MA0942005485?

NATIONAL Assessment Centre Services.

Date In: 25/06/2020 17:55	Job description	Date & Time Completed	Done by
Ref No: N180/INC20006704/Y	SAS e-filing		
Veh No: SKQ1863Z	E-mail (Update 4hrs, AIC 2hrs)		
D.O.A: 23/06/2020 23:05	I-Motor Claim Form	MHO95536-001	25/06/2020 18:24
OD / 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/Wksp		

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

TP Particulars: Veh No: SKE4359H INC ( ) / Non-INC ( ).

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( ).

Confirmed by : (*Date:* *Time:*)

Insured/Driver Liability: (%) [Note-Est. Status (W/O): 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: ( )

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

Injury :

NA2003416

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($100)	INC ($40)	
	$40/$45	
3) TF : Towing Fee	$120	
4) FT : Follow-Through Survey	$50	
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2020)	$75	
6) TR : Re-Inspection	$100	
7) NI : Idea DA + SMRT Survey		
8) NTUC Additional Services		
OR		
* 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	$10	
	30	
9) N12: Idea Mobile		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

MNA420054534 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 25/06/2020 17:55
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 25/06/2020 18:21

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	25/06/2020 17:55
Date Of Accident	22/06/2020 23:05
Exact Location Of Accident	ALONG BUANGKOK EAST DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ8631G

Insured/Policyholder

Name Of Registered Owner	LIM ZHONG ZHENG, MALVIN
NRIC No	SXXXX955F
Email Address	MALVIN_92@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96781053
Alternative Phone No	OTHERS-96781053

Vehicle Particulars

Manufacturer	AUDI
Model	A4-1.8 (A)
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	5107632301-01
Cover Note Number	

Driver

Name of Driver	LIM ZHONG ZHENG, MALVIN
NRIC No	SXXXX955F
Date Of Birth	23/03/1992
Occupation	INDOOR
Date Of Driving Pass	02/04/2011
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96781053
Fax Number	
Contact Number	OTHERS-96781053
EMail Address	MALVIN_92@HOTMAIL.COM

Address	BLK 149 RIVERVALE CRESCENT #06-52
Postcode	540149
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)	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	SKE4359H
Vehicle Make/Model/Colour	HYUNDAI ELANTRA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96323432
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**.
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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: 25th JUNE 17:15

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

25/06/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

ALONG BANGKOK EAST DRIVE

A) SKQ 8631G

B) SKE 4359H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 22nd JUNE 2020, 23:05 I was traveling along Bangkok East Drive. It was red light at the junction before turning right to Sengkang East Drive RD, while it was red light I managed to stop and brake behind the vehicle, SKE 4359H infront of me. Due to mistead of the traffic light, I accidentally step on the accelerator / pedal and did a slight knock on the rear of his boot.

DECLARATION

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

Policyholder's Signature
Date & Time: 25th JUNE 17:45

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

25/06/2020

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

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9211955F

Name

LIM ZHONG ZHENG, MALVIN

林 忠 正

Race

CHINESE

Date of birth

23-03-1992

Sex

M

Country of birth

SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

S9211955F

LIM ZHONG ZHENG, MALVIN

Birth Date 23 Mar 1992

Issue Date 02 Apr 2011

001952667D

4694403

NRIC No. S9211955F

Date of issue

28-02-2011

Address

APT BLK 149 RIVERVALE CRESCENT
#06-52
SINGAPORE 540149

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES):

		EFFECTIVE DATE
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg	02 Apr 2011

NP 428A

Licence No: S9211955F

ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 06 / 2020) (DD/MM/YYYY), TIME: (23 : 05) (HH:MM)

LOCATION: BUANGKOK EAST DRIVE

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKQ 8631G
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5107632301-01
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: AUDI A4 1.8L
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME:
   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: LIM ZHONG ZHENG MALVIN (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S9211955F CONTACT: 9678 1053
   c) ADDRESS: BLK 149 RIVERVALE CRESCENT #06-52

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) (1)

3. DRIVER
   a) NAME: AS ABOVE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (23 / 03 / 1992) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS
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)
   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: SKE 4359H MODEL: HYUNDAI ELANTRA
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT: 9623 3432
9. THIRD PARTY VEHICLE

* No of passenger (including driver) (__)

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

email = Malvin_92@hotmail.com

VIDEO

Claim Handling

Accident MT/1095338

Policy No.	510763230I-01	Vehicle No.	SKQ8631G	GST Registration No.	
Certificate No.					
Policyholder Name	LIM ZHONG ZHENG, MALVIN				
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Policyholder NRIC	S9211955F
Contact No.(Mobile)	96781053	Contact No.(Office)		Loading	0
Email Address	malvin_92@hotmail.com	Special Remark		Contact No.(Home)	
KFE	No Yes	TCA	No Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	50	eCode Reason	
				Private Hire	No

Accident Details

Report Date	25/06/2020 18:15	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/06/2020	Time of Accident hh:mm	23:05	Country of Accident	Singapore
Reporting Centre		Orange Force		IDM No.	
Accident Location	ALONG BUANGKOK EAST DRIVE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YDD OD Excess	0.00	YDD 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	BLK 149 #06-52	Address 2	RIVERVALE CRESCENT	Address 3	SINGAPORE 540149
Address 4		Address Type	Singapore address	Post Code	540149
Unit No.	06-52	Related Policy Number	510763230I-01		

01 Driver Info

Driver Name	LIM ZHONG ZHENG MALVIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9211955F	Driver DOB	23/03/1992
Register Date of Driver License	02/04/2011	Driver Age	28	Driving Experience	9
Contact No.(Mobile)	96781053	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 149 #06-52	Address 2	RIVERVALE CRESCENT	Address 3	SINGAPORE 540149
Address 4		Address Type	Singapore address	Post Code	540149
Unit No.	06-52				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *			OD-MX	Insured Name	LIM ZHONG ZHENG, MALVIN
Contact No.(Mobile)			96781053	Contact No. (Home)	
Email Address			MALVIN_92@HOTMAIL.COM	OI Vehicle Number	SKQ8631G
Claim Description			SKQ8631G / SKE4359H ON 23 Jun 2020		
Preferred Workshop		Insured Liability	Fully at Fault		
Remark for Finalization	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered			25/06/2020 18:23	Claim Close Date	
Report Taken By			ROSLI WAHAB		

Insured NRIC	S9211955F		
Contact No. (Office)			
TP Vehicle Number	SKE4359H		
Name of Preferred Workshop			
Date Received	25/06/2020 00:		

Print AC letter

Save Submit

Attachment

Accident No.	MT/1095338	Claim No.	001
Last Doc. Received	Yes No	Upload Date	25/06/2020 18:24

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 Mes

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (OD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2020 18:24	Photos	Normal	Photos 2020-6-25	

					
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Jun 2020 18:24	Photos		Normal	Photos 2020-6-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Jun 2020 18:24	Photos		Normal	Photos 2020-6-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Jun 2020 18:24	Photos		Normal	Photos 2020-6-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Jun 2020 18:24	Photos		Normal	Photos 2020-6-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Jun 2020 18:24	Photos		Normal	Photos 2020-6-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Jun 2020 18:24	Photos		Normal	Photos 2020-6-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Jun 2020 18:24	Photos		Normal	Photos 2020-6-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Jun 2020 18:24	Photos		Normal	Photos 2020-6-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Jun 2020 18:24	Photos		Normal	Photos 2020-6-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Jun 2020 18:24	Photos		Normal	Photos 2020-6-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Jun 2020 18:24	Photos		Normal	Photos 2020-6-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Jun 2020 18:24	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 25 Jun 2020 18:24	SAS		Normal	SAS 2020-6-25

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.
Vehicle No.(For Motor) SKQ8631G
Date of Accident 22/06/2020 17:14
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5107632301-01		LIM ZHONG ZHENG, MALVIN	S9211955F	GPC	drive CLASSIC	SKQ8631G	SKQ8631G	21/02/2020	31/12/2020

Continue