

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA/18024131

Date In: 19/2/18 - 22:10	Job description	Date & Time Completed	Done by
Ref No: NA/14CPO03163/24	SAS e-filing		
Veh No: GN338X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/2/18 - 19:15	i-Motor Claim Form	M/0982726	19/2/18 22:25
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: 1490652	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

NA180/002	Invoice Preparation Checklist	Ant (\$) Int Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
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) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors Comments:-	TP (N11): TP (N-in INC) against INC \$20		
Dat. 1:	9) N12: Idao Mobile 30		
Dat. 2 / 3:	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 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	19/02/2018 22:10
Date Of Accident	17/02/2018 19:15
Exact Location Of Accident	JUNC PHILIPS AVE & SANDILANDS RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN3348X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUI SEOW WING
NRIC No	S1377911B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96601869
Alternative Phone No	OFFICE-96601869

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	5065863046-03
Cover Note Number	

### Driver

Name of Driver	CHUI SEOW WING
NRIC No	S1377911B
Date Of Birth	28/08/1959
Occupation	INDOOR
Date Of Driving Pass	03/03/1978
Driving Experience	39 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96601869
Fax Number	
Contact Number	OFFICE-96601869
Email Address	NOEMAIL

Address	4 RICHARDS AVENUE
Postcode	546397
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	SH9065L
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE KIM LENG, NEIL
NRIC/Passport Number	S1465358I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1




## SKETCH PLAN


### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

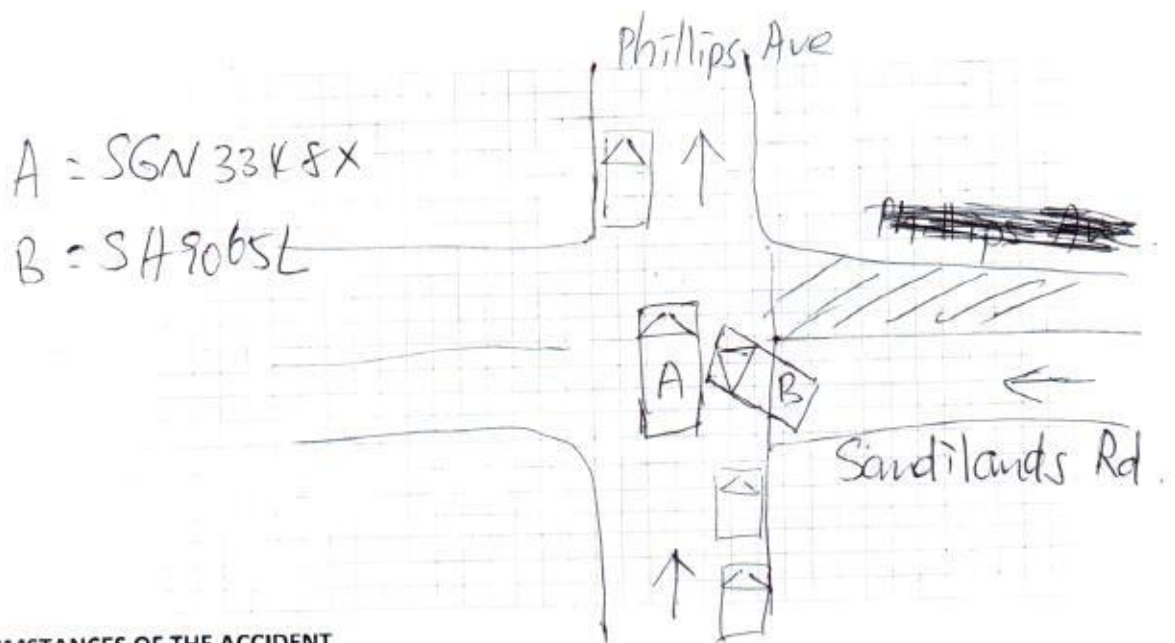
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

17/2/18 1145 AM  
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on ~~the~~ the date 17-02-2018 at 1915hrs, I was travelling along phillips Ave at junction of Sandilands Rd. Suddenly vehicle SH9065L come out from my Right and hit on to the Right side of my vehicle SGN 3348X.

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: 17/02/2018 (DD/MM/YYYY), TIME: 19:15 (HH:MM)

LOCATION: Phillips Ave.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGN 3348X  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5065863046-03  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: TOYOTA ALTIS  
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: 77-02-2018 7:15 PM  
 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: CHUI SEOW WING (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1377911B CONTACT: 9660 1869  
 c) ADDRESS: 4 Richard Ave Singapore 546397

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

## DRIVER

- a) NAME: CHUI SEOW WING (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1377911B CONTACT: 9660 1869  
 c) ADDRESS: 4 Richard Ave Singapore 546397

\*d) DATE OF BIRTH: (28/08/1959) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 30

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

- a) VEHICLE NUMBER: SH9065L MODEL: Hyundai  
 b) DRIVER'S NAME: LEE KIM LENG, NEIL  
 c) NRIC/FIN/PASSPORT: S1465358I CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passengers  
 (including driver)  
(01)

\* No of passengers  
 (including driver)  
(1)

\* No of passengers  
 (including driver)  
( )

Email = choymf@Yahoo.com.sg  
 Fax = 6744 0124



NRIC No. S1377911B



Blood Group: A+ Date of issue: 17-05-1993

4 RICHARDS AVENUE  
SINGAPORE 546387  
NRIC No. S1377911B

Date: 31-03-2008 No. S1377911B

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1377911B



CHUI SEOW WING

徐兆銘

CHINESE

Date of Birth

28-08-1959

Country of Birth

SINGAPORE

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE

 Licence Number: **S1377911B**  
Name: **CHUI SEOW WING**


Birth Date: **28 Aug 1959**  
Issue Date: **29 Jan 2015**

 002391857D



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

	EFFECTIVE DATE
Class 3 Motor Cars= $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	03 Mar 1978

 Licence No: S1377911B

NP 428A



► **Change Language**

- **Change Password**

Log Out

### Policy Query

### Notice of Loss

Policy No.

--

Date of Accident

17/02/2018 19:15

Vehicle No. (For Motor)

SGN3348X

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5065863046-03	CHUI SEOW WING	S1377911B	GPC	drive CLASSIC	SGN3348X	SGN3348X	27/05/2017	26/05/2018

Continue

## ▼ Policy Information

Policy No.	5065863046-03	Policyholder Name	CHUI SEOW WING	Policyholder NRIC	S1377911B
Address	4 RICHARDS AVENUE SINGAPORE 546397				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	11/05/2017	Effective Date	27/05/2017 00:00	Expiry Date	26/05/2018 23:59
Third Party Excess	0.0	Own damage Excess	600.0	Windscreen Excess	100.0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600.0	Outside Singapore TP Excess	0.0		
Agent	KA-HUP VEHICLES TRADING	Agent Tel.	64589997	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	4 RICHARDS AVENUE	Address 2	SINGAPORE 546397	Address 3	
Address 4		Address Type	Singapore address	Post Code	546397
Unit No.		Related Policy Number	5065863046-03		

## ▶ Insured Object: SGN3348X

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel



## Claim Handling

- Exit

## Accident MT/0982726

Policy No.	5065863046-03	Vehicle No.	SGN3348X	GST Registration No.	
Policyholder Name	CHUI SEOW WING	Cover Type	drive CLASSIC	Policyholder NRIC	S1377911B
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96601869	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	30	eCode Reason	
NCD Protection	No			Private Hire	No

<b>Accident Details</b>			
Report Date	19/02/2018 22:23	Accident Report Within 24 hrs	Yes
Date of Accident	17/02/2018	Time of Accident hh:mm	19:15
Reporting Centre		Crane Force	
Accident Location	JUNC PHILIPS AVE & SANDLANDS RD	Accident Type	Collision - Cross Junction
		Country of Accident	Singapore
		ICM No.	

<b>Benefits</b>			
<b>Excess</b>			
Own damage Excess	500.00	Additional Excess	0.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	600.00
Third Party Excess	0.00	Outside Singapore TP Excess	0.00
Windscreen Excess			100.00

<b>GST Registered Information</b>			
GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	4 RICHARDS AVENUE	Address 2	SINGAPORE 546397	Address 3	
Address 4		Address Type	Singapore address	Post Code	546397
Unit No.		Related Policy Number	5065863046-03		

<b>01 Driver Info</b>			
Driver Name	CHUI SEOW WING	Driver Type	Main Driver
Unnamed driver Name		Driver NRIC	S1377911B
Register Date of Driver License	03/03/1978	Driver Age	58
Contact No.(Mobile)	96601869	Contact No.(Office)	0
Address 1	4 RICHARDS AVENUE	Address 2	SINGAPORE 546397
Address 4		Address Type	Singapore address
Unit No.			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	
		Driver Insurer Company	

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

Modification History	
----------------------	--

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHUI SEOW WING	Insured NRIC	S1377911B
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	67440917
Email Address		01 Vehicle Number	SGN3348X	TP Vehicle Number	SH906SL
Claim Description	SGN3348X / SH906SL ON 17 Feb 2018				
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	Received
Date Registered	19/02/2018 22:25	Claim Close Date		Date Received	19/02/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0982726	Claim No.	001
Last Doc Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/02/2018 22:26

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Map Sent? Action (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 22:25	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-19	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 22:25	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-19	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 22:25	SAS	Normal	SAS 2018-2-19	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 22:25	Photos	Normal	Photos 2018-2-19	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 22:25	Photos	Normal	Photos 2018-2-19	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 22:25	Photos	Normal	Photos 2018-2-19	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 22:25	Photos	Normal	Photos 2018-2-19	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 22:25	Photos	Normal	Photos 2018-2-19	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 22:25	Photos	Normal	Photos 2018-2-19	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 22:25	Photos	Normal	Photos 2018-2-19	<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 22:25	Photos	Normal	Photos 2018-2-19	<a href="#">Edit</a>
<b>Video List</b>					
Uploaded By/Date	Folder Date	File Name		Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>					