NATIONAL Assessment Centre Services. MNA420027711

Date In: 02/03/2020 12/01	Job description	Date &Time Completed	Done by
Ref No: NIDA INC2020 3481/Y	SAS e-filing		
Veh No: SSP 8799L	E-mail (within 8hrs, AIC 2hrs)		
D O A 03/03/2020 08.15	I-Motor Claim Form	MI1086654-001	03/03/2020
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		14.12
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SLF3855G 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 ( )

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: ( )

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

Injury :

Particulars

NA2001788

Claimant Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments

Cal. 1:

Invoice/Fee		Status / Initial
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 2010)	$75	
6) TR : Re-Inspection	$160	
7) NI : Idas DA + SMRT Survey		
8) NTUC Additional Services- OD:		
*NS: Courtesy Car / Tpt Allowance	$5	
*N6: Repair Co-ordination	$10	
*N7: Post Repair Inspection	$25	
*N8: DV / Collect Excess Coordination	$5	
TP (NII) : TP (Non INC) against INC	$20	
9) N12: Idas Mobile	30	
Invoice dated	*Fee Charged*	[redacted]
Invoice dated	*Fee Charged*	[redacted]

2 / 2

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	03/03/2020 12:01
Date Of Accident	03/03/2020 08:15
Exact Location Of Accident	ALONG KPE AFTER AIRPORT ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJD8799L
Insured/Policyholder	
Name Of Registered Owner	CHONG CHEE CHOONG (ZHANG ZHICONG)
NRIC No	SXXXX181D
Email Address	TERENCECHONG@OUTLOOK.SG
Mobile Phone No	(LOCAL) +65-96399384
Alternative Phone No	OTHERS-96399384
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	GOING 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	5064756186-05
Cover Note Number	
Driver	
Name of Driver	CHONG CHEE CHOONG (ZHANG ZHICONG)
NRIC No	SXXXX181D
Date Of Birth	20/10/1981
Occupation	INDOOR
Date Of Driving Pass	08/09/2003
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96399384
Fax Number	
Contact Number	OTHERS-96399384
EMail Address	TERENCECHONG@OUTLOOK.SG

Address	BLK 170A PUNGGOL FIELD #14-707
Postcode	821170
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 - 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)	2
Passenger 1	NAME: : LIN HUIMIN 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

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	SLF3855G
Vehicle Make/Model/Colour	MERCEDES BENZ C200
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA SIANG MENG
NRIC/Passport Number	SXXXX500G
Contact Number	91860423
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	1

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: 3/3/2020

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

03/03/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN KPE AFTER AIRPORT ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving alone ~~Lane~~ lane 1 Kpe after airport road toward town
- 8355G ~~d~~ brake and I knock into his rear end.
- ~~No~~ light bump
- no visual damage at all.
- no visual damage on my end as well (as per picture provided)

DECLARATION

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

Policyholder's Signature
Date & Time: 5/3/2020

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
03/03/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (3 / 3 / 2020) (DD/MM/YYYY), TIME: (08 : 15) (HH:MM)

LOCATION: KPE after airport road

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJD 8799L
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Honda FH CF6
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: To work
   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: CHONG CHEE CHUONG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8170181D CONTACT: 96399384
   c) ADDRESS: 170A Punggol Field #14-707

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) (2)

DRIVER
   a) NAME: (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:

LIN HUIMIN

   *d) DATE OF BIRTH: (/ /) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 8 SEP 2003
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) DRY
   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) (1)

   a) VEHICLE NUMBER: SLF 3855G MODEL: Merc C200
   b) DRIVER'S NAME: CHUA SIANG MENG
   c) NRIC/FIN/PASSPORT: S7634500G CONTACT: ~~9338~~ 91860423
9. THIRD PARTY VEHICLE

No of passenger (including driver) ( )

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

email : terencechong@outlook.sg

VIRGO

Claim Handling · Exit

Accident MT/1086654

Policy No.	[illegible]	Vehicle No.	[illegible]	GST Registration No.	
Certificate No.					
Policyholder Name	CHONG CHEE CHOONG (ZHANG ZHICONG)			Policyholder NRIC	[illegible]
Product Code	PRIVATE CAR INSURANCE	Cover Type	[illegible]	Loading	0
Contact No.(Mobile)	[illegible]	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	Nil
KYX	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No

Accident Details

Report Date	03/03/2020 12:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/03/2020	Time of Accident hh:mm	08:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG XPE AFTER AIRPORT ROAD				

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	1,500.00				
Total OD Excess Applicable	2,100.00	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 176A #14-707	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE 821170
Address 4		Address Type	Singapore address	Post Code	821170
Unit No.		Related Policy Number	[illegible]		

01 Driver Info

Driver Name	CHONG CHEE CHOONG (ZHANG ZHICONG)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	[illegible]	Driver DOB	[illegible]
Register Date of Driver License	[illegible]	Driver Age	38	Driving Experience	19
Contact No.(Mobile)	[illegible]	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 176A #14-707	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE 821170
Address 4		Address Type	Singapore address	Post Code	821170
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	[illegible]	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 OD-MX | Item

Claim Type *	OD-MX	Insured Name	CHONG CHEE CHOONG (ZHANG	Insured NRIC	[illegible]
Contact No.(Mobile)	[illegible]	Contact No.(Home)	[illegible]	Contact No.(Office)	
Email Address	[illegible]@HOTMAIL.COM	OI Vehicle Number	[illegible]	TP Vehicle Number	SLF3855G
Claim Description	[illegible] / SLF3855G ON 3 Mar 2020			Name of Preferred Workshop	
Preferred Workshop / Excess No. Finalisation	Yes	Insured Liability	Fully at Fault	GIA report	Received
Preferred Repair Option	Preferred Workshop, Name unknown				
Date Registered	03/03/2020 13:33	Claim Close Date		Date Received	03/03/2020 00:00
Report Taken By	[illegible]	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save | Submit

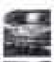
Attachment

Accident No.	MT/1086654	Claim No.	001
Last Doc. Received	Yes No	Upload Date	03/03/2020 14:12

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 Reset · 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 03 Mar 2020 14:12	Photos		Normal	Photos 2020-3-3		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Mar 2020 14:12	Photos		Normal	Photos 2020-3-3		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Mar 2020 14:12	Photos		Normal	Photos 2020-3-3		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Mar 2020 14:12	Photos		Normal	Photos 2020-3-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Mar 2020 14:12	Photos		Normal	Photos 2020-3-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Mar 2020 14:12	Photos		Normal	Photos 2020-3-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Mar 2020 14:12	Photos		Normal	Photos 2020-3-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Mar 2020 14:11	Photos		Normal	Photos 2020-3-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Mar 2020 14:11	Photos		Normal	Photos 2020-3-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Mar 2020 14:11	Photos		Normal	Photos 2020-3-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Mar 2020 14:11	Photos		Normal	Photos 2020-3-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Mar 2020 14:11	Photos		Normal	Photos 2020-3-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Mar 2020 14:11	Photos		Normal	Photos 2020-3-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Mar 2020 14:10	Photos		Normal	Photos 2020-3-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Mar 2020 14:10	Photos		Normal	Photos 2020-3-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Mar 2020 14:10	Photos		Normal	Photos 2020-3-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Mar 2020 14:10	Photos		Normal	Photos 2020-3-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Mar 2020 14:10	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Mar 2020 14:10	SAS		Normal	SAS 2020-3-3	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) SJD8799L

Date of Accident 03/03/2020 10:17

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5064756186-05		CHONG CHEE CHOONG (ZHANG ZHICONG)	S8170181D	GPC	drivo CLASSIC	SJD8799L	SJD8799L	08/04/2019	07/04/2020

Continue