

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MMA 119158094

Date In: 30/11/19 14:18	Job description	Date & Time Completed	Done by
Ref No: NA1 INC 19021153164	SAS e-filing		
Veh No: SL2 8925 A	E-mail (within 8hrs, AIC 2hrs)		
TPA: 30/11/19 11:35.	I-Motor Claim Form	MT/1073735-001	30/11/19 15:17.
<input checked="" type="checkbox"/> TP / Reporting Only	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/Whse		

Preferred Wksp / INC Assign Wksp / GW: (World Auto	Tel: 64513933	Fax:
TP Particulars:	Veh No: SL2 2789A.	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 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date/Time	Action

NA1909009	Invoice Item	Unit (S)	Rate (S)	Add'l Bill
1) AR: Accident Reporting (\$30)				
2) DA: Damage Assessment (\$100)	INC (\$80)			
3) TP: Towing Fee	\$40/\$45			
4) PT: Follow-Through Survey	\$120			
5) PT: Follow-Through Survey (Resurvey)	\$30			
For claimant status INC Only (ver 10 Jan 2003)				
6) TR: Re-inspection	\$75			
7) NI: Idea DA + SMRT Survey	\$160			
8) NTUC Additional Services:				
Q1:				
*N5: Courtesy Car / Tpt Allowance	\$3			
*N6: Repair Co-ordination	\$10			
*N7: Post Repair Inspection	\$25			
*N8: DV / Collect Excess Coordination	\$3			
TP (N11): TP (S-n INC) against INC	\$20			
9) N12: Idea Mobile	\$0			
Invoice dated	Fee Charged			
Invoice dated	Fee Charged			

QC Checked by (Engn-In-Charge): _____

Auditors' Comments: _____

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	30/11/2019 14:18
Date Of Accident	30/11/2019 11:35
Exact Location Of Accident	MACRITCHIE VIADUCT TURNING TO BRADDELL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ8925A
Insured/Policyholder	
Name Of Registered Owner	CHNG MEOW ENG
NRIC No	S1520907J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96671283
Alternative Phone No	OFFICE-96671283

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
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	5100774244-01
Cover Note Number	

Driver

Name of Driver	CHNG MEOW ENG
NRIC No	S1520907J
Date Of Birth	19/06/1962
Occupation	INDOOR
Date Of Driving Pass	17/07/1984
Driving Experience	35 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96671283
Fax Number	
Contact Number	OFFICE-96671283
Email Address	NOEMAIL

Address	BLK 112 WHAMPOA RD #10-81
Postcode	321112
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 - CHANGE/CROSS LANE
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?	
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: : UNKNOWN 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

I WAS TRAVELLING ALONG MACRITCHIE VIADUCT HEADING TWDS BRADDELL RD, AFTER CHECK THE TRAFFIC WAS CLEAR, I FILTER INTO LEFT LANE, SUDDENLY VEH B COME VERY FAST FROM BEHIND INTO THE LEFT LANE AND HIT ONTO MY VEH LEFT FRONT PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ2789A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96462690
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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:

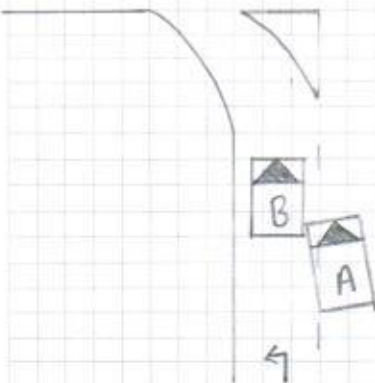
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Braddell Rd



A = SLZ 8925A

B = SLJ 2789A

Mac Ritchie Viaduct

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

DECLARATION

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

[Signature]

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.:

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="30/11/2019 14:03"/>
Vehicle No.(For Motor)	<input type="text" value="SLZ8925A"/>	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"/>	5100774244-01		CHNG MEOW ENG	S1520907J	GPC	drivo PREMIUM	SLZ8925A	SLZ8925A	22/05/2019	21/05/2020

Claim Handling

Accident MT/1073735

Policy No.	S100774244-01	Vehicle No.	SLZ8925A	GST Registration No.	
Certificate No.					
Policyholder Name	CHNG MEOW ENG			Policyholder NRIC	S1520907J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	96671283	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	30/11/2019 15:14	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	30/11/2019	Time of Accident hh:mm	11:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MACRITCHIE VIAOUCT TURNING TO BRADDELL RD.				

▼ 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 112 #10-01	Address 2	WHAMPOA ROAD	Address 3	SINGAPORE 321112
Address 4		Address Type	Singapore address	Post Code	321112
Unit No.		Related Policy Number	S100774244-01		

▼ OI Driver Info

Driver Name	CHNG MEOW ENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1520907J	Driver OOB	19/06/1962
Register Date of Driver License	17/02/1984	Driver Age	57	Driving Experience	35
Contact No.(Mobile)	96671283	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 112 #10-01	Address 2	WHAMPOA ROAD	Address 3	SINGAPORE 321112
Address 4		Address Type	Singapore address	Post Code	321112
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

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

Modification History

Claim 001 New

Claim Type *	OD-MD	Insured Name	CHNG MEOW ENG	Insured NRIC	S1520907J
Contact No.(Mobile)	96671283	Contact No.(Home)	NIL	Contact No.(Office)	674411
Email Address	devinciesh@hotmail.com	Vehicle Number	SLZ8925A	Vehicle Number	SLJ278
Claim Description	SLZ8925A / BLJ278SA ON 30 Nov 2019			Name of Preferred Workshop	WORLE
Preferred Workshop	64513933	Insured Liability	Fully at Fault	GIA report	Received
Finalisation	Yes	Repair Option	Preferred Workshop (refer below)		
Date Registered		Claim Close Date	30/11/2019 15:16	Date Received	30/11/2019
Report Taken By	LIEW SHAN HUI				
Print AX letter					
<div>Save Submit</div>					

Attachment

Accident No.	MT/1073735	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	30/11/2019 15:17		
Path *		Category *	Confidential	Urgency *	Desci
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		Clear	Please Select	NO	Normal

▼ Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description	File
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:17	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:17	SAS		Normal	SAS 2019-11-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:17	Photos		Normal	Photos 2019-11-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:17	Photos		Normal	Photos 2019-11-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:17	Photos		Normal	Photos 2019-11-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:17	Photos		Normal	Photos 2019-11-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:16	Photos		Normal	Photos 2019-11-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:16	Photos		Normal	Photos 2019-11-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:16	Photos		Normal	Photos 2019-11-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:16	Photos		Normal	Photos 2019-11-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:16	Photos		Normal	Photos 2019-11-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:16	Photos		Normal	Photos 2019-11-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Nov 2019 15:16	Photos		Normal	Photos 2019-11-30	

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
		Display in New Window	Scan and uploading	

LKK Paya Ubi

From: LKK Paya Ubi <rspu@lkkauto.com>
Sent: Saturday, 30 November 2019 3:21 PM
To: 'ODsupport'
Subject: SLZ 8925A MT/1073735 OD-DRIVO PREMIUM
Attachments: SLZ8925A_30112019.PDF

Hi

Dear All,

Name of Registered : CHNG MEOW ENG
NRIC No : S1520907J

Name of Driver : CHNG MEOW ENG
NRIC : S1520907J
Mobile No : 96671283

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

Name of Workshop : WORLD AUTO
Contact No : 64513933

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)