

NATIONAL Assessment Centre Services

[Ref: J2-102]

Page 1 of 2

Date In: 12/12/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20014782/13	SAS e-filing		
Veh No: SLF3993R	E-mail (Within 8hrs, Atc 2hrs)		
D.O.A: 11/12/20 1835	I-Motor Claim Form	12/12 MT/1113384	-001
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: SBY772	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 ()	

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

NA2006612	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Inc Bill	Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
QC Checked by (Engr-In-Charge):	on:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
Ref 1:	Invoice dated	Fee Charged	
Ref 2/3:	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 Submission	12/12/2020 15:21 (SGT)
Date of Accident	11/12/2020 18:35 (SGT)
Exact Location of Accident	Upper Boon Keng Rd, Singapore
Additional Location Information	UPP BOON KENG RD BLK 18 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF3993R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUNG CHI KWONG (ZHONG ZHIGUANG)
NRIC No	SXXXX372A
Email Address	enquiry@meikotailor.com
Mobile Phone No	(Phone) +65-97568981
Alternative Phone No	+65-97568981

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5083378460-04
Cover Note Number	-

DRIVER

Name of Driver	CHUNG CHI KWONG (ZHONG ZHIGUANG)
NRIC No	SXXXX372A
Date Of Birth	02/01/1949
Occupation	Outdoor

Date Of Driving Pass	19/10/1973
Driving experience	47 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97568981
Alt. Phone Number	+65-97568981
Email Address	enquiry@meikotailor.com
Address	BLK 506 SERANGOON NORTH AVE 4
Address complement	#15-428
Postcode	552506
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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	SBY77Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

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.

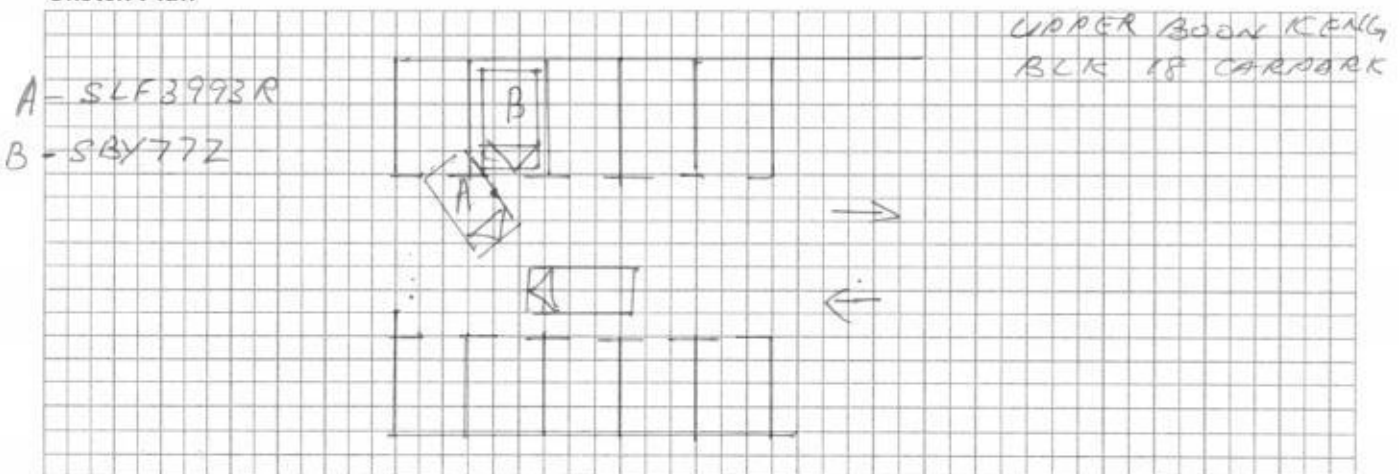


Policyholder's Signature / Date & Time

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


12/12/20
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

It was a busy car park at BKK 18 Upper Bern Kang Road as it was dinner time. I was finding a car park lot to park to get dinner for myself.

As I was trying to reverse to an empty lot, there was an oncoming vehicle coming in. In order to avoid clash and obstruct the flow of the oncoming vehicle, I reverse my car a tad too fast into the empty lot and hence result in a bump / scratched on a stationary car (BMW 5) vehicle no. SBY772 next to it.

It was unintentional as the car park space was really congested with movements of car and I was making space for oncoming vehicle without realizing the close distance at the back of my car with the stationary vehicle.

Declaration

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



Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (11/12/2020) (DD/MM/YYYY), TIME: (6:35) (HH:MM) PM

LOCATION: UPPER BOON KENG ROAD, BLK 18, CARPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLF3993R
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA VEZEL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: GOING FOR DINNER FINDING A LOT AND AVOIDING AN ON-COMING VEHICLE AS CARPARK WAS CROWDED
 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: CHUNG CHI KWONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0948372A CONTACT: 97568981
 c) ADDRESS: BLK 506 B SERANBOON NORTH AVE 4
 #15-428 (C) 522586

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHUNG CHI KWONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0948372A CONTACT: 97568981
 c) ADDRESS: BLK 506 B SERANBOON NORTH AVE 4
 #15-428 (C) 522586

*d) DATE OF BIRTH: (02/01/1949) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 40+

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

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: SBY77Z MODEL: BMW 5
 b) DRIVER'S NAME: JASMINE BINTI MOHD KH
 c) NRIC/FIN/PASSPORT: S16860415 CONTACT: 9666 0085

9. THIRD PARTY VEHICLE

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

Email = enquiry@meikotailor.com

Fax =

VIDEO = NO

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="11/12/2020 12:44"/>
Vehicle No.(For Motor)	<input type="text" value="SLF3993R"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5083378460-04		CHUNG CHI KWONG (ZHONG ZHIGUANG)	S0948372A	GPC	drivo CLASSIC	SLF3993R	SLF3993R	25/08/2020	24/08/2021

Claim Handling

Accident MT/1113384

Policy No.	5083378460-04	Vehicle No.	SLF3993R	GST Registration No.	
Certificate No.					
Policyholder Name	CHUNG CHI KWONG (ZHONG ZHIGUANG)			Policyholder NRIC	S0948372A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97568981	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	12/12/2020 15:27	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	11/12/2020	Time of Accident hh:mm	18:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP BOON KENG RD BLK 18 CARPARK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
DD 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	BLK 506B #15-42B	Address 2	SERANGOON NORTH AVENUE 4	Address 3	SINGAPORE 552506
Address 4		Address Type	Singapore address	Post Code	552506
Unit No.	06-26	Related Policy Number	5083378460-04		

O1 Driver Info

Driver Name	CHUNG CHI KWONG (ZHONG ZHIGUANG)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S0948372A	Driver DOB	02/01/1949
Register Date of Driver License	19/10/1973	Driver Age	71	Driving Experience	47
Contact No.(Mobile)	97568981	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 506B	Address 2	SERANGOON NORTH AVENUE 4	Address 3	SINGAPORE 552506
Address 4		Address Type	Singapore address	Post Code	552506
Unit No.	#15-42B				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	CHUNG CHI KWONG (ZHONG ZHIGUANG)	Insured NRIC	S0948372A
Contact No.(Mobile)	97568981	Contact No.(Home)		Contact No.(Office)	
Email Address	ENQUIRY@MEIKOTA@LOR.COM	Vehicle Number	SLF3993R	TP	
Claim Description	SLF3993R / SBY77Z ON 11 Dec 2020				
Preferred Workshop		Insured Liability	Fully at Fault		
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/12/2020 15:34	Claim Close Date		Date Received	
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1113384	Claim No.	001
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Last Doc, Received

☒ Yes ☐ No

Upload Date

12/12/2020 00:00

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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NO

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NO

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 15:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 15:34	SAS		Normal	SAS 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 15:34	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 15:33	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 15:33	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 15:33	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 15:33	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 15:33	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 15:33	Photos		Normal	Photos 2020-12-12

Video List

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Folder Date

File Name

Source

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