NATIONAL Assessment Centre Services. MNAY2006917

	Job description	Date & Time Completed	Done by
Date In: 14/08/2020 18:02			
Ref No: NBA/INC20008485/Y	SAS e-filing		
Veh No: SG38732	E-mail (Within 8hrs, AIC 2hrs)		
DOA 13/08/2020 18:15	I-Motor Claim Form	MT1100019-001	15/08/2020 10:39
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: SFY6178D. 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 ( )

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

Injury :

MA2004296

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	$30		
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2020)	$75		
6) TR : Re-Inspection	$160		
7) NI : Non DA + SMRT Survey			
8) NTUC Additional Services-			
OR:			
*N5: Courtesy Car / Tpt Allowance	$3		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$3		
TF (NI) : TF (Non INC) against INC	$20		
9) N12: Non Mobile	30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

MNA420069175 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 14/08/2020 18:02
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 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	14/08/2020 18:02
Date Of Accident	13/08/2020 18:15
Exact Location Of Accident	PIE TOWARDS TUAS (ON THOMSON FLYOVER) RIGHT LANE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLG3873Z
Insured/Policyholder	
Name Of Registered Owner	WOO KOK YEW
NRIC No	SXXXX640I
Email Address	ANSONWOO22697@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97573570
Alternative Phone No	OTHERS-88313431
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA
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	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	5084563123-03
Cover Note Number	
Driver	
Name of Driver	WOO WING HUNG, ANSON
NRIC No	SXXXX572C
Date Of Birth	22/06/1997
Occupation	INDOOR
Date Of Driving Pass	15/05/2020
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97573570
Fax Number	
Contact Number	OTHERS-88313431
EMail Address	ANSONWOO22697@GMAIL.COM

Address	BLK 116 CLEMENTI STREET 13 #12-88
Postcode	120116
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	2
Passenger 1	NAME: : WOO YOOK TING 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFY6178D
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE JUN CHIEH
NRIC/Passport Number	SXXXX399H
Contact Number	97910018
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

IMPORTANT NOTICE

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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.

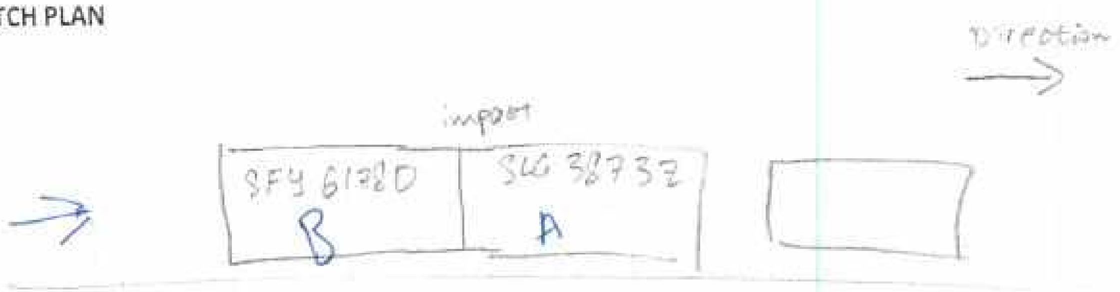
   (e) the information so collected under (d) above may be shared / disclosed:

   (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.

8/14/2020	8/14/2020	18/04/2020
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 5:35PM	(If driver is not the policyholder)	Name:
	Date & Time: 5:35pm	NRIC/FIN No.:

SKETCH PLAN



PIE towards Tuas on Thomson Flyover
Right lane

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the right lane of the road when the vehicle in front of me braked hard. I braked hard to avoid a collision with the vehicle in front of me. After I had come to a stop, the car behind me collided with the rear of my vehicle. No one was injured in the accident and the road conditions were clear and dry

DECLARATION

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

8/14/2020 5:35pm

Policyholder's Signature
Date & Time:

8/14/2020 5:35pm

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

14/08/2020

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

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 08 / 2020) (DD/MM/YYYY), TIME: (18 : 13) (HH:MM)

LOCATION: PIE towards Tuas, on Thomson Flyover, right lane

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SLG 3873 Z
   b) INSURANCE COMPANY: NTUC Income
   c) POLICY NUMBER: 5084 5631 23-03
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Toyota Sienta
   f) TYPE: (SALOON / COUPE / (MPV) / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Private use
   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: WOO KOK YEW (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S2569640I CONTACT: 9757 3570
   c) ADDRESS: 116 CLEMENTI ST 13, #12-88, S120116

WOO YOOK TING, AMANDA

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\# No of passenger (including driver) (2)

3. DRIVER
   d) NAME: WOO WING HUNG ANSON (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S9721572C CONTACT: 8831 3431
   c) ADDRESS: 116 CLEMENTI ST 13, #12-88, S120116
   *d) DATE OF BIRTH: (22 / 06 / 1997) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 15th May 2020
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON
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) (1)

   a) VEHICLE NUMBER: SFY 6178D MODEL: Toyota
   b) DRIVER'S NAME: LEE JUN CHIEH
   c) NRIC/FIN/PASSPORT: S7931399H CONTACT: 9791 0018
9. THIRD PARTY VEHICLE

\# No of passenger (including driver) ( )

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

email = ansonwoo22697@gmail.com

VIDEO

Claim Handling

Accident MT/1100019

Policy No.	[illegible]	Vehicle No.	[illegible]	GST Registration No.	
Certificate No.					
Policyholder Name	WOO KOK YEW			Policyholder NRIC	[illegible]
Product Code	PRIVATE CAR INSURANCE	Cover Type	[illegible] CLASSIC	Loading	0
Contact No.(Mobile)	[illegible]	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	[illegible]	Accident Report Within 24 hrs	Yes	Accident Type	Collision - F
Date of Accident	[illegible]	Time of Accident hh:mm	[illegible]	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	[illegible]				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	[illegible]		
OD Standard Excess	[illegible]	TP Standard Excess	[illegible]		
YIED OD Excess	[illegible]	YIED TP Excess	[illegible]	Driver is Covered?	Covered
Additional Excess	[illegible]				
Total OD Excess Applicable	[illegible]	Total TP Excess Applicable	[illegible]		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	[illegible]	Address 2	[illegible]	Address 3	[illegible]
Address 4		Address Type	Singapore address	Post Code	[illegible]
Unit No.		Related Policy Number	[illegible]		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	[illegible]	Driver NRIC	[illegible]	Driver DOB	[illegible]
Register Date of Driver License	[illegible]	Driver Age	[illegible]	Driving Experience	[illegible]
Contact No.(Mobile)	[illegible]	Contact No.(Office)		Contact No.(Home)	
Address 1	[illegible]	Address 2	[illegible]	Address 3	[illegible]
Address 4	[illegible]	Address Type	Foreign address	Post Code	[illegible]
Unit No.	[illegible]				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	[illegible]	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	WOO KOK YEW
Contact No.(Mobile)	98479350	Contact No.(Home)	64633470
Email Address		OI Vehicle Number	SLG3872Z
Claim Description	SLG3872Z / SFY6178D ON 13 Aug 2020		
Preferred Workshop		Insured Liability	Not at Fault
Repairs No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
GIA report	Received		
Date Registered	13/08/2020 10:37	Claim Close Date	
Report Taken By	ROSLI WAHAB	Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No.	[illegible]	Claim No.	001
Last Doc. Received	Yes No	Upload Date	[illegible]

Path *		Category *	Confidential	Urgency *
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
Choose File No file chosen
Choose File No file chosen

Clear | Please Select | NO | Normal
Clear | Please Select | NO | Normal
Clear | Please Select | NO | Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2020 10:39	Photos		Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2020 10:39	Photos		Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2020 10:39	Photos		Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2020 10:38	Photos		Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2020 10:38	Photos		Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2020 10:38	Photos		Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2020 10:38	Photos		Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2020 10:38	Photos		Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2020 10:38	Photos		Normal	Photos 2020-8-15
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2020 10:38	Photos		Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2020 10:38	Photos		Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2020 10:38	Photos		Normal	Photos 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2020 10:38	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2020 10:38	SAS		Normal	SAS 2020-8-15

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) SLG38732

Date of Accident 13/08/2020 17:40

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5084563123-03		WOO KOK YEW	S2569640J	GPC	drivo CLASSIC	SLG3873Z	SLG3873Z	28/09/2019	27/09/2020

Continue