

NATIONAL Assessment Centre Services

(ver 1 Jan 2003)

MMA 119150121

Date In: 13/11/19 13:22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: WA1 INC 190201461/4	E-mail (e-filing sheet, AIC sheet)		
Veh No: SML 8F66Z	I-Motor Claim Form	MT/1071207-001	13/11/19 15:13
TP No: 8/11/19 22:30	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: BMW Performance motors	Tel: 6319 0100	Fax:
TP Particulars:	Veh No: Wall	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 reporter.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	INC () / Non-INC ()	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 of Action:

Claimant's Particulars:	Invoice/Repairation Checklist	Amount Paid (\$)	Amount Due (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$150) INC (\$10)		
Damaged Portion:	3) TP: Towing Fee \$40/145		
QC Checked by (Eugr-In-Charge):	4) FT: Follow-Through Survey \$120		
Arbiters Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming start INC Only (wef 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*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: Idas Mobile \$10		
	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	13/11/2019 13:22
Date Of Accident	08/11/2019 22:30
Exact Location Of Accident	4 HOW SUN CLOSE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML8866Z
Insured/Policyholder	
Name Of Registered Owner	WANG YUEGU
NRIC No	S8080926C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84816886
Alternative Phone No	OFFICE-84816886

Vehicle Particulars

Manufacturer	BMW
Model	X3 SDRIVE20I
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?	YES
If No, Please state action to be taken	
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	5111065336
Cover Note Number	

Driver

Name of Driver	WANG YUEGU
NRIC No	S8080926C
Date Of Birth	10/06/1980
Occupation	INDOOR
Date Of Driving Pass	25/10/2016
Driving Experience	3 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84816886
Fax Number	
Contact Number	OFFICE-84816886
Email Address	NOEMAIL

Address	3 HOW SUN CLOSE
Postcode	538631
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	COLLIDED INTO PROPERTY
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	1
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

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

I WAS ON MY WAY BACK HOME TO NO 3 HOW SUN CLOSE, WHILE REACHING OUTSIDE MY HOUSE, MY VEH ACCIDENTALLY HIT ONTO THE WALL WHICH WAS BELONG TO NO 4 HOW SUN CLOSE.

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	
Vehicle Make/Model/Colour	WALL
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

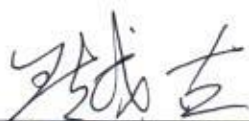
SKETCH PLAN

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**.
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.:

A hand-drawn floor plan of a room on a grid background. The room is rectangular with a total width of 6 units and a total height of 4 units. The top horizontal boundary is divided into two segments of length 4 and 2. The bottom horizontal boundary is divided into two segments of length 3 and 1. A vertical wall, indicated by a dashed line and the label 'wall', is located 4 units from the left side. A window, labeled 'A', is located on the left wall, 3 units from the bottom. The window is a rectangle with a triangular pediment on top.

$A = \text{SML } 8866Z$

4 How Sun Close

Please refer to Statement

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.:

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="12/11/2019 13:18"/>							
Vehicle No. (For Motor)	<input type="text" value="SML8866Z"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111065336		WANG YUEGU	S8080926C	GPC	drive PREMIUM	SML8866Z	SML8866Z	12/07/2019	11/07/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1071207

Policy No.	5111065336	Vehicle No.	SHL886Z	GST Registration No.	
Certificate No.					
Policyholder Name	WANG YUEGU			Policyholder NRIC	S8080926C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	84816886	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	13/11/2019 15:09	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	08/11/2019	Time of Accident hh:mm	22:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	4 HOW SUN CLOSE				

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	3 HOW SUN CLOSE	Address 2	SINGAPORE 538631	Address 3	
Address 4		Address Type	Singapore address	Post Code	538631
Unit No.		Related Policy Number	5111065336		

01 Driver Info

Driver Name	WANG YUE GU	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8080926C	Driver DOB	10/06/1980
Register Date of Driver License	31/12/2009	Driver Age	39	Driving Experience	9
Contact No.(Mobile)	84816886	Contact No.(Office)		Contact No.(Home)	
Address 1	3 HOW SUN CLOSE	Address 2	SINGAPORE 538631	Address 3	
Address 4		Address Type	Singapore address	Post Code	538631
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

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

Modification History

Claim 001 New

Claim Type *	OD-MD	Insured Name	WANG YUEGU	Insured NRIC	S8080926C		
Contact No.(Mobile)	84816886	Contact No.(Home)	NIL	Contact No.(Office)			
Email Address	YUYU129@HOTMAIL.COM	DI Vehicle Number	SHL886Z	TP Vehicle Number	WALL		
Claim Description	SHL886Z / WALL ON 8 Nov 2019				Name of Preferred Workshop	BMW P	
Preferred Workshop	63190100	Insured Liability	Fully at Fault				
Continue No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received		
Date Registered				Claim Close Date	13/11/2019 15:12	Date Received	13/11/2019
Report Taken By	LIEW SHAN HUI						
Print AK letter							

OD Excess Collected by Workshop

Save Submit

Attachment

Accident No.	MT/1071207	Claim No.	001			
Last Doc. Received	Yes No	Upload Date	13/11/2019 15:13			
Path *		Category *	Confidential Urgency *	Desc		
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	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Message Read						

Attachment List

Display in New Window Scan and uploading

LKK Paya Ubi

From: LKK Paya Ubi <rspu@lkkauto.com>
Sent: Wednesday, 13 November 2019 3:18 PM
To: 'ODsupport'
Subject: FW: SML 8866Z MT/1071207-001 OD-DRIVO PREMIUM
Attachments: SML8866Z_08112019.PDF

Hi

Dear All,

Name of Registered : WANG YUEGU
NRIC No : S8080926C

Name of Driver : WANG YUEGU
NRIC : S8080926C
Mobile No : 84816886

Own Damage Excess : \$600
Unnamed Driver Excess : N/A

Name of Workshop : BMW PERFORMANCE MOTORS
Contact No : 63190100

Remarks : N/A

Best Regards,

Shan Hui | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)