NATIONAL Assessment Centre Services. MNAA/20065602

Date In: 04/08/2020 11:05	Job description	Date & Time Completed	Done by
Ref No: NB/INC00008013/Y	SAS e-filing		
Veh No: SMD 5717H	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 03/08/2020 14:00	I-Motor Claim Form	MT/1098801-002	04/08/2020 11:36
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: SLK 3503X 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > $3000] ( )

Injury :

NA2004036

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TP : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claims against INC Only (wef 10 Jun 200?)			
6) TR : Re-Inspection	$75		
7) NI : Idea DA + SMRT Survey	$160		
8) NTUC Additional Services-			
OD			
• N5: Courtesy Car / Tpt Allowance	$5		
• N6: Repair Coordination	$10		
• N7: Post Repair Inspection	$25		
• N8: DV / Collect Excess Coordination	$5		
TP (NI) / TP (Non INC) against INC	$10		
9) NI2: Idea Mobile	30		
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	04/08/2020 11:05
Date Of Accident	03/08/2020 14:00
Exact Location Of Accident	JUNCTION OF CECIL STREET AND CROSS STREET
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMD5717H
Insured/Policyholder	
Name Of Registered Owner	CHUA YEW HOCK
NRIC No	SXXXX121A
Email Address	YEWHOCK.CHUA@IHG.COM
Mobile Phone No	(LOCAL) +65-92735624
Alternative Phone No	OTHERS-97939842
Vehicle Particulars	
Manufacturer	BMW
Model	316I-1.6 AT D/AB 4DR ABS HID (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	5114367864
Cover Note Number	
Driver	
Name of Driver	MARY LWIN MRS CHUA YEW HOCK
NRIC No	SXXXX523H
Date Of Birth	11/07/1973
Occupation	INDOOR
Date Of Driving Pass	24/01/2014
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92735624
Fax Number	
Contact Number	OTHERS-97939842
EMail Address	YEWHOCK.CHUA@IHG.COM

Address	BLK 296D CHOA CHU KANG AVENUE 2 #10-52
Postcode	684296
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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	SLK3503X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

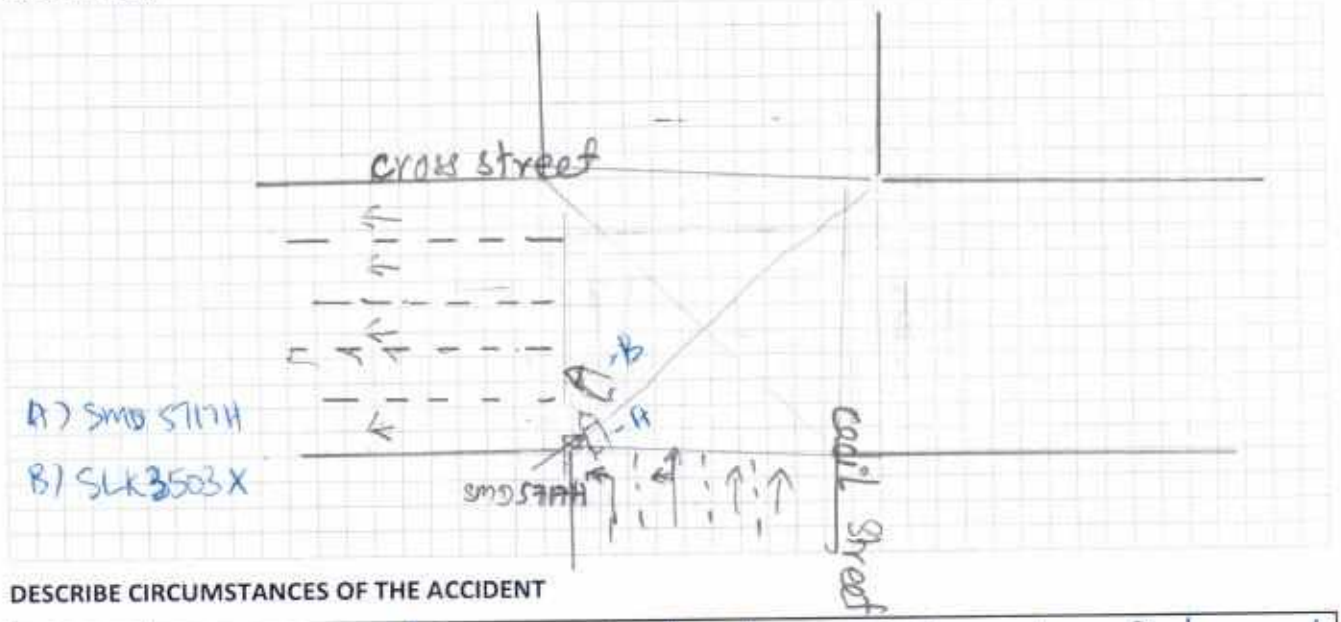
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 4/8/2020. 10.35.	Driver's Signature (If driver is not the policyholder) Date & Time: 4 Aug 2020 10.25am	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 04/08/2020

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving along Cecil Street. I (Mary Lwin) turned left at the junction between Cecil Street and Cross Street onto Cross Street at Lane one.

While turning, the other party on lane 2 turned onto Cross Street and was turning too close to my car. When I turn my car at the same time, it caused a collision from the right side in front of my car to the left side of other party car.

The accident is due to the both cars being too close to one another.

Pls see images (drawing) FOR illustration of accident.

DECLARATION

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

Policyholder's Signature
Date & Time: 4/8/2020 10.25 am

Driver's Signature 10.25 am
(If driver is not the policyholder)
Date & Time: 4 Aug 2020

Reporting Centre Personnel's Signature 04/08/2020
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (03/08/2020) (DD/MM/YYYY), TIME: (2 : 30) (HH:MM)

LOCATION: Between cross street and cecil street

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SMD5717H
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5114367864
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: BMW 3 series
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: ard 2 - 2.30
   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: Chua Yew Hock (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S1431121A CONTACT: 92735624
   c) ADDRESS: Choa Chu Kang Ave-2 #10-52
   BLK 296D Singapore 684296

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (including driver) (1)

DRIVER
   a) NAME: Mary Lwin (~~MALE~~ / FEMALE)
   b) NRIC/FIN/PASSPORT: S7373523I7 CONTACT: 97939842
   c) ADDRESS: Choa Chu Kang Ave-2 #10-52
   BLK 296D Singapore 684296
   *d) DATE OF BIRTH: (11/07/1973) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 24 Jan 2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS SP)
   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: SLK 3503X MODEL:
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:

*No of passenger (including driver) (__)

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

*No of passenger (including driver) (__)

email = yewhock.chua@ihq.com

VIDEO

Claim Handling

Accident MT/1098801

Policy No. 5114367864 | Vehicle No. SMD5717H | GST Registration No.
Certificate No.
Policyholder Name CHUA YEW HOCK
Product Code PRIVATE CAR INSURANCE | Cover Type drive CLASSIC | Policyholder NRIC S1431121A
Contact No.(Mobile) NA | Contact No.(Office) | Loading 0
Email Address | Spouse Remark | Contact No.(Home)
eTPF No Yes | TCA No Yes | eClaim No
NCD Protection No | NCD Entitlement(%) 50 | eClaim Reason
Accident Details | Private Hire Not available

Report Date 04/08/2020 09:20 | Accident Report Within 24 hrs Yes | Accident Type Side Swipe
Date of Accident 03/08/2020 | Time of Accident hh:mm 14:00 | Country of Accident Singapore
Reporting Centre | Orange Force | DCM No.
Accident Location ALONG CECIL STREET / CROSS STREET

Total Excess Applicable

Excess Type Per Accident | Windscreen Excess 100.00

OD Standard Excess 600.00 | TP Standard Excess 0.00
YIEO OD Excess 0.00 | YIEO 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 298D #10-52 | Address 2 CHUA CHU KANG AVENUE 2 | Address 3 SINGAPORE 684298
Address 4 | Address Type Singapore address | Post Code 684298
Unit No. 10-52 | Related Policy Number 5114367864

GI Driver Info

Driver Name MARY LIKIN | Driver Type Named Driver
Unnamed driver Name | Driver NRIC S7373529H
Register Date of Driver License 01/01/2000 | Driver Age 47 | Driver DOB 11/07/1973
Contact No.(Mobile) 97810942 | Contact No.(Office) | Driving Experience 20
Address 1 | Address 2 | Contact No.(Home)
Address 4 | Address Type Foreign address | Address 3
Unit No. | Post Code
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 002 New

Claim Type * OD-MR | Insured Name CHUA YEW HOCK | Insured NRIC S1431121A
Contact No.(Mobile) | Contact No. (Home) | Contact No. (Office)
Email Address | GI Vehicle Number SMD5717H | TP Vehicle Number SLK3593A
Claim Description SMD5717H / SLK3593A ON 3 Aug 2020 | Name of Preferred Workshop
Preferred Workshop | Insured Liability Not at Fault
Subject to Franchise Yes | Redirected Repair Option Preferred Workshop, Name unknown | GIA report Received
Date Registered 04/08/2020 11:28 | Claim Close Date | Date Received 04/08/2020 00:
Report Taken By ROSLI WAHAB
Print AA letter

Save Submit

Attachment

Accident No. MT/1098801 | Claim No. 002
Last Doc. Received Yes No | Upload Date 04/08/2020 11:28

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

Attachment List

Send Mes

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
NAC_BUKIT_MERAH_800670(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Aug 2020 11:28		Photos	Normal	Photos 2020-8-4	

					
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Aug 2020 11:26	Photos		Normal	Photos 2020-8-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Aug 2020 11:26	Photos		Normal	Photos 2020-8-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Aug 2020 11:26	Photos		Normal	Photos 2020-8-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Aug 2020 11:25	Photos		Normal	Photos 2020-8-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Aug 2020 11:25	Photos		Normal	Photos 2020-8-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Aug 2020 11:25	Photos		Normal	Photos 2020-8-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Aug 2020 11:25	Photos		Normal	Photos 2020-8-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Aug 2020 11:25	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 04 Aug 2020 11:25	SAS		Normal	SAS 2020-8-4

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Start 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) SMD5717H

Date of Accident 03/08/2020 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
○	5114367864		CHUA YEW HOCK	S1431121A	GPC	drivo CLASSIC	SMD5717H	SMD5717H	27/11/2019	13/12/2020

Continue