NATIONAL Assessment Centre Services. [wef 1 Jan'08] . MNA49119686

	Job description	Date & Time Completed	Done by
Date In: 09/09/2019 17:49			
Ref No. NBO/MCL/9015962/Y	SAS e-filing		
Veh No: SMN 6707C	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A 08/09/2019 18:15	I-Motor Claim Form	MT/1061655001	09/09/2019 18:13
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 / OW: (Tel: Fax:)

TP Particulars: Veh No: SMD 4957M 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 Reminder

( ) 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	Completed / Actions 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

NB/906850

Claimant Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments

Tal. I:

Invoicing		Status	Initials
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($10)		
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 2007)			
	$75		
6) TR : Re-Inspection	$160		
7) N1 : Idea DA + SMRT Survey			
8) NTUC Additional Services:-			
OR*			
*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	$30		
	30		
9) N12: Idea Mobile			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

2/3

MNA419119686 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 09/09/2019 17:47
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	09/09/2019 17:47
Date Of Accident	08/09/2019 18:10
Exact Location Of Accident	BEFORE JOHOR CHECK POINT TOWARDS SINGAPORE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMN6707C
Insured/Policyholder	
Name Of Registered Owner	WONG SHAO MING ADRIAN
NRIC No	S8842107H
Email Address	ADRIANVANQ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97544611
Alternative Phone No	OTHERS-97544611
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO-1.4 L (A)
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	5112127880
Cover Note Number	
Driver	
Name of Driver	WONG SHAO MING ADRIAN
NRIC No	S8842107H
Date Of Birth	03/11/1988
Occupation	INDOOR
Date Of Driving Pass	23/06/2008
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97544611
Fax Number	
Contact Number	OTHERS-97544611
EMail Address	ADRIANVANQ@GMAIL.COM

Address	BLK 129 CLARENCE LANE #13-44
Postcode	140129
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)	2
Passenger 1	NAME: : GIRLFRIEND GENDER: : FEMALE

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	SMD4957M
Vehicle Make/Model/Colour	MERCEDES BENZ C-CLASS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CLEMANT CHEW CHER
NRIC/Passport Number	
Contact Number	96462541
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.

Abrim

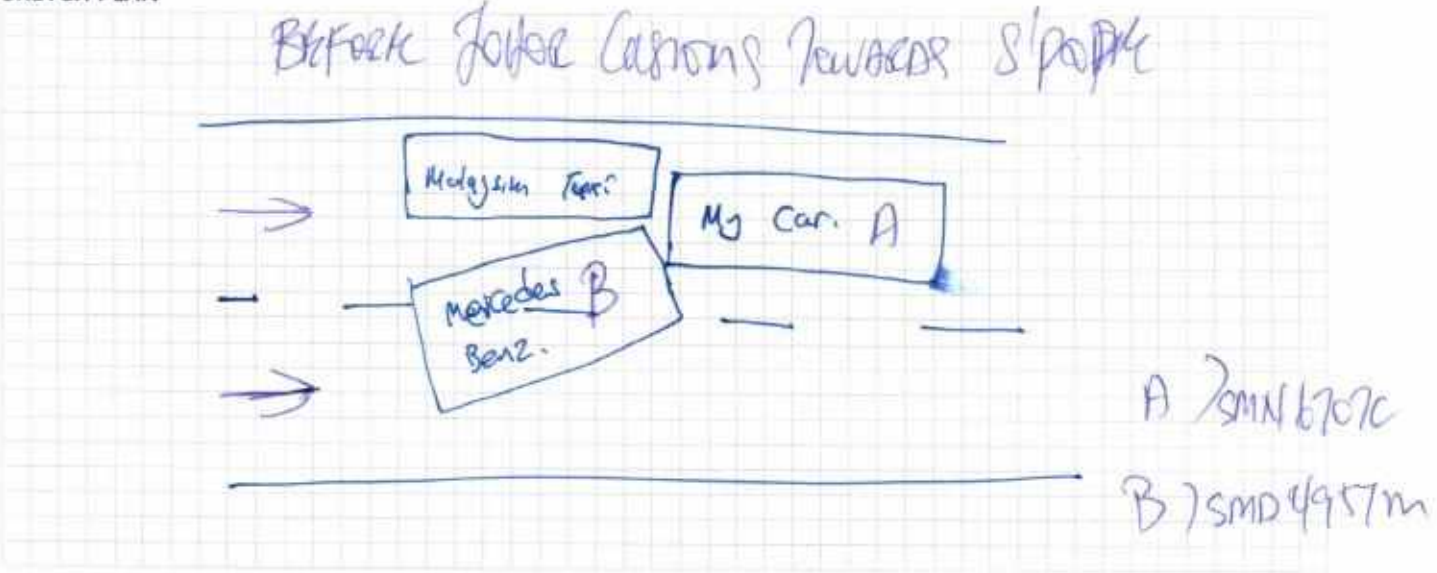
Policyholder's Signature
Date & Time: 9/9/2019 5.14pm

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

09/09/2019

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was Queuing to clear immigration at the bridge just before Johor customs at 8/9/2019 at 6.08pm. While waiting, Me and my girlfriend heard a sound from behind. When I look at my rear view mirror, I saw a car behind very close to me. I got out of the car and saw the car behind had already made contact with my rear bumper. Apparently the driver of the car was squeezing with the other Malaysian Taxi on his left, and while inching forward to overtake the taxi, he made contact with my car bumper. The driver admit it was his fault and gave me his name card to contact him and settle the claim. I briefly took some pictures and got back to the car as we were blocking two lines of traffic behind us/ waiting to clear immigration.

DECLARATION

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

Adrian

Policyholder's Signature
Date & Time: 9/9/2019

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

9/9/2019

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

Claim Handling

Accident MT/1061655

Policy No.	5112127880	Vehicle No.	SMN6707C	GST Registration No.	
Certificate No.					
Policyholder Name	WONG SHAO MING ADRIAN			Policyholder NRIC	S8842107H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97544611	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(%)	0	Private Hire	No

Accident Details

Report Date	09/09/2019 18:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/09/2019	Time of Accident hh:mm	18:10	Country of Accident	Singapore
Reporting Centre		Orange Force		IDM No.	
Accident Location	BEFORE JOHOR CHECK POINT TOWARDS SINGAPORE				

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				
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 129 #13-44	Address 2	CLARENCE LANE	Address 3	CLARENCE VILLE
Address 4	SINGAPORE 140129	Address Type	Singapore address	Post Code	140129
Unit No.		Related Policy Number	5112127880		

OI Driver Info

Driver Name	WONG SHAO MING, ADRIAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8842107H	Driver DOB	03/11/1988
Register Date of Driver License	23/06/2006	Driver Age	30	Driving Experience	11
Contact No.(Mobile)	97544611	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 129 #13-44	Address 2	CLARENCE LANE	Address 3	CLARENCE VILLE
Address 4	SINGAPORE 140129	Address Type	Singapore address	Post Code	140129
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SMN6707C	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 New

Claim Type *	OD-MK	Insured Name	WONG SHAO MING ADRIAN	Insured NRIC	S8842107H
Contact No.(Mobile)	97544611	Contact No. (Home)	64731233	Contact No. (Office)	
Email Address		OI Vehicle Number	SMN6707C	TP Vehicle Number	SMD4937H
Claim Description	SMN6707C / SMD4937H ON 8 Sept 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Reinstatement Premium	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA Report	Received
Date Registered	09/09/2019 18:13	Claim Close Date		Date Received	09/09/2019 00:00
Report Taken By	BOSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1061655	Claim No.	001
Last Doc. Received	Yes No	Upload Date	09/09/2019 18:13

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 09 Sep 2019 18:13	Photos	Normal	Photos 2019-9-9	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2019 18:13	Photos	Normal	Photos 2019-9-9	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2019 18:11	Photos		Normal	Photos 2019-9-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2019 18:12	Photos		Normal	Photos 2019-9-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2019 18:12	Photos		Normal	Photos 2019-9-9
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2019 18:11	Photos		Normal	Photos 2019-9-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2019 18:11	Photos		Normal	Photos 2019-9-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2019 18:11	Photos		Normal	Photos 2019-9-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2019 18:11	Photos		Normal	Photos 2019-9-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2019 18:11	NRIC/ Driving License	*	Normal	NRIC/ Driving License 2019-9-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2019 18:11	SAS		Normal	SAS 2019-9-9

Video List

Uploaded By/Date	Folder Date	File Name	?	Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (8 / 9 / 2019) (DD/MM/YYYY), TIME: (18 : 08) (HH:MM)

LOCATION: Before Johor Customs towards Singapore.

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SMN 6707C
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5112127880
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: Volkswagen Scirocco 1.4
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Private.
   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: Wong Shao Ming Adrian (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8842107H CONTACT: 97544611
   c) ADDRESS: 129 Clarence Lane #13-44 S140129

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passengers (including driver) (2) Girlfriend

DRIVER
   a) NAME: as above (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (___/___/___) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Others.
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) (__)

   a) VEHICLE NUMBER: SMD 4957 M MODEL: Mercedes Benz C-class
   b) DRIVER'S NAME: Clement Chew Cher
   c) NRIC/FIN/PASSPORT: CONTACT: 96462541
9. THIRD PARTY VEHICLE

* No of passenger (including driver) (__)

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

adrian wong

email = adrianwong@gmail.com

VIDEO

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) SMN6707C
Date of Accident 08/09/2019 17:45
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5112127880		WONG SHAO MING ADRIAN	S8842107H	GPC	drivo CLASSIC	SMN6707C	SMN6707C	23/08/2019	22/08/2020

Continue