

NATIONAL Assessment Centre Services.

Job No: NA2000/3763

Date In: 20/01/2020 19:23	Job description	Date & Time Completed	Done by
Ref No: NBS/INC20001628/Y	SAS e-filing		
Veh No: GBA 1306H	E-mail (W/O 3hrs, A/C 2hrs)		
DOA: 22/01/2020 16:15	I-Motor Claim Form	22/01/2020 19:18	
QID: 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/Witsp		

Preferred Wreck / INC Assign Wreck / QW: ()	Tel: ()	Fax: ()
TP Participants: ()	Veh No: SLG 7916H	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 ()	

() 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 > \$5000] ()

Injury: _____

NA2000/090		
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Ido DA + EMRT Survey \$160	
	8) NIUC Additional Services:	
	OR:	
	* NI: Courtesy Car / Tpl Allowance \$3	
	* NI: Repair Coordination \$10	
	* NI: Post Repair Inspection \$25	
	* NI: DV / Collect Excess Coordination \$1	
	TP (NI) / TP (S, a INC) equal to \$20	
	9) NI: Ido 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	30/01/2020 19:23
Date Of Accident	23/01/2020 16:15
Exact Location Of Accident	MOUNT ELIZABETH HOSPITAL LOADING/UNLOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA1306H
Insured/Policyholder	
Name Of Registered Owner	SURGIMED MARKETING SERVICES
Co Reg No	4XXXX200X
Email Address	SURGIMED@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96622505
Alternative Phone No	OFFICE-96622505

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5098423301-01
Cover Note Number	

Driver

Name of Driver	CHONG WEI SOONG
NRIC No	SXXXX899F
Date Of Birth	25/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	15/05/1987
Driving Experience	32 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96622505
Fax Number	
Contact Number	OTHERS-96622505
E-Mail Address	SURGIMED@SINGNET.COM.SG

Address	6 DOVER RISE #19-09
Postcode	138678
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 PARKED VEHICLE
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)	1

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	SLC7816J
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
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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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:

30/1/2020 1630hr.

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

30/1/2020 1630hr

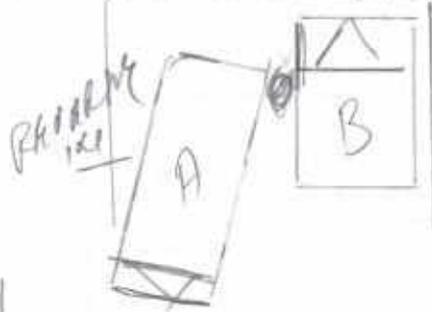
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

30/01/2020
Reski Nurhas

SKETCH PLAN

MOUNT ELIZABETH LOADING & UNLOADING BAY



A) GBA 1306H

B) SLC 7816J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 23 Jan 2020 around 1615 hr, I was driving Van GBA 1306H to Mt. E Hospital for delivery.

The vehicle SLC 7816J a passenger car was parking in between 2 loading bay parking lot.

As I was reversing parking next to the said vehicle, the rear left side of my vehicle "slightly" touch the left side mirror of SLC 7816J, causing the side mirror flip to the side.

After re-position the left side mirror, the owner of SLC 7816J has confirm that no damage to the function of the side mirror.

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:

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

30/01/2020
Rohit Chandra

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1450899F



Name
CHONG WEI SOONG

鍾蔚雄



Race
CHINESE
Date of birth
25-03-1960
Country/Place of birth
SINGAPORE
Sex
M

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1450899F

Name
CHONG WEI SOONG

Birth Date 25 Mar 1960
Issue Date 24 Jun 2011



001976109C

5512736



NRIC No. S1450899F



Date of Issue
26-07-2015

Address
6 DOVER RISE
#19-09
SINGAPORE 136678

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 1 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

EFFECTIVE DATE

15 May 1960

For LKK/NAC Use Only

VNIGBA13CGH

Licence No: S1450899F



Colc STAMP

ACCIDENT STATEMENT

ACCIDENT DATE: 23, 01, 2020 (DD/MM/YYYY), TIME: 16, 15 (HH:MM)

LOCATION: Mt. Elizabeth Hospital loading Bay

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBA 1306H
- b) INSURANCE COMPANY: ONCOME
- c) POLICY NUMBER: 5098423301-01
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: TOYOTA / HIACE
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
- 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: SURGIMED MARKETING SERVICE (MALE / FEMALE)
- B) NRIC/FIN/PASSPORT: 47366280X CONTACT: MR CHONG
- C) ADDRESS: 115A COMMONWEALTH DRIVE #04-17 SE 149596 96622505

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHONG WEI SOONG (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S1450899F CONTACT: MR CHONG
- c) ADDRESS: 6 DOVER RISE #19-01 SE 138678

* d) DATE OF BIRTH: 25, 03, 1960 (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: _____

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: SLC 7816J MODEL: CIVIC - VEZEL
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

No of passenger (including driver) ()

No of passenger (including driver) ()

No of passenger (including driver) ()

email: surgimed@singnet.com.sg
VIDEO

Claim Handling

Accident MT/1082292

Policy No.	5098423301-01	Vehicle No.	GBA1306H	GST Registration No.
Certificate No.				
Policyholder Name	SURGIMED MARKETING SERVICES			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE (INSURAF)	Cover Type	Third Party	Loading
Contact No.(Mobile)	96622505	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

Accident Details

Report Date	30/01/2020 19:20	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/01/2020	Time of Accident hh:mm	16:13	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	MOUNT ELIZABETH HOSPITAL LOADING/UNLOADING BAY			

Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	20/11/2006
GST Registration No.	47366200X	GST Status Verified	Yes
Modification History	30/01/2020 19:28:52 System changed GST Registration Date from 01/01/2015 to 20/11/2006 30/01/2020 19:28:52 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	115A COMMONWEALTH DRIVE	Address 2	#04-17 TANGLIN HALL (INDUST)	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-17	Related Policy Number	5098423301-01	

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	CHONG WEI SOONG	Driver NRIC	SXXXX899F	Driving Experience
Register Date of Driver License	15/03/1987	Driver Age	39	Contact No.(Home)
Contact No.(Mobile)	96622505	Contact No.(Office)		Address 3
Address 1	6 DOVER RISE	Address 2	#19-09 HERITAGE VIEW	Post Code
Address 4		Address Type	Foreign address	
Unit No.	19-09			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	GBA1306H	Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SURGIMED MARKETING
Contact No.(Mobile)	96622505	Contact No.(Home)	
Email Address		OT Vehicle Number	GBA1306H
Claim Description	GBA1306H / SLC7816J ON 23 Jan 2020		
Preferred Workshop Finalisation	<input checked="" type="checkbox"/> Yes	Insured Liability	Fully at Fault
Date Registered	30/01/2020 19:39	Preferred Workshop, Name unknown	GIA report
Report Taken By	RDSLI WAHAB	Repair Option	Received
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1082292	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	30/01/2020 19:43
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
		Urgency *	Normal

Hello, NAC_BUKIT_MERAH_800676

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="23/01/2020 16:21"/>
Vehicle No.(For Motor)	<input type="text" value="GBA1306H"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098423301-01		SURGIMED MARKETING SERVICES	47366200X	GCV	Third Party	GBA1306H	GBA1306H	21/03/2019	20/03/2020

Continue