NATIONAL Assessment Centre Services. [wef 1 Jan'08] . MNUA2007728

Date In: 07/09/2020 1546	Job description	Date &Time Completed	Done by
Ref No: MBA/INC/2009535/Y	SAS e-filling		
Veh No: SBA 6969L	E-mail (Within 8hrs, A/C 2hrs)		
D.O.A: 07/09/2020 08:24	I-Motor Claim Form	MA/11/02590-001	07/09/2020
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		16:21
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (PERFORMANCE MOTOR Tel: Fax:)

TP Particulars: Veh No: SMU 9588Y. 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 :

NA2004814

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) PT : Follow-Through Survey	$120	
5) PT : Follow-Through Survey (Resurvey)	$30	
For claiming against INC Only (wef 10 Jan 2007)		
6) TR : Re-Inspection	$75	
7) N1 : Idea DA + SMRT Survey	$160	
8) NTUC Additional Services-		
OD:		
*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	$20	
9) N12: Idea Mobile	$30	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

MNA420077239 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 07/09/2020 15:46
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	07/09/2020 15:46
Date Of Accident	07/09/2020 09:25
Exact Location Of Accident	ENTRANCE OF KPE AT TAMPINES ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBA6969L
Insured/Policyholder	
Name Of Registered Owner	WONG ZHI SEN TIMOTHY
NRIC No	SXXXX599B
Email Address	TIMOTHYWONGZS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90400610
Alternative Phone No	OTHERS-90400610
Vehicle Particulars	
Manufacturer	BMW
Model	116D
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	5110433796-01
Cover Note Number	
Driver	
Name of Driver	WONG ZHI SEN TIMOTHY
NRIC No	SXXXX599B
Date Of Birth	02/11/1989
Occupation	INDOOR
Date Of Driving Pass	30/12/2008
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90400610
Fax Number	
Contact Number	OTHERS-90400610
EMail Address	TIMOTHYWONGZS@GMAIL.COM

Address	BLK 111 TAMPINES STREET 86 #03-35
Postcode	528535
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)	2
Passenger 1	NAME: : TAN KENG CHUAN BRIAN GENDER: : MALE

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	SMU9588Y
Vehicle Make/Model/Colour	MERCEDES BENZ S450
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YU MEI
NRIC/Passport Number	SXXXX819B
Contact Number	85008065
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	1

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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5. **Any false reporting may be referred to the Police for investigation.**
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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

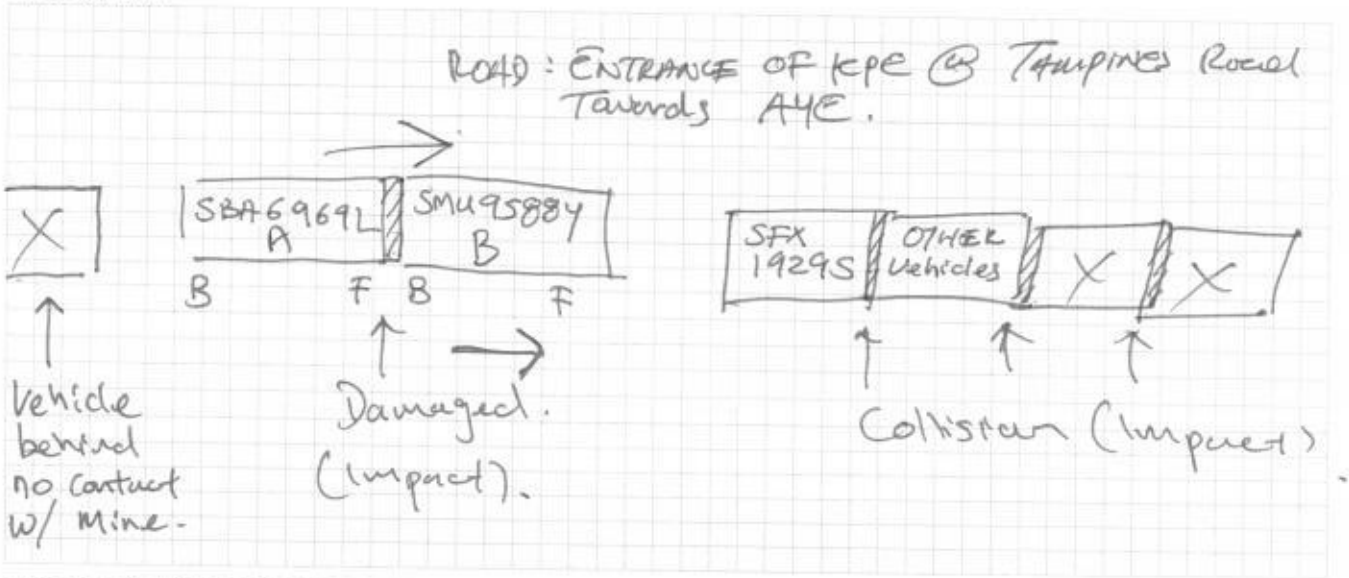
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 07/09/2020 1437HRS

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

07/09/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 07 SEP 2020, 0927 HRS. There was an Accident involving 9 no. of cars. The first car Jammed brake and caused 9 car chain collision.

My car SBA6969L was behind SMU 9588Y when the accident happened. I brake hard as the Vehicle infront brake as well. However, my Vehicle was not able to stop in time.

SMU 9588Y managed to stop in time before hitting the car SFX 19295.

The vehicle behind me managed to avoid collision with my Vehicle but the others behind him were indeed in the accident.

The Accident happened on the First Lane as we enter into KPE @ Tampines Rd entrance going towards AYE.

No injuries between SMU 9588Y was reported. The driver was alert and reported no injuries.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (07/09/2010) (DD/MM/YYYY), TIME: (09:27) (HH:MM)

LOCATION: ENTRANCE EPE AT TAMPINES ROAD

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SBA 6969L
   b) INSURANCE COMPANY: INCOME
   c) POLICY NUMBER: 5110 433 796 - 01
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: BMW 116D
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO WORK
   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 ZHI SEN TIMOTHY (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S8939599B CONTACT: 90400610
   c) ADDRESS: 111 TAMPINES ST 86 #03-35 S528535

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passengers (Including driver) (2)

DRIVER
   a) NAME: (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:

   *d) DATE OF BIRTH: (02/11/1989) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / ~~OUTDOOR~~)
   f) DATE OF DRIVING PASS 30/12/2008
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (~~YES~~ / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
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: SMU 9588Y MODEL: S450 Mercedes
   b) DRIVER'S NAME: Yu MEI
   c) NRIC/FIN/PASSPORT: S8878819B CONTACT: 8500 8065
9. THIRD PARTY VEHICLE

* No of passenger (Including driver) ( )

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

email = TimothyWongZS@gmail.com

VIDEO

Claim Handling

Accident MT/1102540

Policy No.	5110433796-01	Vehicle No.	SBA6969L	GST Registration No.	
Certificate No.					
Policyholder Name	WONG ZHI SEN TIMOTHY				
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive PREMIUM	Policyholder NRIC	S8939599B
Contact No.(Mobile)	90400610	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
CFX	No Yes	TCA	No Yes	eCode	No
NCD Protection	Yes	NCD Entitlement(%)	50	eCode Reason	
				Private Hire	No

Accident Details

Report Date	07/09/2020 16:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/09/2020	Time of Accident hh:mm	09:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ENTRANCE OF KPE AT TAMPINES ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
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	111 TAMPINES STREET 86	Address 2	#03-35 THE ALPS RESIDENCES	Address 3	SINGAPORE 528535
Address 4		Address Type	Singapore address	Post Code	528535
Unit No.	03-35	Related Policy Number	5110433796-01		

OI Driver Info

Driver Name	WONG ZHI SEN TIMOTHY	Driver Type	Main Driver		
Unnamed Driver Name		Driver NRIC	S8939599B	Driver DOB	02/11/1989
Register Date of Driver License	01/01/2012	Driver Age	30	Driving Experience	8
Contact No.(Mobile)	90400610	Contact No.(Office)		Contact No.(Home)	
Address 1	111 TAMPINES STREET 86	Address 2	#03-35 THE ALPS RESIDENCES	Address 3	SINGAPORE 528535
Address 4		Address Type	Singapore address	Post Code	528535
Unit No.	03-35				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SBA6969L	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 OD-MD New

Claim Type *	OD-MD	Insured Name	WONG ZHI SEN TIMOTHY	Insured NRIC	S8939599B
Contact No.(Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OI Vehicle Number	SBA6969L	TP Vehicle Number	SMU9588Y
Claim Description	SBA6969L / SMU9588Y ON 7 Sept 2020			Name of Preferred Workshop	PERFORMANCI
Preferred Workshop	91165199	Insured Liability	Fully at Fault		
Report No.					
Finalised	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered			07/09/2020 16:19	Claim Close Date		Date Received	07/09/2020 0
Report Taken By				Workshop Repairer		Total Loss but Repaired	
Print AK letter						OD Excess Collected by Workshop	

Save Submit

Attachment

Accident No.	MT/1102540	Claim No.	001
Last Doc. Received	Yes No	Upload Date	07/09/2020 16:21

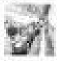
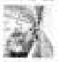
Path *

		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	

Attachment List

Send M

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE	Photos		Normal	Photos 2020-9-7	

	S (BUKIT MERAH)) on 07 Sep 2020 16:21				
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2020 16:21	Photos		Normal	Photos 2020-9-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2020 16:21	Photos		Normal	Photos 2020-9-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2020 16:21	Photos		Normal	Photos 2020-9-7
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2020 16:20	Photos		Normal	Photos 2020-9-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2020 16:19	Photos		Normal	Photos 2020-9-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2020 16:19	Photos		Normal	Photos 2020-9-7
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2020 16:19	Photos		Normal	Photos 2020-9-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2020 16:19	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2020 16:19	SAS		Normal	SAS 2020-9-7

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window | Scan and uploading

(PRESTIGE WORKSHOP)

Performance Motors Limited
A Sime Darby Motors Company
BMW Dealer

Performance Motors

Joseph Yaguel

Motor Claim Advisor
Bodyshop

Sales & Aftersales
303 Alexandra Road
Sime Darby Performance Centre
Singapore 159941
www.pml-bmw.com.sg

Tel 1800-2255-269
Mobile (+65) 9116 5199
Fax (+65) 6479 4601
Co. Reg. No : 197401559W

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) SBA6969L

Date of Accident 07/09/2020 15:40

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5110433796-01		WONG ZHI SEN TIMOTHY	S8939599B	GPC	drivo PREMIUM	SBA6969L	SBA6969L	22/06/2020	21/06/2021

Continue