

NATIONAL Assessment Centre Services. [Unit 1 Jan'03]

20021525

Date In: 17/02/2020 17:07	Job description	Date & Time Completed	Done by
Ref No: N84/ZUC200026894	SAS e-Ming		
Veh No: SKG 3465E	E-mail (Within 2hrs, A/C 2hrs)		
D.O.A: 16/02/2020 11:20	I-Motor Claim Form	17/02/2020 17:29	
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wkep / INC Assign Wkep / QW: ()		Tel: ()		Fax: ()	
TP Particulars: ()	Veh No: <u>SHA-7106B</u>	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 ()			

() 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: ()

USCIS Form - Instructions		Date of completion by	
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			

[illegible]

12001526		INVOICE FOR TOWING & REPAIRS		Date: 12/1/2011	
Driver/Owner:		1) AR: Accident Reporting (\$30)			
Contact No:		2) DA: Damage Assessment (\$100% INC (\$40)			
Damaged Portion:		3) TP: Towing Fee \$40.45			
Checked by (Engr-In-Charge):		4) PT: Follow-Through Survey \$120			
		5) PT: Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (over 10 Jan 2012)			
		6) TR: Re-Inspection \$75			
		7) NI: Idea DA + SMRT Survey \$160			
		8) NTUC Additional Services:			
		ON:			
		* NS: Courtesy Car / Tpl Allowance \$3			
		* NG: Repair Coordination \$10			
		* NT: Post Repair Inspection \$25			
		* ND: DV / Collect License Coordination \$3			
		TP (Nil) : TP (Nil INC) against D-G \$30			
		9) NI: Idea Mobile \$8			
1:		Invoice dated		Fee Charged	
2/3:		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	17/02/2020 17:07
Date Of Accident	16/02/2020 11:30
Exact Location Of Accident	AT SENTOSA GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG3465E
Insured/Policyholder	
Name Of Registered Owner	LIM SENG KIAT
NRIC No	SXXXX625B
Email Address	DORA@INBLOOMFLOWERS.CO
Mobile Phone No	(LOCAL) +65-92355226
Alternative Phone No	OTHERS-98438678

Vehicle Particulars

Manufacturer	BMW
Model	X1
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO WORK
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	5107843831
Cover Note Number	

Driver

Name of Driver	WONG SU LAN DORA (HUANG XIULAN DORA)
NRIC No	SXXXX100I
Date Of Birth	29/10/1974
Occupation	INDOOR
Date Of Driving Pass	17/08/1995
Driving Experience	24 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92355226
Fax Number	
Contact Number	OTHERS-98438678
Email Address	DORA@INBLOOMFLOWERS.CO

Address	19 GOLDHILL VIEW
Postcode	308840
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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	SHA7706B
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEO BOON PAR
NRIC/Passport Number	
Contact Number	91723193
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

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.

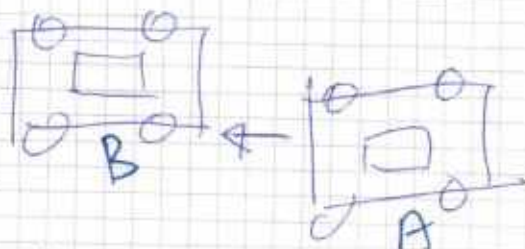
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 17/02/2020

17/02/2020
Reporting Centre Personnel's Signature
Name: *Bobo*
NRIC/FIN No.: *17022020*

SKETCH PLAN

A1 SENTOSA GANTRY



A) SKG 8465 E

reversed into cab

B) SHA 7106 B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car was at lane 2 of the Sentosa Gantry. Car in front of me at the gantry point was taking a long time, so I reversed to get to lane 3. I checked my side mirror and it looked clear, I reversed and knocked into the taxi behind me. The taxi was behind me to the left, which is why I did not see him in my right 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.:

17/02/2020

17/02/2020

SHA 7106 B

ACCIDENT STATEMENT

ACCIDENT DATE: 16/02/2020 (DD/MM/YYYY), TIME: 11:30 (HH:MM)

LOCATION: Sentosa Gateway

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKA 3465 E
 b) INSURANCE COMPANY: NIC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: BMW X1
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING TO WORK
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Lim Seng Kiat (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7403625B CONTACT: 9235 5226
 c) ADDRESS: 17 Goldhill View
S308F38

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DORA WONG SU LAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7444105L CONTACT: 9843 8670
 c) ADDRESS: 17 Goldhill View
S308F38

* d) DATE OF BIRTH: 29/10/1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17/08/1995

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: WIFE

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) NO Sentosa Ranger took photos & checked that no one was hurt.
 IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA 7706B MODEL: Hyundai taxi
 b) DRIVER'S NAME: Leo Boon Par
 c) NRIC/FIN/PASSPORT: S0166551 CONTACT: 91723193

9. THIRD PARTY VEHICLE

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

Email: dora@inbloomflowers.co

VIDEO

Claim Handling

Accident MT/1084696

Policy No.	5107643831	Vehicle No.	SKG3465E	GST Registration No.
Certificate No.				
Policyholder Name	LIM SENG KIAT			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	92355226	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		ICode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	17/02/2020 17:16	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	16/02/2020	Time of Accident (Approx)	11:30	Country of Accident
Reporting Centre		Grange Force		ICM No.
Accident Location	AT SENTOSA GANTRY			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	500.00	Total TP Excess Applicable	0.00	

▼ Benefits

Coverage	Sum Insured
Excess Waiver	99999999.99
Transport Allowance	9999999.99

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	17 GOLDHILL VIEW	Address 2	GOLDHILL GARDEN	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5167843831	

▼ 01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	WONG SU LAN DORA (HUANG X	Driver NRIC	SXXXX100	Driver DOB
Register Date of Driver License	17/08/1995	Driver Age	45	Driving Experience
Contact No.(Mobile)	98438678	Contact No.(Office)		Contact No.(Home)
Address 1	17 GOLDHILL VIEW	Address 2	# GOLDHILL GARDEN	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKG3465E	Driver Insurer Company

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	LIM SENG KIAT
Contact No.(Mobile)	96280039	Contact No.(Home)	82515527
Email Address		OT Vehicle Number	SKG3465E
Claim Description	SKG3465E / SHA7706E ON 16 Feb 2020		
Preferred Workshop	Insured Liability	Fully at Fault	
Repair No. Finalisation	Preferred	Repair Option	Preferred Workshop, Name unknown
Date Registered	17/02/2020 17:28	GIA report	Received
Report Taken By	ROSLI WAHAB		
<input type="checkbox"/> Print AK letter			

Attachment

2/17/2020

Claim Handling(accident reporting Claim Task)

Accident No.

MT/1084696

Claim No.

001

Last Doc. Received

Yes No

Upload Date

17/02/2020 17:29

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen












Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Category *	Confidential	Urgency *
Clear	Please Select ▼	NO ▼	Normal
Clear	Please Select ▼	NO ▼	Normal
Clear	Please Select ▼	NO ▼	Normal
Clear	Please Select ▼	NO ▼	Normal
Clear	Please Select ▼	NO ▼	Normal
Clear	Please Select ▼	NO ▼	Normal

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 17:29	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 17:29	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 17:29	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 17:29	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 17:29	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 17:28	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 17:28	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 17:28	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 17:28	Photos		Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 17:28	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 17:28	SAS		Normal	SAS 2020-2-17

Video List

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

Scan and uploading

Hello, NAC_BUKIT_MERAH_B00676

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="16/02/2020 15:37"/>
Vehicle No.(For Motor)	<input type="text" value="SKG3465E"/>	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 checked="" type="radio"/>	5107843831		LIM SENG KIAT	S7403625B	GPC	drive PREMIUM	SKG3465E	SKG3465E	19/03/2019	18/03/2020