

# NATIONAL Assessment Centre Services

[wef: 1 Jan'05] **MA 11803025**

Date In: <b>3/3/18-16:22</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/MC18004123/24</b>	SAS e-filing		
Veh No: <b>SLH46T1K</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : <b>2/3/18-16:30</b>	i-Motor Claim Form	<b>MY/0984J56</b>	<b>3/3/18 17:12</b>
OD <b>TP</b> / 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: <b>SKV9528P</b>	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

<b>NA 1801783</b>	<b>Invoice Preparation Checklist</b>	Am't (\$) Inc Bill	Am't (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	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:-		
	ON*		
<b>QC Checked by (Engr-In-Charge):</b>	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments :-</b>	*N8: DV / Collect Excess Coordination \$5		
<b>Ref 1:</b>	TP (N11) : TP (Non INC) against INC \$20		
<b>Ref 2 / 3:</b>	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 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	03/03/2018 16:22
Date Of Accident	02/03/2018 16:30
Exact Location Of Accident	MARINE PARADE RD ROUNDABOUT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH4651K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	INVEST WELLNESS & SERVICES PTE LTD
Co Reg No	201434387Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90915808
Alternative Phone No	OFFICE-90915808

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095141740
Cover Note Number	

### Driver

Name of Driver	SEET ENG CHUAN (XUE YONGCHUAN)
NRIC No	S8313504B
Date Of Birth	03/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	13/11/2003
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83240018
Fax Number	
Contact Number	OFFICE-83240018
Email Address	NOEMAIL

Address	BLK 207 SERANGOON CENTRAL #07-204
Postcode	550207
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - ROUNDABOUT
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)	2
Passenger 1	NAME: : - 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 OF MARINE PARADE ROUNDABOUT. SUDDENLY VEHICLE B WAS TRAVELLING ALONG LANE 1 TRYING CUT ONTO MY LANE RESULTING REAR RIGHT SIDE OF MY VEHICLE WAS DAMAGED.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV9528P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY SIEW HUN
NRIC/Passport Number	S1313622Z
Contact Number	98532722
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.
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

A: SCH 4651K  
B: SKV 9528P

marine parade roundabout

A: 5LH4651K

B: 5KV 9528P

Marine Parade Roundabout

Refer to statement.

Refer to statement.

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 DRIVING LICENCE

License Number **S8313504B**

Name **SEET ENG CHUAN (XUE YONGCHUAN)**

Birth Date **03 May 1983**

Issue Date **13 Nov 2003**

000995582K




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8313504B**

Name **SEET ENG CHUAN (XUE YONGCHUAN)**

薛永川

Race **CHINESE**

Date of birth **03-05-1983**

Sex **M**

Country of birth **SINGAPORE**






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

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

PASS DATE **13 Nov 2003**

NP 428A

Licence No: **S8313504B**




4649098

NRIC No. **S8313504B**

Date of issue **23-10-2010**

Address **APT BLK 207 SERANGOON CENTRAL #07-204 SINGAPORE 550207**




eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)  
[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095141740	INVEST WELLNESS & SERVICES PTE. LTD.	201434387Z	GPC	drivo CLASSIC	SLH4651K	SLH4651K	24/10/2017	25/10/2018



## ▼ Policy Information

Policy No.	5095141740	Policyholder Name	INVEST WELLNESS & SERVICES	Policyholder NRIC	201434387Z
Address	19 SENGKANG EAST AVENUE #01-16 AUSTVILLE RESIDENCES SINGAPORE 544808				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	17/10/2017	Effective Date	24/10/2017 00:00	Expiry Date	25/10/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	TAI THONG LEE TRADING PTE L	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	19 SENGKANG EAST AVENUE	Address 2	#01-16 AUSTVILLE RESIDENCE	Address 3	SINGAPORE 544808
Address 4		Address Type	Singapore address	Post Code	544808
Unit No.	01-16	Related Policy Number	5085925234-01		

## ► Insured Object: SLH4651K

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

Exit

Accident MT/0984556

Policy No.	G095141740	Vehicle No.	SUH4651K	GST Registration No.	
Policyholder Name	INVEST WELLNESS & SERVICES PTE. LTD.			Policyholder NRIC	2014343872
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90915808	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
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(%)	0	Private Hire	Yes

Report Date	03/03/2018 17:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	02/03/2018	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MAKING PARADE RD ROUNDABOUT				

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

## Policyholder Mailing Address

Address 1	19 SENGKANG EAST AVENUE	Address 2	#01-16 AUSTVILLE RESIDENCE	Address 3	SINGAPORE 544808
Address 4		Address Type	Singapore address	Post Code	544808
Unit No.	01-16	Related Policy Number	5085925234-01		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/05/1963
Unnamed driver Name	SEET ENG CHUAN (XUE YONGCI)	Driver NRIC	583135048	Driving Experience	14
Register Date of Driver License	13/11/2003	Driver Age	34	Contact No.(Home)	0
Contact No.(Mobile)	83240018	Contact No.(Office)	0	Address 1	SINGAPORE 550207
Address 1	BLK 207	Address 2	SERANGOON CENTRAL	Post Code	550207
Address 4		Address Type	Singapore address		
Unit No.	07-204			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	INVEST WELLNESS & SERVICES	Insured NRIC	2014343872
Contact No.(Mobile)	90915808	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	investwellness.sg@gmail.com	OI Vehicle Number	SUH4651K	TP Vehicle Number	SKV9528P
Claim Description	SUH4651K / SKV9528P ON 2 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	03/03/2018 17:13
Date Registered	03/03/2018 17:12	Claim Close Date		Total Loss but Repaired	
Report Taken By	Jackson	Workshop Repairer			

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0984556	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/03/2018 17:13

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>



<http://gicclaim.income.com.sg/gcs/icm/eclaim/icmmyTaskForward.do?taskInstanceId=18450...> 3/3/2018