

NATIONAL Assessment Centre Services

(Not a Job)

MMA 119147936

Date In: 8/11/19 12:06	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA11MC19019826164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SLQ 3642X	I-Motor Claim Form	MT/1070523-001	8/11/19 13:43
TPA: 8/11/19 10:00	I-Motor W/O (within 3hrs, TP 4hrs)		
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: YM 8939A	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 62084616)	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

MA1908440	Invoice Preparation Closed	Inc () / Non-INC ()
Client's Particulars:	1) AR: Accident Reporting (\$30)	30.00
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Amateur's Comments:	For claiming against INC Only (w/c 10 Jan 2020)	
	6) TR: Re-inspection \$75	
	7) NI: Idan DA + SMRT Survey \$140	
	8) NTUC Additional Services:	
	OR:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idan 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 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	08/11/2019 12:06
Date Of Accident	08/11/2019 10:00
Exact Location Of Accident	678 HOUGANG AVE 8 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ3642X
Insured/Policyholder	
Name Of Registered Owner	ROGER ZEE WEI
NRIC No	S9323626B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83897707
Alternative Phone No	OFFICE-83897707

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5112058568
Cover Note Number	

Driver

Name of Driver	ROGER ZEE WEI
NRIC No	S9323626B
Date Of Birth	06/07/1993
Occupation	OUTDOOR
Date Of Driving Pass	06/09/2017
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83897707
Fax Number	
Contact Number	OFFICE-83897707
Email Address	NOEMAIL

Address	BLK 678 HOUGANG AVE 8 #04-501
Postcode	530678
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
Road Surface	WET

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?	
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)	0

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 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	YM8939A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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

Refer to Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

DECLARATION

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

Yes

Policyholder's Signature
Date & Time:

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

[Signature]

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

Amsterdam

Book now



HDB Hougang, 678 Hougang Avenue 8 530678

Location in Company

HDB Hougang
678 Hougang Avenue 8
(S/530678)

Map Directions

Map

Building Directory

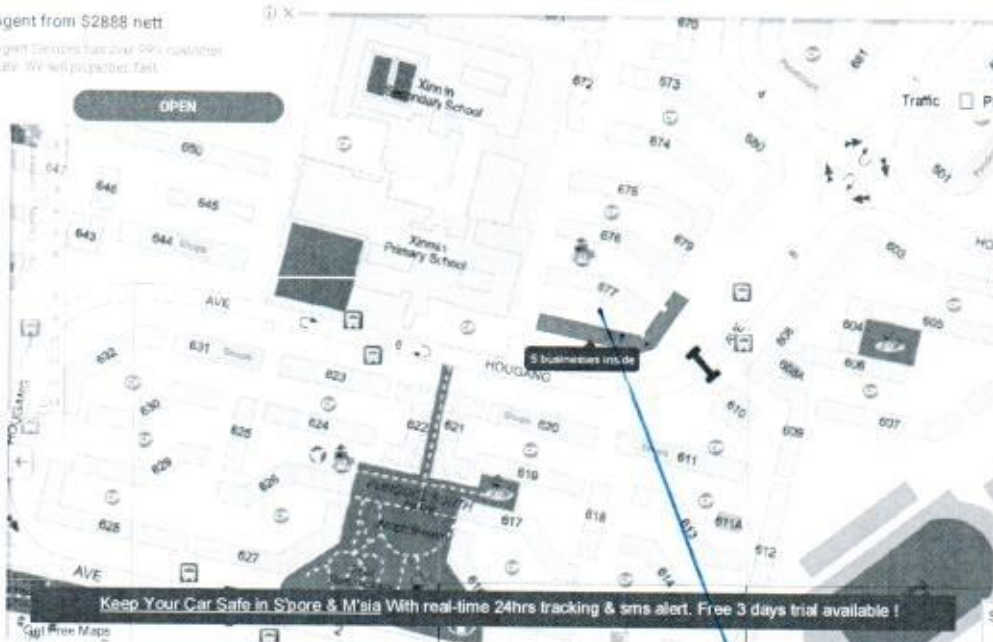
What's Nearby

Get Tips

Getting Here



5 Things You Shouldn't Do
If Hes Cheating On You



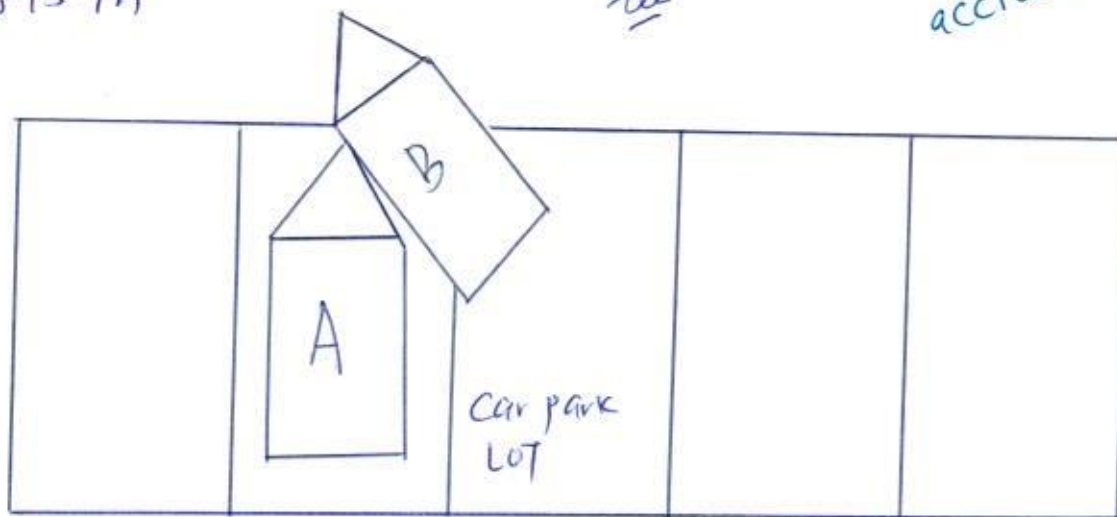
A - SLQ3642X

B - YM8939A

ROGER ZEE WEI
S9323626B

lee

accident site



BLK 678

HOUANG AVE Q

Accident Statement

On 8th of Nov 2019 at around 1000Hrs, I walked to Blk 678 Hougang Avenue 8 carpark to collect my vehicle (SLQ3642X). I saw a guy standing beside my car, he told me that his vehicle (YM8939A) had hit onto my vehicle front. He wrote a **note and stated that he had bang onto my vehicle. I want to state that my vehicle was stationary when this accident happened. I attach the **note on this accident report. I'm making a claim against third party.



Name: Roger Zee Wei
I/C: S9323626B

Sorry, bumped into your car.

waiting for you for 1.5 hours.

My contact NO. 8863 3965

8222 1786 (my boss)

对不起，无^之

Claim Handling

Accident MT/1070523

Policy No.	5112058568	Vehicle No.	SLQ3642X	GST Registration No.	
Certificate No.					
Policyholder Name	ROGER ZEE WEI	Cover Type	drive CLASSIC	Policyholder NRIC	S93236268
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	83897707	Special Remark		Contact No.(Home)	
Email Address		TCA	Yes	eCode	No
KFK	Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	08/11/2019 13:40	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	08/11/2019	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	678 HOUGANG AVE 8 CARPARK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
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 678 #04-501	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530678
Address 4		Address Type	Singapore address	Post Code	530678
Unit No.		Related Policy Number	5112058568		

DI Driver Info

Driver Name	ROGER ZEE WEI	Driver Type	Main Driver	Driver DOB	06/07/1993
Unnamed driver Name		Driver NRIC	S93236268	Driving Experience	2
Register Date of Driver License	06/09/2017	Driver Age	26	Contact No.(Home)	
Contact No.(Mobile)	83897707	Contact No.(Office)		Address 3	SINGAPORE 530678
Address 1	BLK 678 #04-501	Address 2	HOUGANG AVENUE 8	Post Code	530678
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes
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Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Insured Liability

Not at Fault

GIA report

Received

Date Registered

Report Taken By

Print AK letter

Insured Name	ROGER ZEE WEI	Insured NRIC	S93236268
Contact No.(Home)		Contact No.(Office)	
DI	SLQ3642X	TP	YM893
Vehicle Number		Vehicle Number	
SLQ3642X / YM8939A ON 8 Nov 2019		Name of Preferred Workshop	

Save Submit

Attachment

Accident No.

Last Doc. Received

Claim No.

Upload Date

001

08/11/2019 13:43

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Message Read

Attachment List

Category *	Confidential	Urgency *	Desc
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	

Attachment	Uploaded By/Date	Category		Urgency	Description	M:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Nov 2019 13:43	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Nov 2019 13:43	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Nov 2019 13:43	SAS		Normal	SAS 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Nov 2019 13:43	Photos		Normal	Photos 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Nov 2019 13:43	Photos		Normal	Photos 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Nov 2019 13:43	Photos		Normal	Photos 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Nov 2019 13:42	Photos		Normal	Photos 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Nov 2019 13:42	Photos		Normal	Photos 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Nov 2019 13:42	Photos		Normal	Photos 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Nov 2019 13:42	Photos		Normal	Photos 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Nov 2019 13:42	Photos		Normal	Photos 2019-11-8	

Video List

Uploaded By/Date	Folder Date	File Name		Source
<div>Display in New Window</div> <div>Scan and uploading</div>				