NATIONAL Assessment Centre Services. [not a Jardine] . MNAS2005662F

Date In: 03/07/2020 14:21	Job description	Date & Time Completed	Done by
Ref No: NBA/INC2000694814	SAS e-filling		
Veh No: SMJ 1286D	E-mail (Quote Size, AIC Size)		
D.O.A: 03/07/2020 07:00	I-Motor Claim Form	MY1109598700I . 03/07/2020	14:64
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: SBS 810R . 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 ( )

( ) 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: ( )

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

Injury :

NA2003544

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

	Invoiced
1) ALI : Accident Reporting ($30) : INC ($10)	
3) DA : Damage Assessment ($100) :	$40/$45
5) TP : Towing Fee	$120
4) PF : Follow-Through Survey	$30
5) PF : Follow-Through Survey (Resurvey) For claim in against INC Only, (wef 10 Jan 2020)	$75
6) TR : Re-Inspection	$160
7) NI : Idea DA + SMART Survey	
8) NTUC Additional Services:	
OD:	$5
*NS: Courtesy Car / Tpt Allowance	$10
*NC: Repair Coordination	$25
*NQ: Post Repair Inspection	$5
*NO: DV / Collect Excess Coordination	$20
TP (NI) TYP (Non-INC) against O/S	$0
9) NI : Idea Mobile	
Invoice dated	Fee Charged
Invoice dated	Fee Charged

Sal_1:

3 / 3

MNA420056624 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 03/07/2020 14:21
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	03/07/2020 14:21
Date Of Accident	03/07/2020 07:00
Exact Location Of Accident	SLIP ROAD TURNING LEFT TO COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMJ1286D
Insured/Policyholder	
Name Of Registered Owner	WONG CHERNG YAW(WANG JUNYOU)
NRIC No	SXXXX429B
Email Address	WONGJUNYOU@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98569495
Alternative Phone No	OTHERS-98569495
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT-1.5 HYBRID (A)
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	REPORTING ONLY
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	5107590353-01
Cover Note Number	
Driver	
Name of Driver	WONG CHERNG YAW(WANG JUNYOU)
NRIC No	SXXXX429B
Date Of Birth	21/02/1975
Occupation	OUTDOOR
Date Of Driving Pass	07/10/1995
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98569495
Fax Number	
Contact Number	OTHERS-98569495
EMail Address	WONGJUNYOU@YAHOO.COM

Address	BLK 230 LORONG 8 TOA PAYOH #22-176
Postcode	310230
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 - MAJOR/MINOR RD
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS8101R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	YUAN
NRIC/Passport Number	
Contact Number	93976362
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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

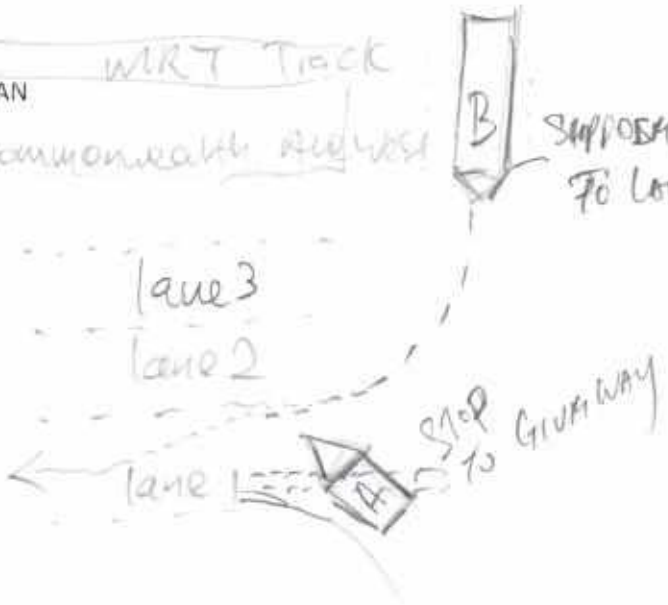
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 3/7/20 10.39am

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

Reporting Centre Personnel's Signature 03/07/2020
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/7/20 7am, I was turning to commonwealth Ave West, I slowed down on the side road and saw a bus turning right. He was turning right to his lane (lane 2) then he suddenly cut into my lane (lane 1). I stopped my car in the middle of lane 1. He turned right and immediately filter left abruptly and hit my front right side bumper. His left side back hit my front right bumper. The reason why he hit me was he was supposed to turn into lane 3 or lane 2, but he turned into lane 1 and after this 'front' past me, he filtered left abruptly that is why his back left side hit my front right side bumper.

DECLARATION

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

Policyholder's Signature Date & Time: 3/7/20 10.57am	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (03/07/2020) (DD/MM/YYYY), TIME: (07:00) (HH:MM)

LOCATION: Commonwealth Ave West (along MRT Track towards Clementi MRT)

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SMJ 1286D
   b) INSURANCE COMPANY: HTYC
   c) POLICY NUMBER: 510699355-01
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Honda Fit Hybrid
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Doing Grab
   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: Wong Cherng Yaw (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S7506429B CONTACT: 98569495
   c) ADDRESS: 230 Lor 8 Toa Payoh #22-176 S310230

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) (1)

3. DRIVER
   a) NAME: OS ABDUL (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (21/02/1975) (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: Driver
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: SBS8101R MODEL: Bus (Purple / Red)
   b) DRIVER'S NAME: Yuan
   c) NRIC/FIN/PASSPORT: CONTACT: 93976362
9. THIRD PARTY VEHICLE

* No of passenger (including driver) (__)

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

email = wongjunyou@yahoo.com

VIDEO

Claim Handling

Accident MT/1095989

Policy No.	5107590353-01	Vehicle No.	SMJ1286D	GST Registration No.	
Certificate No.					
Policyholder Name	WONG CHEONG YAW			Policyholder NRIC	S7506429B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98569495	Contact No.(Office)		Contact No.(Home)	
Email Address	wongjunyou@yahoo.com	Special Remark		eCode	No
eDN	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No

Accident Details

Report Date	03/07/2020 14:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	03/07/2020	Time of Accident hh:mm	07:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP ROAD TURNING LEFT TO COMMONWEALTH AVE WEST				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIEI OD Excess	0.00	YIEI TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	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 230 #22-176	Address 2	LORONG 8 TOA PAYOH	Address 3	SINGAPORE 310230
Address 4		Address Type	Singapore address	Post Code	310230
Unit No.		Related Policy Number	5107590353-01		

OI Driver Info

Driver Name	WONG CHEONG YAW	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7506429B	Driver DOB	21/02/1975
Register Date of Driver License	07/10/1995	Driver Age	45	Driving Experience	24
Contact No.(Mobile)	98569495	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 230 #22-176	Address 2	LORONG 8 TOA PAYOH	Address 3	SINGAPORE 310230
Address 4		Address Type	Singapore address	Post Code	310230
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SMJ1286D	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	WONG CHEONG YAW	Insured NRIC	S7506429B
Contact No.(Mobile)	98569495	Contact No. (Home)	67943166	Contact No. (Office)	
Email Address	wongjunyou@hotmail.com	OI Vehicle Number	SMJ1286D	TP Vehicle Number	SBS8101R
Claim Description	SMJ1286D / SBS8101R ON 3 Jul 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Refund No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	OIA report	Received
Date Registered	03/07/2020 14:46	Claim Close Date		Date Received	03/07/2020 0
Report Taken By	ROSLI WAHAB	Workshop Reporter		Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1095989	Claim No.	001
Last Doc. Received	Yes No	Upload Date	03/07/2020 00:00

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	

Upload Send M

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE	SAS		Normal	SAS 2020-7-3	

	S (BUKIT MERAH)) on 03 Jul 2020 14:44				
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jul 2020 14:44	Photos		Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jul 2020 14:44	Photos		Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jul 2020 14:44	Photos		Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jul 2020 14:44	Photos		Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jul 2020 14:44	Photos		Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jul 2020 14:44	Photos		Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jul 2020 14:43	Photos		Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jul 2020 14:43	Photos		Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jul 2020 14:43	Photos		Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jul 2020 14:43	Photos		Normal	Photos 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jul 2020 14:43	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jul 2020 14:43	SAS		Normal	SAS 2020-7-3

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) SMJ1286D

Date of Accident 03/07/2020 10:35

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5107590353-01		WONG CHERNG YAW	S7506429B	GPC	drivo CLASSIC	SMJ1286D	SMJ1286D	22/02/2020	21/02/2021

Continue