

NATIONAL Assessment Centre Services. [Part 1 Jan 05] MMA 120047796

Date In: 26/5/20 11:50	Job description	Date & Time Completed	Done by
Ref No: NA1 INC 20005923/47	SAS e-filing		
Veh No: SMH 8810E	E-mail (within 3hrs, ATC 2hrs)		
IP No: 25/5/20 15:40	I-Motor Claim Form	MT11093227-001	26/5/20 16:52
IP: (P) Reporting, Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
IP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Professed Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
IP Particulars:	Veh No: 617557B	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 ( )	

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: ( )

Remarks:	Date	Completed	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	Action

NA2003038	Invoice Registration Checklist	Am't (\$)	Spent (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Bug-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claimant status: INC Only (wef 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	• NS: Courtesy Car / Tpt Allowance \$5		
	• NG: Repair Co-ordination \$10		
	• NF: Post Repair Inspection \$25		
	• ND: DV / Collect Excess Coordination \$5		
	• TE (N11): TP (INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	26/05/2020 11:50
Date Of Accident	25/05/2020 15:40
Exact Location Of Accident	CARPARK OF BLK 677 HOUGANG AVE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH8810E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOO WEI CHONG
NRIC No	SXXXX111Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91776669
Alternative Phone No	OFFICE-91776669

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180 AVANTGARDE (R17 LED)
Exact Purpose for which vehicle was being used at time of accident	PARK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	5113410964
Cover Note Number	

### Driver

Name of Driver	TOO WEI CHONG
NRIC No	SXXXX111Z
Date Of Birth	12/11/1976
Occupation	INDOOR
Date Of Driving Pass	12/05/1997
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91776669
Fax Number	
Contact Number	OFFICE-91776669
Email Address	NOEMAIL

Address	BLK 677 HOUGANG AVE 8 #12-551
Postcode	530677
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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)	0

#### 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

REFER TO STATEMENT.

#### 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 Witness 1

Name	MR TEO KHENG YONG
Phone Number	96667174
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GT7557B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ONG WEE KHENG
NRIC/Passport Number	SXXXX216B
Contact Number	97856270
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

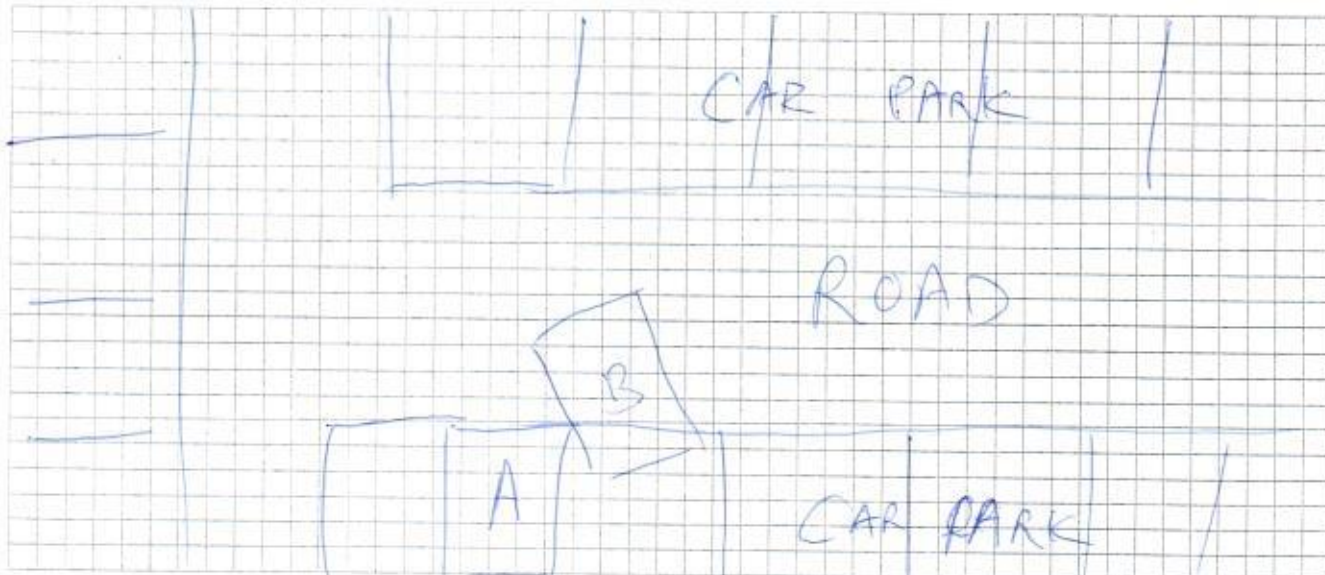
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A = SMH 8810 E	
B = GT7557 B	
ON 25th May, SMH 8810E Park At Car Park lot, GT7557B which park at beside the lot, Hit SMH 8810E Right front side at around time 3:40pm. L2 witness had saw everything on this accident.	
: MR TEO KHENG YONG	
L2 Resident (Witness) : contact number 9666 7174	
GT7557B	: Driver Name : Ong Wee KHENG S40122163
	: contact : 97856270

## 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.:

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

26/05/2020 10:24

Vehicle No.(For Motor)

SMH8810E

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113410964		TOO WEI CHONG	S7662111Z	GPC	drivo PREMIUM	SMH8810E	SMH8810E	12/12/2019	07/11/2020

# ACCIDENT STATEMENT

ACCIDENT DATE: 25/05/2020 (DD/MM/YYYY), TIME: 03:40 pm (HH:MM)  
LOCATION: Car Park of blk 677 Hungary Ave 9.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMH A810E  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5113410964  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Mercedes Benz C180 Avantgarde (R17LEO)  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Parking  
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: Too Wei Chong (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7662111Z CONTACT: 91776669  
c) ADDRESS: Blk 677 Hungary Ave 9 # 12-551 (S) 580677

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 12/11/1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

## 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 part parking)

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: GT 7557B MODEL: Toyota  
b) DRIVER'S NAME: Ong Wee Kheng  
c) NRIC/FIN/PASSPORT: S7012216B CONTACT: 97856270

## 9. THIRD PARTY VEHICLE

- d) 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 = RSPU@LKKAUTO.COM (Shan Hui)

fax =

video =

## Claim Handling

Accident MT/1093227

Policy No.	5113410964	Vehicle No.	SMH8810E	GST Registrat
Certificate No.				
Policyholder Name	TOO WEI CHONG			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	91776669	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

## ▼ Accident Details

Report Date	26/05/2020 16:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/05/2020	Time of Accident hh:mm	15:40	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	CARPARK OF BLK 677 HOUGANG AVE B			

## ▼ 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 Cover
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	BLK 677 #12-551	Address 2	HOUGANG AVENUE 8	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5113410964	

## ▼ OI Driver Info

Driver Name	TOO WEI CHONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7662111Z	Driver DOB
Register Date of Driver License	01/01/2010	Driver Age	43	Driving Experi
Contact No.(Mobile)	91776669	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 677 #12-551	Address 2	HOUGANG AVENUE 8	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

## Declaration

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

Claim 001

New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault	
Repair No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Finalisation				Received
Date Registered				26/05/2020 16:52
Report Taken By				SHAN HUI

☐ Print AK letter

Save Submit

## Attachment

Accident No. MT/1093227 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 26/05/2020 16:52

Path \*

Category \*

Confider

Choose File No file chosen

Clear

Please Select

NO

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Choose File No file chosen

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NO

Choose File No file chosen

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NO

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Message Read

## Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	26 May 2020 16:52	SAS		Normal	S
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	26 May 2020 16:52	NRIC/ Driving License	Y	Normal	NRIC/ Drin
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## Video List

Uploaded By/Date

Folder Date

File Name



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Scan and uploading