NATIONAL Assessment Centre Services. [wef 1 Jan'06] NAA/2005990

Date In: 21/02/2020 17:34	Job description	Date &Time Completed		Done by
Ref No: NBH/AIC20002830/1	SAS e-filing			
Veh No: SJX 4438D	E-mail (Within 8hrs, AIC 2hrs)			
D.O.A 21/02/2020 12:45	I-Motor Claim Form	M11086(3) - 001 . 28/02/2020		
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)			10:53.
	I-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand to Owner/Wksp			

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

TP Particulars: Veh No: SLK 8426C 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] Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > $3000] ( )

Injury :

[illegible]

NA2001711

	[illegible]		Yes/No
	1) AR : Accident Reporting ($30)		
	2) DA : Damage Assessment ($100) INC (110)		
	3) TP : Towing Fee	$40/$45	
Driver/Owner:	4) FT : Follow-Through Survey	$120	
	5) FT : Follow-Through Survey (Resurvey)	$30	
Contact No:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection	$75	
Damaged Portion:	7) N1 : Idea DA + SMRT Survey	$160	
	8) NTUC Additional Services:		
	OD:		
QC Checked by (Engr-In-Charge):	*N5: 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: Idea Mobile	$0	
	Invoice dated	*Fee Charged*	
	Invoice dated	*Fee Charged*	

Additional Comments:

Sal. T:

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	27/02/2020 17:34
Date Of Accident	27/02/2020 12:45
Exact Location Of Accident	BLK 302 UBI AVENUE OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJX4428D
Insured/Policyholder	
Name Of Registered Owner	WUU WEN LOONG EDMUND (HU WENLONG EDMUND)
NRIC No	SXXXX519G
Email Address	GEORGE.WUU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90277097
Alternative Phone No	OTHERS-98315732
Vehicle Particulars	
Manufacturer	HONDA
Model	INSIGHT
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	5086357730-03
Cover Note Number	
Driver	
Name of Driver	WUU KHEK CHIANG
NRIC No	SXXXX489D
Date Of Birth	03/12/1949
Occupation	INDOOR
Date Of Driving Pass	30/06/1967
Driving Experience	52 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90277097
Fax Number	
Contact Number	OTHERS-98315732
EMail Address	GEORGE.WUU@GMAIL.COM

Address	BLK 553 SERANGOON NORTH AVENUE 3 #08-69
Postcode	550553
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	SLK8426C
Vehicle Make/Model/Colour	
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

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. 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

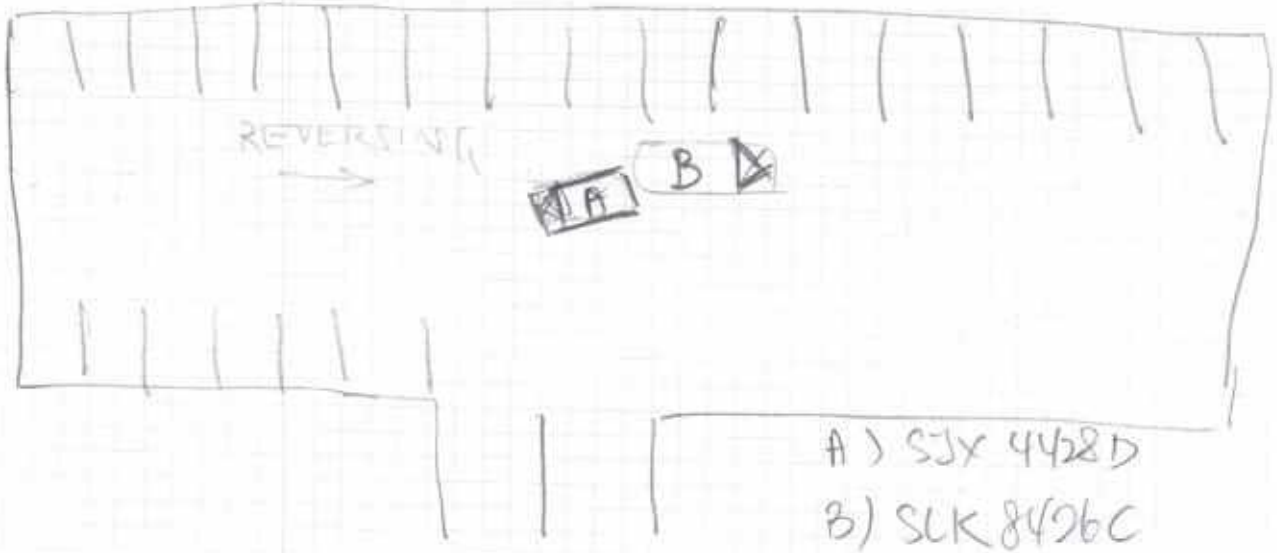
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/2/20
4.30pm

27/02/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN BLK 302 UBI AVENUE 1 OPEN SPACE CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 27/2/2020 at approximately 12-45pm, I was reversing out of the parking lot to exit the open carpark at BLK 302 UBI AVE 1. My 'REAR BUMPER' accidentally hit the rear bumper of car NO. SLK8496C. I did not see any damage to his car or my car. I exchange phone number with driver took pictures and agree to file a report with IDAC.

S0080489D

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: 27/2/20

27/02/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 27 / 2 / 2020 (DD/MM/YYYY), TIME: 12:45 pm (HH:MM)

LOCATION: UBI AVE 1 BLK 302 OPEN SPACE CARPARK

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJX4428D
   b) INSURANCE COMPANY: INCOME
   c) POLICY NUMBER: 5086357730-02
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: HONDA INSIGHT
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
   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: WUH WEN LOONG (MALE / FEMALE)
   b) NRIC/~~FIN/PASSPORT~~: S7334519G CONTACT: 90277097
   c) ADDRESS: 1, TAMAN SERASI #01-07
      S 257717

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No. of passenger (including driver) (__)

DRIVER
   d) NAME: WUH KHEIC CHIANG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S0080489D CONTACT: 98315732
   c) ADDRESS: 55-3, SERANGOON NORTH AVE. 3
      # 08-69, S 550553
   *d) DATE OF BIRTH: 3 / 12 / 1949 (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) TYPE OF DRIVING PASS CL 3

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

*No. of passenger (including driver) (__)

   a) VEHICLE NUMBER: SLK8426C MODEL: BMW
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:
9. THIRD PARTY VEHICLE

*No. of passenger (including driver) (__)

   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT: 98007960

email = george.wuu@gmail.com

VIDEO

Claim Handling

Accident M1/1086137

· Exit

Policy No.	5086357730-03	Vehicle No	SJX4428D	GST Registration No.	
Certificate No.					
Policyholder Name	WUU WEN LOONG EDMUND (HU WENLONG EDMUND)			Policyholder NRIC	S7334519G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	90277097	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
AFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	28/02/2020 10:30	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	27/02/2020	Time of Accident hh:mm	12:45	Country of Accident	Singapore
Reporting Centre		Orange Form		TCM No.	
Accident Location	BLK 302 UBI AVENUE OPEN SPACE CARPARK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
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	1 TAMAN SERASI	Address 2	#01-07 BOTANIC GARDENS VIE	Address 3	SINGAPORE 257717
Address 4		Address Type	Singapore address	Post Code	257717
Unit No.		Related Policy Number	5086357730-03		

OI Driver Info

Driver Name	WUU KHEK CHIANG	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S0080489D	Driver DOB	03/12/1949
Register Date of Driver License	30/07/1967	Driver Age	70	Driving Experience	52
Contact No.(Mobile)	98315737	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SJX4428D	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	WUU WEN LOONG EDMUND (HU	Insured NRIC	S7334519G
Contact No.(Mobile)	90277097	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	[illegible]@hotmail.com	OI Vehicle Number	SJX4428D	TP Vehicle Number	SLX8425C
Claim Description	SJX4428D / SLX8425C ON 27 Feb 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Estimate No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	28/02/2020 10:50	Claim Close Date		Date Received	28/02/2020 00:00
Report Taken By	ROSLI WAHAB				

Print AA letter

Save Submit

Attachment

Accident No.	M1/1086137	Claim No.	001
Last Doc. Received	Yes No	Upload Date	28/02/2020 10:53

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 SERVICE S (BUKIT MERAH)) on 28 Feb 2020 10:53	Photos		Normal	Photos 2020-2-28		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2020 10:53	Photos		Normal	Photos 2020-2-28		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2020 10:53	Photos		Normal	Photos 2020-2-28		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2020 10:53	Photos	Normal	Photos 2020-2-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2020 10:50	Photos	Normal	Photos 2020-2-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2020 10:50	Photos	Normal	Photos 2020-2-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2020 10:50	Photos	Normal	Photos 2020-2-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2020 10:50	Photos	Normal	Photos 2020-2-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2020 10:50	NRIC/ Driving License ∨	Normal	NRIC/ Driving License 2020-2-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2020 10:50	SAS	Normal	SAS 2020-2-28	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.

Vehicle No.(For Motor) SJX4428D

Date of Accident 27/02/2020 16:27

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5086357730-03		WUU WEN LOONG EDMUND (HU WENLONG EDMUND)	S7334519G	GPC	drivo CLASSIC	SJX4428D	SJX4428D	15/06/2019	14/06/2020

Continue