

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 117160727

Date In: 6/12/17-12:34	Job description	Date & Time Completed	Done by
Ref No: NA/MC17033223/24	SAS e-filing		
Veh No: JE 4508G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 5/12/17-20:35	i-Motor Claim Form	M7/0972648	6/12/17 19:01
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: 6LN8304E 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

NA1707536

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

at 1:

at 2 / 3:

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		1st Bill	Add Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TF: Towing Fee \$40/\$45			
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) N1: Idac DA + SMRT Survey \$160			
8) NTUC Additional Services:-			
QD*			
*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 \$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 ability.
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 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	06/12/2017 12:34
Date Of Accident	05/12/2017 20:35
Exact Location Of Accident	JUNC UBI AVE 1 & UBI CRES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE4508G
Insured/Policyholder	
Name Of Registered Owner	TAN SOK CHENG
NRIC No	S6801115I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97685551
Alternative Phone No	OFFICE-97685551

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.5 4AT
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	5078923631-01
Cover Note Number	

Driver

Name of Driver	CHEN SHAO WEI
NRIC No	S6809014H
Date Of Birth	23/03/1968
Occupation	INDOOR
Date Of Driving Pass	17/12/1988
Driving Experience	28 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90028485
Fax Number	
Contact Number	OFFICE-90028485
Email Address	NOEMAIL

Address	BLK 26 CHAI CHEE ROAD #04-415
Postcode	460026
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	1

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

REFER TO 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	SLN8304E
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAN YU YUNG (CHEN YOURONG)
NRIC/Passport Number	S7921703D
Contact Number	83839998
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	CHEN SHAO WEI
------	---------------

Approximate Age	
Injuries Sustain	LEFT HAND
Injured person in which vehicle?	SJE4508G
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN


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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:

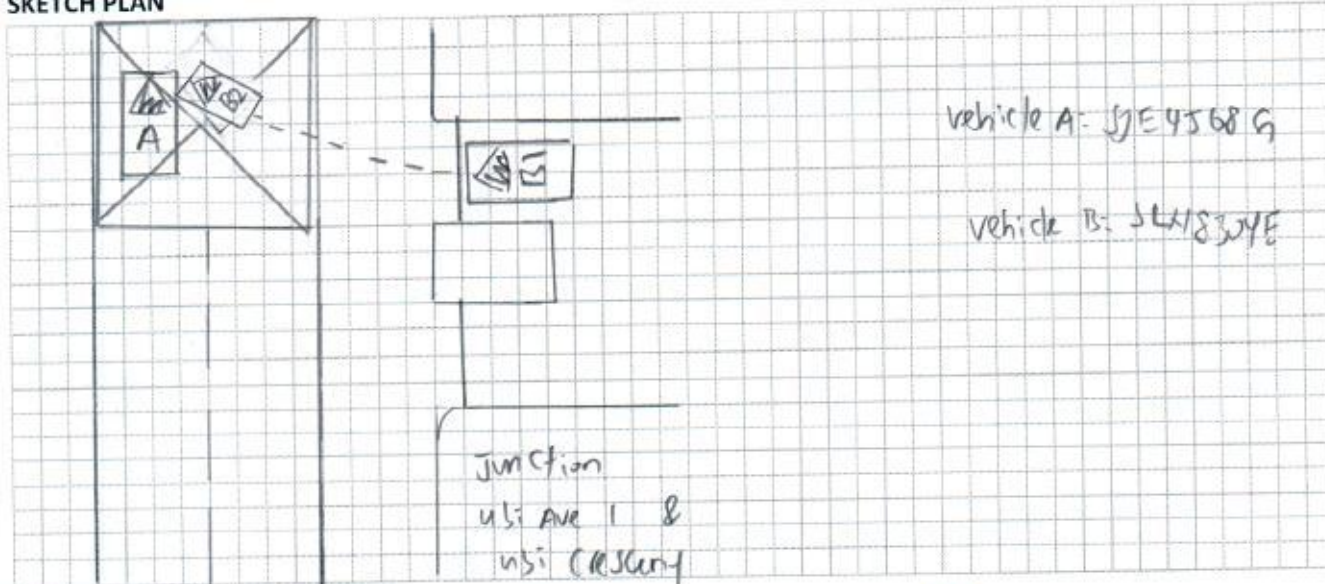


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

lane 2 of 4

On 5/12/17 20:35 I was travelling along Ubi Ave 1. Suddenly and the traffic conditions was clear. Suddenly vehicle B (JLN8304E) coming is supposed to stop within the stopping line in order to out from Ubi Crescent, ~~trying to~~ merged onto Ubi Ave 1. In a result, vehicle B (JLN8304E) didn't stopped and collided onto my vehicle front right portion. After the incident happen, the vehicle B driver advise us for private settle and advise me go for their workshop for the repair, however I rejected their request. After, another guy from Teamwork Garage advise me go for their workshop for repair my vehicle, so I suspect it is coincidence link, but I rejected the request. So the next day I decided come to IOAC to lodge a report.

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6809014H



CHEN SHAO WEI

陈韶炜

Race

CHINESE

Date of Birth

23-03-1968

Sex

F

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S6809014H

Name

CHEN SHAO WEI



Birth Date 23 Mar 1968

Issue Date 06 May 2003



000472789J

2402846



NRIC No: S6809014H



Blood Group: B+ Date of issue: 20-09-1994

APT BLK 26 CHAI CHEE ROAD #04-415
SINGAPORE 460026

NRIC No: S6809014H Date: 04-10-1999 No: 3090553


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE: 17 Dec 1983

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

License No: S6809014H



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[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="05/12/2017 20:35"/>						
Vehicle No.(For Motor)	<input type="text" value="SJE4508G"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5078923631-01	TAN SOK CHENG	S68011151	GPC	drive CLASSIC	SJE4508G	SJE4508G	26/04/2017	25/04/2018
<input type="button" value="Continue"/>									

Policy Information

Policy No.	5078923631-01	Policyholder Name	TAN SOK CHENG	Policyholder NRIC	S68011151
Address	BLK 133 #09-152 SIMEI STREET 1 SINGAPORE 520133				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	29/03/2017	Effective Date	26/04/2017 00:00	Expiry Date	25/04/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 133 #09-152	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520133
Address 4		Address Type	Singapore address	Post Code	520133
Unit No.		Related Policy Number	5095008286		

Insured Object: SJE4508G

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	13/10/2017 00:00	NCD Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We refer to your request to withdraw 50% NCD from this policy. We confirm that this NCD adjustment is effective from 13 Oct 2017. In view of this NCD adjustment, an additional premium of \$273.74 (inclusive of GST) is payable and this amount will be debited to your credit card account number xxxx xxxx xxxx 9527.</p> <p>Thank you for giving us the opportunity to serve you. We refer to your request to withdraw 50% NCD from this policy to policy number 5095208286. We confirm that this NCD adjustment is effective from 13 Oct 2017. In view of this NCD adjustment, an additional premium of \$273.74 (inclusive of GST) is payable and this amount will be debited to your credit card account number xxxx xxxx xxxx 9527. We further confirm and endorse that the Endorsement M4 - No Claim Discount Protection is not applicable.</p>
2	13/10/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	

Continue

Cancel

Claim Handling

Accident MT/0972648

Policy No.	5078923631-01	Vehicle No.	SJE4508G	GST Registration No.	
Policyholder Name	TAN SOK CHENG			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	97685551	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50		
▼ Accident Details					
Report Date	06/12/2017 18:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Chan
Date of Accident	05/12/2017	Time of Accident hh:mm	20:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC UBI AVE 1 & UBI CRES				
▼ Benefits					
▼ Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 133 #09-152	Address 2	SIMEI STREET 1	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5095008286		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	CHEN SHAO WEI	Driver NRIC	56809014H	Driving Experience	
Register Date of Driver License	17/12/1988	Driver Age	49	Contact No.(Home)	
Contact No.(Mobile)	90028485	Contact No.(Office)	0	Address 3	
Address 1	BLK 26	Address 2	CHAI CHEE ROAD	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	04-415				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TAN SOK CHENG	Insured NRIC	
Contact No.(Mobile)	97685551	Contact No.(Home)	62608633	Contact No.(Office)	
Email Address	mowchai@gmail.com	OI Vehicle Number	SJE4508G	TP Vehicle Number	
Claim Description	SJE4508G / SLN8304E ON 5 Dec 2017				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	06/12/2017 19:01	Claim Close Date		Date Received	
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/0972648	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/12/2017 19:02
Path *	<input type="button" value="Browse"/> <input type="button" value="Clear"/>		
Category *	Please Select		
Confidential	<input type="button" value="NO"/>		
Urgency	<input type="button" value="Normal"/>		

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 19:02	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 19:02	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 19:02	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 19:01	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 19:01	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 19:01	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 19:01	Photos	Normal	Photo:
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 19:01	Photos	Normal	Photo:
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 19:01	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 19:01	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 19:01	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Dec 2017 19:01	Photos	Normal	Photo:

Video List

Uploaded By/Date	Folder Date	File Name	Source
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