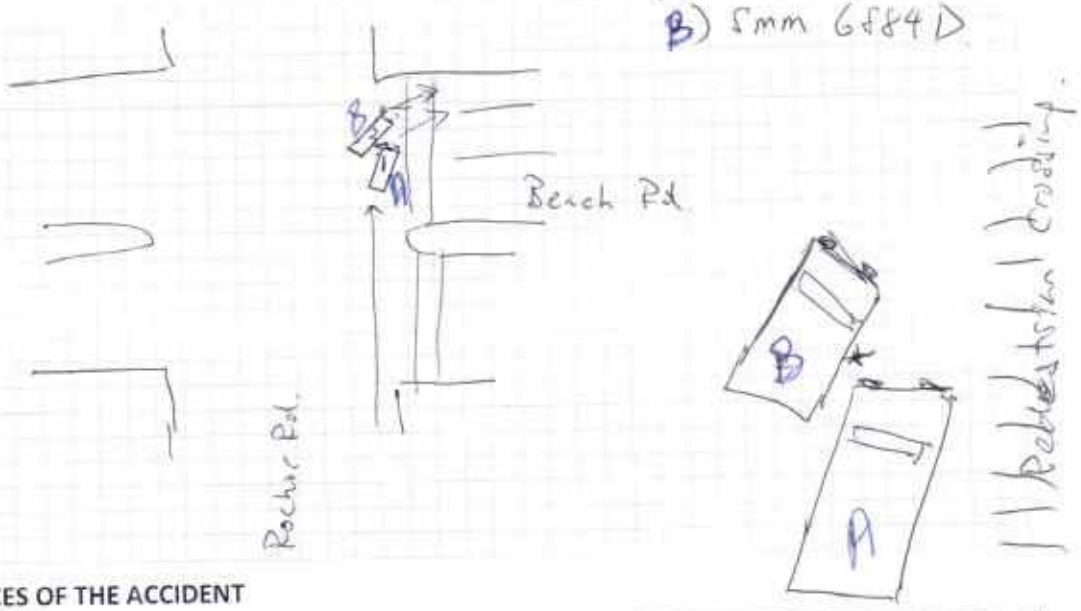
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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: 13/F/2019	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN

A) SKB 3148P
B) SMM 6884D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I drove down Rochor Rd from ECP and waited at the pedestrian crossing on my way to ~~turn~~ right onto Beach Rd. While observing pedestrians on my right crossing to clear a Honda moved in front of me but outside my view. My car hit the side of the Honda which appeared infront of my car. I was not moving quickly as I was waiting for pedestrians on my right to walk past. my front left bumper struck the other car's side door on the right hand side of that car. After the incident I noticed that there were visible scratches on that car's front right door and a small dent. My car's left bumper was scratched.

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: 13/8/2019	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 14/08/2019

Claim Handling

Accident MT/1057554

Policy No.	5110960220	Vehicle No.	SKB328P	GST Registration No.	
Certificate No.					
Policyholder Name	EILEEN TAY SOO TING (ZHENG SUTING)			Policyholder NRIC	S8141300E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96331979	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	14/08/2019 11:40	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	JUNCTION OF ROCHOR ROAD AND BEACH ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	1100.00	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	853 OLD HOLLAND ROAD	Address 2	SINGAPORE 278679	Address 3	
Address 4		Address Type	Singapore address	Post Code	278679
Unit No.		Related Policy Number	5110960220		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHONG YEW HONG (ZHANG YAI	Driver NRIC	S7528211F	Driver DOB	22/09/1975
Register Date of Driver License	07/12/1999	Driver Age	43	Driving Experience	19
Contact No.(Mobile)	96908804	Contact No.(Office)		Contact No.(Home)	
Address 1	853 # OLD HOLLAND ROAD	Address 2	SINGAPORE 278679	Address 3	
Address 4		Address Type	Foreign address	Post Code	278679
Unit No.					
Does he own a Singapore Registered Car?	Yes No	Driver Vehicle No.	SKB328P	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 New

Claim Type *		OD-PAS	Insured Name	EILEEN TAY SOO TING (ZHENG	Insured NRIC	S8141300E
Contact No.(Mobile)		96331979	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		ettootay@gmail.com	OI Vehicle Number	SKB328P	TP Vehicle Number	SHM6084D
Claim Description		SKB328P / SHM6084D ON 13 Aug 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Partially at Fault			
Remark		Preferred Repair Option	Preferred Workshop; Name unknown	GIA report	Received	
No. Finalisation	Yes					
Date Registered		14/08/2019 11:44	Claim Close Date		Date Received	14/08/2019 00:00
Report Taken By		ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1057554	Claim No.	001
Last Doc. Received	Yes No	Upload Date	14/08/2019 11:48

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? (CC)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Aug 2019 11:48	SAS	Normal	SAS 2019-8-14	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Aug 2019 11:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-14	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Aug 2019 11:44	Photos	Normal	Photos 2019-8-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Aug 2019 11:44	Photos	Normal	Photos 2019-8-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Aug 2019 11:44	Photos	Normal	Photos 2019-8-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Aug 2019 11:44	Photos	Normal	Photos 2019-8-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Aug 2019 11:44	Photos	Normal	Photos 2019-8-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Aug 2019 11:44	Photos	Normal	Photos 2019-8-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Aug 2019 11:44	Photos	Normal	Photos 2019-8-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Aug 2019 11:44	Photos	Normal	Photos 2019-8-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Aug 2019 11:44	Photos	Normal	Photos 2019-8-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Aug 2019 11:44	Photos	Normal	Photos 2019-8-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Aug 2019 11:44	Photos	Normal	Photos 2019-8-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Aug 2019 11:44	Photos	Normal	Photos 2019-8-14

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 8 / 2019) (DD/MM/YYYY), TIME: (13 : 30) (HH:MM)

LOCATION: Junction of Rochor Rd & Beach Road

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKB 328P
   b) INSURANCE COMPANY: INCOME
   c) POLICY NUMBER: 5110460220
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: TOYOTA ESTIMA
   f) TYPE: (SALOON / COUPE / (MPV) / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
   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: EILEEN TAY SOO TING (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8141500E CONTACT: 96335979
   c) ADDRESS: 853 OLD HOLLAND ROAD

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\# No of passenger (including driver) (1)

DRIVER
   a) NAME: CHONG YEW HONG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S7528217F CONTACT: 96908804
   c) ADDRESS: 853 OLD HOLLAND RD S(278679)

   *d) DATE OF BIRTH: (22/09/1975) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 199
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / (NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HUSBAND
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
   b) ROAD SURFACE: (DRY / WET / OTHERS)
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) (1)

   a) VEHICLE NUMBER: SMM 6884D MODEL: HONDA FIT
   b) DRIVER'S NAME: GAN WEILI
   c) NRIC/FIN/PASSPORT: S8215736J CONTACT: 98893876
9. THIRD PARTY VEHICLE

\# No of passenger (Including driver) (__)

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

email = isitnot@gmail.com

VIDEO


REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7528217F

For LKK/NAC Use Only

CHONG YEW HONG
(ZHANG YAOKANG)

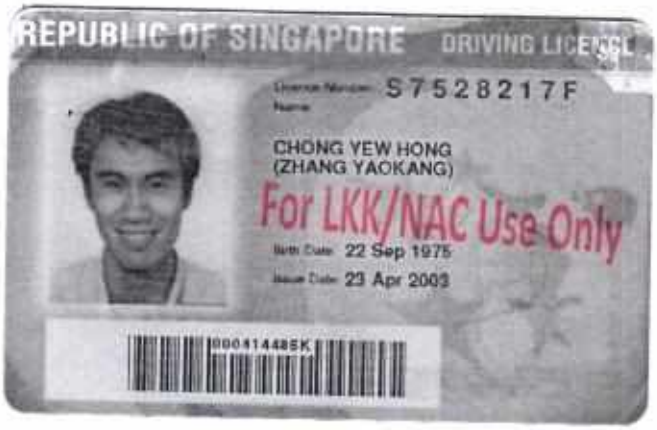
张 曜 康

Race
CHINESE

Date of birth
22-09-1975

Sex
M

Country of birth
SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE

S7528217F

CHONG YEW HONG
(ZHANG YAOKANG)

For LKK/NAC Use Only

Birth Date 22 Sep 1975

Issue Date 23 Apr 2003


3528006

S7528217F

For LKK/NAC Use Only

Date of issue
17-01-2006

853 OLD HOLLAND ROAD
SINGAPORE 278679

NRIC No: S7528217F Date: 07/03/2016


YOU ARE LICENSED TO DRIVE VEHICLES IN CLASS(ES)

PASS DATE

Class 3

which unladen does not exceed 2500 kilograms

For LKK/NAC Use Only

Licence No: S7528217F

NP 42/A

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) SKB328P

Date of Accident 13/08/2019 16:56

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5110460220		EILEEN TAY SOO TING (ZHENG SUTING)	S8141500E	GPC	drive CLASSIC	SKB328P	SKB328P	28/06/2019	27/06/2020

Continue