

# NATIONAL Assessment Centre Services. part 1 Jan 2001

MA 42006885

Date In: 17/08/2020 16:26	Job description	Date & Time Completed	Done by
Ref No: N/A 2000 8571/4	SAS e-filing		
Veh No: SKL 7779 Y	E-mail (to/for, AIC then)		
DOA: 16/08/2020 12:40	I-Motor Claim Form	MT/100231-001	17/08/2020
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		18:02
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vehaz		

Preferred Wkep / INC Assign Wkep / QW: ( ) Toll: ( ) Fax: ( )

TP Particulars: Vch No: **STB 32034** 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 repair.

( ) 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

N/A 2000 306

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
_____	5) PP: Follow-Through Survey (Resurvey)	\$30
_____	For claimant against INC Only (over 10 Jan 2005)	
_____	6) TR: Re-inspection	\$75
_____	7) NI: Idea DA + EMRT Survey	\$160
_____	8) NTUC Additional Services:	
_____	ON:	
_____	*N3: Courtesy Car / Tpl Allowance	\$3
_____	*N6: Repair Coordination	\$10
_____	*N7: Post Repair Inspection	\$25
_____	*N8: DV / Collect Excess Coordination	\$3
_____	TP (NU): TP (Res INC) against DAG	\$30
_____	9) NI: Idea Mobile	\$0
_____	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 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	17/08/2020 16:26
Date Of Accident	16/08/2020 12:40
Exact Location Of Accident	ALONG JURONG WEST AVENUE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL7779Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEO JUN WEI
NRIC No	SXXXX155A
Email Address	SETHNEOJW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91444246
Alternative Phone No	OTHERS-91444246

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250A-2.6 (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	5118259854
Cover Note Number	

### Driver

Name of Driver	NEO JUN WEI
NRIC No	SXXXX155A
Date Of Birth	09/06/1989
Occupation	INDOOR
Date Of Driving Pass	31/08/2007
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91444246
Fax Number	
Contact Number	OTHERS-91444246
Email Address	SETHNEOJW@GMAIL.COM

Address	BLK 420 JURONG WEST STREET 42 #05-1015
Postcode	640420
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	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)	2
Passenger 1	NAME: : WIFE 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	SJB3203H
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN KIA TAN
NRIC/Passport Number	SXXXX749C
Contact Number	91516617
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.
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: 17/08/2020  
1130am

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

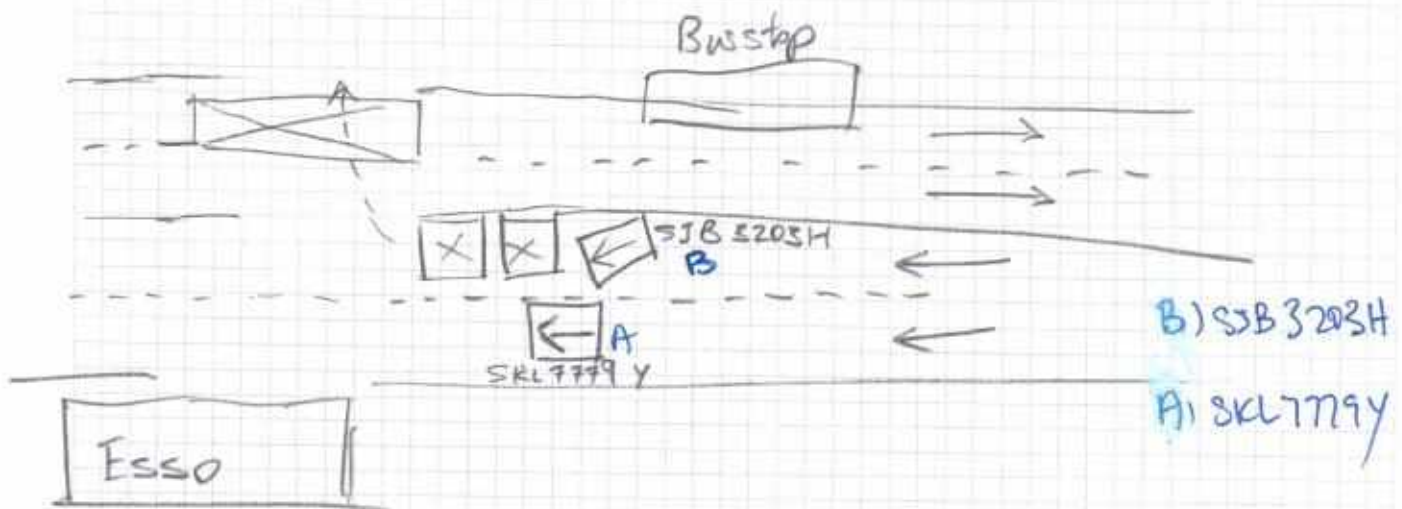
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN

Jurong West Ave 1



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling from Jurong West Ave 1 to Jurong East Ave 1 towards PIE direction.

While driving on the left lane, going straight, vehicle SJB3203H came out from the right lane and hit my vehicle SKL7779Y near right.

Couple of vehicles pending to turn right, SJB3203H intention to drive straight, thus he filtered left.

## DECLARATION

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

Policyholder's Signature

Date & Time: 17/08/2020  
1145am

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 08 / 2020 (DD/MM/YYYY), TIME: 12 : 40 (HH:MM)

LOCATION: Jurong East Ave 1

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKL 7779Y  
 b) INSURANCE COMPANY: NTUC INCOME  
 c) POLICY NUMBER: 5094462179-01  
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Mercedes E-Class E250A CABRIOLET  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: NEO JUN WEI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8920155A CONTACT: 91444246  
 c) ADDRESS: BLK 420 JURONG WEST ST 42 #05-1015  
S(640 420)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: DR ABOM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 09 / 06 / 1989 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 31/08/2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES/NO) NO

7. a) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJB 3203H MODEL: Mitsubishi Lancer  
 b) DRIVER'S NAME: Chan Kia Tan  
 c) NRIC/FIN/PASSPORT: S2502749C CONTACT: 91516617

## 9. THIRD PARTY VEHICLE

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

email = sethneo.jw@gmail.com

VIDEO

## Claim Handling

Accident #NY1100211

Policy No.	SI1825W854	Vehicle No.	SKL7779V	GST Registration No.	
Certificate No.					
Policyholder Name	NEO JUN WEE	Driver Type	Driver CLASSIC	Policyholder NRIC	SK920115A
Product Code	INDVITE CAR INSURANCE	Contact No.(Office)		Landng	0
Contact No.(Mobile)	91444346	Special Remarks		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No X
APK	No Yes	ACU Settlement(%)	50	eCode Reason	
WCD Protected	No			Private Hire	No
Report Date	17/08/2020 11:00	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	16/08/2020	Time of Accident in yyyy	12:40	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	ALONG SUNDING WEST APPROX 1				

## Total Excess Applicable

Excess Type	Per Accident	Whichever Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	800.00	TP Standard Excess	0.00		
TIED OD Excess	0.00	YIB TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	800.00	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 420 #05-1011	Address 2	SUNDING WEST STREET 42	Address 3	SINGAPORE 616420
Address 4		Address Type	Singapore address	Post Code	640420
Unit No.	05-1011	Resident Policy Number	SI1825W854		

## Q1 Driver Info

Driver Name	NEO JUN WEE	Driver Type	Main Driver	Driver DOB	19/05/1989
Unnamed driver Name		Driver NRIC	SK920115A	Driving Experience	12
Register Date of Driver License	01/08/2008	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	91444346	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 420 #05-1011	Address 2	SUNDING WEST STREET 42	Address 3	SINGAPORE 616420
Address 4		Address Type	Singapore address	Post Code	640420
Unit No.	05-1011	Driver Vehicle No.	SKL7779V	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes No				

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No
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## Modification history

Claim 001 [View](#)

Claim Type *	OD-REX	Insured Name	NEO JUN WEE	Insured NRIC	SK920115A
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		Cl		Vehicle Number	SKL7779V
Claim Description		Vehicle Number	SKL7779V / SKL7779V ON 16 Aug 2020	Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	Claim Report	Received
Workshop No.	Yes	Preferred Workshop Name	unknown	Claim Date	17/08/2020 18:01
Date Reported		Claim Received	17/08/2020 18:02		
Report Taken By			RONLI RAYAR		

Print an letter

[Save](#) [Submit](#)

## Attachment

Accident No.	NY1100211	Claim No.	001
Let Doc. Received	Yes No	Upload Date	17/08/2020 18:02
Category *		Confidential	
Urgency *		Description *	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CD)
NAC_BULK1_PEEAH_000670 NATIONAL ASSESSMENT CENTRE SERVICE (SIBUKIT PRJAH) on 17 Aug 2020 18:02		Photos	Normal	Photos 2020-8-17	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2020 18:02	Photos	Normal	Photos 2020-8-17
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2020 18:02	Photos	Normal	Photos 2020-8-17
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2020 18:02	Photos	Normal	Photos 2020-8-17
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2020 18:02	Photos	Normal	Photos 2020-8-17
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2020 18:02	Photos	Normal	Photos 2020-8-17
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2020 18:01	Photos	Normal	Photos 2020-8-17
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2020 18:01	Photos	Normal	Photos 2020-8-17
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2020 18:01	Photos	Normal	Photos 2020-8-17
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2020 18:01	Photos	Normal	Photos 2020-8-17
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2020 18:01	NRIC/ Driving License	?	NRIC/ Driving License 2020-8-17
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2020 18:01	SAS	Normal	SAS 2020-8-17

Video List

Uploading By/Date	Folder Desc	File Name	Source
		<a href="#">Thumbnail in New Window</a>	<a href="#">Scan and uploading</a>

Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="16/08/2020 16:25"/>
Vehicle No. (For Motor)	<input type="text" value="SKL777BY"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5118259854		NEO JUN WEI	S8920155A	GPC	drive CLASSIC	SKL777BY	SKL777BY	17/07/2020	16/07/2021