

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MA12012381**

Date In: 18/11/23-15:39	Job description	Date & Time Completed	Done by
Ref No: MA11NC2012316/24	SAS e-filing		
Veh No: SK2413X	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 21/10/23-05:20	i-Motor Claim Form	MA1110604-001	18/11/23 15:53
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 / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

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 ()

General Remarks:

() 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: ()

Remarks:

(INC hotline: 6788 6616)

Date & Time Completed

Done by

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time	Actions

Claimant's Particulars:	Invoice Preparation Checklist	Ant (\$) fr Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idac 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: Idac 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 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	18/11/2020 15:39
Date Of Accident	31/10/2020 05:20
Exact Location Of Accident	BLK 13 JOO SENG RD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC2413X
Insured/Policyholder	
Name Of Registered Owner	CHANG JUN JIE KEITH
NRIC No	SXXXX768I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82884442
Alternative Phone No	OFFICE-82884442

Vehicle Particulars

Manufacturer	BMW
Model	116D 5DR HATCHBACK DSC LED
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	5098535575-02
Cover Note Number	

Driver

Name of Driver	KEITH CHANG JUN JIE
NRIC No	SXXXX768I
Date Of Birth	19/01/1990
Occupation	INDOOR
Date Of Driving Pass	14/02/2018
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82884442
Fax Number	
Contact Number	OFFICE-82884442
Email Address	NOEMAIL

Address	BLK 17 JOO SENG ROAD #10-133
Postcode	360017
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	NO COLLISION
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	ALJUNIED NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 13 JOO SENG ROAD , POSTCODE: 360013 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2809999 - FAX NO: 62815960
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201118/2052.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO


SKETCH PLAN


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. 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:


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


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

Diagram illustrating the location of the impact on the front left portion of the vehicle. The diagram shows a side profile of a vehicle with a box labeled "A" indicating the impact point. The text "felt on impact. on the front left portion." is written near the impact point. The text "Blk 13 Zoo song red open space" is written below the diagram.

A: 56C2413X

Blk 13 Zoo seg red open space carpark

POVCF REPORT T/20201118/2052

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

k

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Personnel's Signature

ACCIDENT STATEMENT

ACCIDENT DATE: 31 / 10 / 2020 (DD/MM/YYYY), TIME: 05 : 20 (HH:MM)

LOCATION: Blk B 200 SENG ROAD. open space carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC 2913X.
 b) INSURANCE COMPANY: NMC.
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Bmw 1160.
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE.
 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: KEITH CHANG JUN JIE. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S90027681 CONTACT: 82884442
 c) ADDRESS: 17 200 SENG ROAD #10-173

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 19 / 01 / 90 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

No of passenger
 (including driver)
(1)

No of passenger
 (including driver)
()

No of passenger
 (including driver)
()

email = keithcj@gmail.com

fax =

video: X



SINGAPORE POLICE FORCE



T/20201118/2052

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

1 of 3

Report No. T/20201118/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2020 13:14	Vide Report No.:	Station Diary No.: 8
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Informant's Particulars

Name of Informant: KEITH CHANG JUN JIE			Address: APT BLK 17 JOO SENG ROAD #10-133 SINGAPORE 360017		
ID Type / ID No.: NRIC NO / S9002768I			Contact No.: Home/Office: Mobile: 82884442		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 19/01/1990	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Marketing and sales representative (ICT)			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 31/10/2020 05:20	Type of Location:
Location: JOO SENG ROAD				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLC2413X	Car	BMW	116D 5DR HATCHBAC K DSC LED	Black	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC2413X	NTUC Income Insurance Co-Operative Limited	5098535575-02	06/05/2020	05/05/2021



**SINGAPORE
POLICE FORCE**



T/20201118/2052

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Police Station Of Origin:

Aljunied NPP

13 Joo Seng Road #01-69 SINGAPORE
360013

Tel No: 1800-2809999

Report No. T/20201118/2052

CONTINUATION OF REPORT

Brief Details.

On 31/10/2020 at about 0520hrs, I was driving back home and I entered the carpark to my block at Joo Seng Road. In the carpark, as I was making a turn near block 13, I felt a bump near the left front side of my vehicle near the wheel area. I did not take into account of that bump as it was dark and there has been construction recently and I thought that I had drove on some debris left over by the construction. After I had parked my vehicle, I made a check on my vehicle and there were no damages.

I do not have an in car camera for my vehicle.

I am lodging this police report as I received a letter from the Traffic Police informing me about this incident. I was then instructed by TP IO Pamela to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20201118/2052

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

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Report No. T/20201118/2052

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

E /

Sgt 2 IRFAN FARIHIN PUTRA SULAIMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

18/11/2020 13:14

Classification Of Case: