MNA420051373

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

	Job description	Date & Time Completed	Done by
Date In: 13/06/2020 16:34	SAS e-filing		
Ref No: NBA/2020006160/Y	E-mail (Within 8hrs, AIC 2hrs)		
Veh No: SMJ3886J	I-Motor Claim Form	M1109484670001	13/06/2020 16:55
D.O.A: 13/06/2020 11:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD (TP) Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Tel: Fax:

Preferred Wksp / INC Assign Wksp / OW: (

TP Particulars: Veh No: YP6122L 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 ( )

Customer's Information strictly Confidential & Strictly NO refer of repairer.

( ) 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 > $3000] ( )

Injury :

NA2003112

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30); INC ($10)		
2) DA : Damage Assessment ($100);	$40/$45	
3) TF : Towing Fee	$120	
4) FT : Follow-Through Survey	$30	
5) FT : Follow-Through Survey (Resurvey) (wef 10 Jan 2005) For claiming against INC Only	$75	
6) TR : Re-Inspection	$160	
7) NI : Idea DA + SMRT Survey		
8) NTUC Additional Services-		
QH	$5	
*N5: Courtesy Car / Tpt Allowance	$10	
*N6: Repair Coordination	$25	
*N7: Post Repair Inspection	$5	
*N8: DV / Collect Excess Coordination	$10	
TP (N11) : TP (from INC) against INC	30	
9) N13: Idea Mobile		
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 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	13/06/2020 16:34
Date Of Accident	13/06/2020 11:00
Exact Location Of Accident	CUSCADEN ROAD AND ORCHARD BOULEVARD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ3886J
Insured/Policyholder	
Name Of Registered Owner	NG ZHONGREN,DANNY
NRIC No	SXXXX199H
Email Address	DANNYNG823@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96954973
Alternative Phone No	OTHERS-96954973
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107765332-01
Cover Note Number	
Driver	
Name of Driver	NG ZHONGREN,DANNY
NRIC No	SXXXX199H
Date Of Birth	14/07/1982
Occupation	OUTDOOR
Date Of Driving Pass	31/12/2003
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96954973
Fax Number	
Contact Number	OTHERS-96954973
EMail Address	DANNYNG823@GMAIL.COM

Address	BLK 663 BUFFALO ROAD #16-14
Postcode	210663
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	RAINING
Road Surface	WET

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?	YES
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: : PASSENGER 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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP6122L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NG ZHONGREN,DANNY
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMJ3886J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

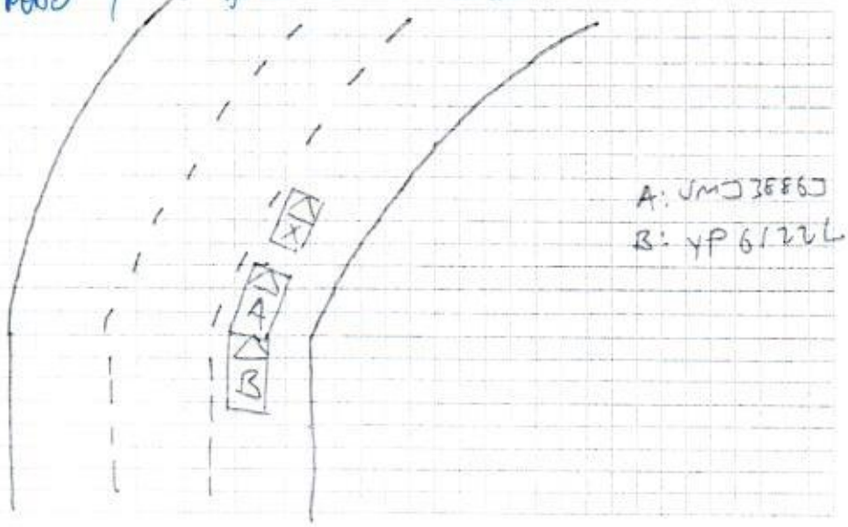
   (e) the information so collected under (d) above may be shared / disclosed:

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

SKETCH PLAN Cascadia Road & Orchard Road Junction



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along orchard Blvd. Vehicle in front of me make a sudden brake. I brake my vehicle without hit onto front vehicle. Suddenly I felt an impact of my vehicle and realised that vehicle B hit onto my vehicle rear portion.

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.:
		13/06/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (13/6/20) (DD/MM/YYYY). TIME: (11:00.) (HH:MM)

LOCATION: Cascadia Rd @ Orchard Blvd Orange Rd junction

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SMJ 3886J
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: _____
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: _____
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Private ○ Workings
   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: Ng Thongrm, Danny (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8120199H CONTACT: 96954473
   c) ADDRESS: _____

   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER
   a) NAME: _____ (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
   c) ADDRESS: _____
   *d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) YEARS OF DRIVING EXPRERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____)
   b) ROAD SURFACE: (DRY / WET / OTHERS _____)
6. WAS ANYBODY INJURED (YES / NO) - Driver only (2 days MC)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION: _____
8. THIRD PARTY VEHICLE
   c) VEHICLE NUMBER: YP6172L MODEL: _____
   b) DRIVER'S NAME: _____
   c) NRIC/FIN/PASSPORT: _____ CONTACT: _____
9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger (Including driver) (2) 1 female

* No of passenger (Including driver) (__)

* No of passenger (Including driver) (__)

Email = DannyNg8232@Gmail.com

fax =

video = ✓

Claim Handling

Accident MT/1094346

Policy No.	5107765332-01	Vehicle No.	SMJ3886J	GST Registration No.	
Certificate No.					
Policyholder Name	NG ZHONGREN,DANNY			Policyholder NRIC	S8220199H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96954973	Contact No.(Office)		Contact No.(Home)	
Email Address	dannyng8232@gmail.com	Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	13/06/2020 16:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/06/2020	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CUSCADEN ROAD AND ORCHARD BOULEVARD JUNCTION				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

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 663 #16-14	Address 2	BUFFALO ROAD	Address 3	SINGAPORE 210663
Address 4		Address Type	Singapore address	Post Code	210663
Unit No.	16-14	Related Policy Number	5107765332-01		

OI Driver Info

Driver Name	NG ZHONGREN, DANNY	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8220199H	Driver DOB	14/07/1982
Register Date of Driver License	31/12/2003	Driver Age	37	Driving Experience	16
Contact No.(Mobile)	96954973	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 663 #16-14	Address 2	BUFFALO ROAD	Address 3	SINGAPORE 210663
Address 4		Address Type	Singapore address	Post Code	210663
Unit No.	16-14				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SMJ3886J	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	NG ZHONGREN,DANNY	Insured NRIC S8220199H
Contact No.(Mobile)		81018999	Contact No. (Home)		Contact No. (Office)
Email Address			OI Vehicle Number	SMJ3886J	TP Vehicle Number YP6122L
Claim Description		SMJ3886J / YP6122L ON 13 Jun 2020			Name of Preferred Workshop
Preferred Workshop		Insured Liability	Not at Fault		
Contact No.		Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Finalisation	Yes				
Date Registered		13/06/2020 16:53	Claim Close Date		Date Received 13/06/2020 00:
Report Taken By		ROSLI WAHAB			

Print AK letter

Save Submit

Attachment

Accident No.	MT/1094346	Claim No.	001
Last Doc. Received	Yes No	Upload Date	13/06/2020 16:55

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	

Send Mai

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Jun 2020 16:55	Photos	Normal	Photos 2020-6-13	

					
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Jun 2020 16:55	Photos		Normal	Photos 2020-6-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Jun 2020 16:55	Photos		Normal	Photos 2020-6-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Jun 2020 16:55	Photos		Normal	Photos 2020-6-13
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Jun 2020 16:54	Photos		Normal	Photos 2020-6-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Jun 2020 16:54	Photos		Normal	Photos 2020-6-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Jun 2020 16:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Jun 2020 16:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Jun 2020 16:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Jun 2020 16:54	SAS		Normal	SAS 2020-6-13

Video List

Uploaded By/Date	Folder Date	File Name		Source

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.		Date of Accident	13/06/2020 16:32
Vehicle No.(For Motor)	SMJ3886J	Certificate Number	

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5107765332-01		NG ZHONGREN,DANNY	S8220199H	GPC	drivo CLASSIC	SMJ3886J	SMJ3886J	01/03/2020	28/02/2021

Continue