MWA9891 74889

NATIONAL Assessment Centre Services. (wef 1 Jan'05)

	Job description	Date & Time Completed	Done by
Date In: 30/12/2019 18:28	SAS e-filling		
Ref No: NBB/NIC/19022901/Y	E-mail (Within 8hrs, AIC 2hrs)		
Veh No: SLF 3063A	I-Motor Claim Form	MM1077867-001	31/12/2019 10:05
DOA: 29/12/2019 17:10.	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: SDQ 3432. 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 ( )

[illegible]

( ) 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: ( )

[illegible]	[illegible]	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	Actions

[illegible]

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Cal. 1:

[illegible]		[illegible]	[illegible]
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($10)		
	$40/$45		
3) TF : Towing Fee	$120		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only, (wef 10 Jan 2005)	$75		
6) TR : Re-Inspection	$160		
7) N1 : Idea DA + SMRT Survey			
8) NTUC Additional Services:-			
OD:	$5		
• N5: Courtesy Car / Tpt Allowance	$10		
• N6: Repair Co-ordination	$25		
• N7: Post Repair Inspection	$5		
• N8: DV / Collect Excess Coordination	$20		
TP (N11) : TP (Non INC) against INC	30		
9) N12: Idea Mobile			
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

MNA419171489 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 30/12/2019 18:28
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	30/12/2019 18:28
Date Of Accident	29/12/2019 17:10
Exact Location Of Accident	SECON LINK EXPY KAMPONG LADANG 81550 G/PATAH
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF3063A
Insured/Policyholder	
Name Of Registered Owner	HOW CHEE HUNG
NRIC No	SXXXX915G
Email Address	STANTHEMAN_89@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-97605141
Alternative Phone No	OTHERS-93637843
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA
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	5100644714-01
Cover Note Number	
Driver	
Name of Driver	STANLEY HOW SHAN YUAN
NRIC No	SXXXX904H
Date Of Birth	25/11/1989
Occupation	INDOOR
Date Of Driving Pass	10/01/2013
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93637843
Fax Number	
Contact Number	OTHERS-97605141
EMail Address	STANTHEMAN_89@OUTLOOK.COM

Address	BLK 357 CLEMENTI AVENUE 2 #19-269
Postcode	120357
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	4
Passenger 1	NAME: : ANG TECK WENG FRANCIS GENDER: : MALE
Passenger 2	NAME: : LAU CHENG WONG GENDER: : FEMALE
Passenger 3	NAME: : CHUA POH THIA 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

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	SDQ343Z
Vehicle Make/Model/Colour	HYUNDAI SONATA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR. LEE
NRIC/Passport Number	

Contact Number	90663969
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**.
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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.

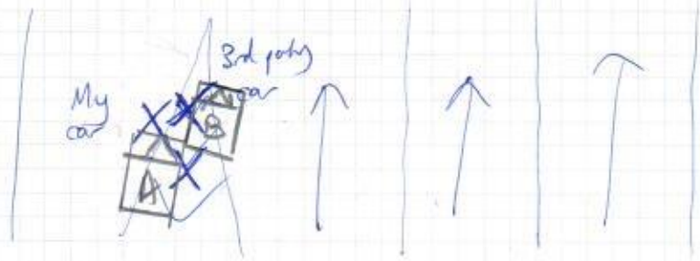
   (e) the information so collected under (d) above may be shared / disclosed:

   (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:	30/12/19 1558 Driver's Signature (If driver is not the policyholder) Date & Time:	30/12/2019 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN SECOND LINK EXPY, KAMPUNG LADANG TOWARDS S'PORE



A) SLF 3063A

B) SDQ 3432

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

We were driving back via second link at Johor. There was very heavy traffic. Both the 3rd party and my car were in the road divider island, trying to go into the proper lane, due to the confusing lines caused. My car was stationery while one of my passengers was waving to the vehicle behind the 3rd party car. Then, saw the driver of the 3rd party car came down to point that our cars had braced one another. My friend got down to ask if any one in his car was injured and no injuries at all. We exchanged contacts and are trying to settle it personally without claim. We had a call that night, again I checked to confirm if there were no injuries in anyone in his car, which he confirmed. I enquired the damage of his car, which he claimed had scratches, dents and bumber misalignment. He said he will send the workshop to check for repair charges, which I also will check on my end. We are still in midst of checking and negotiations of what actually happend

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: 30/12/19 1606	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 30/12/2019

ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 12 / 2019) (DD/MM/YYYY), TIME: (17 : 11) (HH:MM)

LOCATION: Second Link Expy, Kampung Ladang, 81550 Gelang Patah, Johor, Malaysia

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SLF 3063A
   b) INSURANCE COMPANY: MNRC Income
   c) POLICY NUMBER: 510064714-01
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: HYUNDAI ELENTRA
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
      IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

ANG TECK HENG FRANCIS (M)
LAU CHENG HONG (F)
CHUA POH THIA (M)

2. INSURED / POLICY HOLDER
   a) NAME: HOW CHEE HUNG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1526915G CONTACT: 97605141
   c) ADDRESS: Clementi Ave 2, Blk 357, #19-269, (S)120357

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (including driver) (4)

DRIVER
   d) NAME: STANLEY HOW SHAN YUAN (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8942904H CONTACT: 93637843
   c) ADDRESS: Clementi Ave 2, Blk 357, #19-269, (S)120357
   *d) DATE OF BIRTH: (25 / 11 / 1989) (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: FATHER & SON
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
   a) VEHICLE NUMBER: SQQ 3432 MODEL: HYUNDAI SONATA
   b) DRIVER'S NAME: MR LEE
   c) NRIC/FIN/PASSPORT: CONTACT: 9066 3969

* No of passenger (Including driver) (__)

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

* No of passenger (Including driver) (__)

email = stanleyhan_89@outlook.com

VIDEO

Claim Handling

- Exit

Accident MT/1077867

Policy No.	S100644714-01	Vehicle No.	SLF3063A	GST Registration No.	
Certificate No.					
Policyholder Name	HOW CHEE HUNG			Policyholder NRIC	S1326915G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97605141	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(%)	10	Private Hire	No

Accident Details

Report Date	31/12/2019 09:59	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	29/12/2019	Time of Accident hh:mm	17:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SECOND LINK EXPY KAMPONG LADANG 81550 G/PATAH				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

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 357 #19-269	Address 2	CLEMENTI AVENUE 2	Address 3	CLEMENTI SPRING
Address 4	SINGAPORE 120357	Address Type	Singapore address	Post Code	120357
Unit No.	19-269	Related Policy Number	S100644714-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	STANLEY HOW SHAN YUAN	Driver NRIC	S8942904H	Driver DOB	25/11/1989
Register Date of Driver License	10/01/2013	Driver Age	30	Driving Experience	6
Contact No.(Mobile)	93637843	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 357 #19-269	Address 2	CLEMENTI AVENUE 2	Address 3	SINGAPORE 120357
Address 4		Address Type	Foreign address	Post Code	120357
Unit No.	19-269				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLF3063A	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	HOW CHEE HUNG	Insured NRIC	S1326915G
Contact No.(Mobile)	97605141	Contact No. (Home)	68726757	Contact No. (Office)	
Email Address	sndtpl@singnet.com.sg	OI Vehicle Number	SLF3063A	TP Vehicle Number	SDQ343Z
Claim Description	SLF3063A / SDQ343Z ON 29 Dec 2019			Name of Preferred Workshop	

Preferred Workshop / Remark No. Finalisation: Yes — Insured Liability: Not at Fault — Preferred Repair Option: Preferred Workshop, Name unknown — GIA report: Received

Date Registered	31/12/2019 10:03	Claim Close Date		Date Received	31/12/2019 00:00
Report Taken By	ROSLI WAHAB				

✓ Print AK letter

Save Submit

Attachment

Accident No.	MT/1077867	Claim No.	001
Last Doc. Received	Yes No	Upload Date	31/12/2019 10:05

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 Upload

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Dec 2019 10:05	Photos		Normal	Photos 2019-12-31		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Dec 2019 10:05	Photos		Normal	Photos 2019-12-31		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Dec 2019 10:05	Photos		Normal	Photos 2019-12-31		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 31 Dec 2019 10:05	Photos		Normal	Photos 2019-12-31		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE	Photos		Normal	Photos 2019-12-31		Edit

	S (BUKIT MERAH)) on 31 Dec 2019 10:05					
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:05	Photos		Normal	Photos 2019-12-31	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:05	Photos		Normal	Photos 2019-12-31	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:04	Photos		Normal	Photos 2019-12-31	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:04	Photos		Normal	Photos 2019-12-31	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:04	Photos		Normal	Photos 2019-12-31	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:04	Photos		Normal	Photos 2019-12-31	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:04	Photos		Normal	Photos 2019-12-31	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:04	Photos		Normal	Photos 2019-12-31	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:03	Photos		Normal	Photos 2019-12-31	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:03	Photos		Normal	Photos 2019-12-31	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:03	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-31	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:03	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-31	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:03	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-31	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:03	SAS		Normal	SAS 2019-12-31	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

› Change Language › Change Password › Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.		Date of Accident	29/12/2019 10:06
Vehicle No.(For Motor)	SLF3063A	Certificate Number	

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
●	5100644714-01		HOW CHEE HUNG	S1326915G	GPC	drive CLASSIC	SLF3063A	SLF3063A	23/02/2019	22/02/2020

Continue