

NATIONAL Assessment Centre Services. [wef 1 Jan 2005] MNA18100822

Date In: 4/8/18 - 15:38	Job description	Date & Time Completed	Done by
Ref No: NA/INC18014179/2W	SAS e-filing		
Veh No: SA16754	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 4/8/18 - 12:50	i-Motor Claim Form	M71005955-001	4/8/18 16:49
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: Unknown 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

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		Est Bill	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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
Cat. 1:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Cat. 2/3:	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 \$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 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	04/08/2018 15:38
Date Of Accident	04/08/2018 12:50
Exact Location Of Accident	ALONG SIMEI AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV1675Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HOU CHIN
NRIC No	S0667888B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96804461
Alternative Phone No	OFFICE-96804461

### Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY 1.6EXA
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?	YES
If No, Please state action to be taken	
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	5065880118-04
Cover Note Number	

### Driver

Name of Driver	HOU CHIN
NRIC No	S0667888B
Date Of Birth	30/07/1942
Occupation	INDOOR
Date Of Driving Pass	07/01/1981
Driving Experience	37 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96804461
Fax Number	
Contact Number	OFFICE-96804461
EMail Address	NOEMAIL

Address	BLK 57 NEW UPPER CHANGI ROAD #09-1348
Postcode	461057
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	UNKNOWN (PRIVATE CAR)
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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

## SKETCH PLAN

### IMPORTANT NOTICE

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

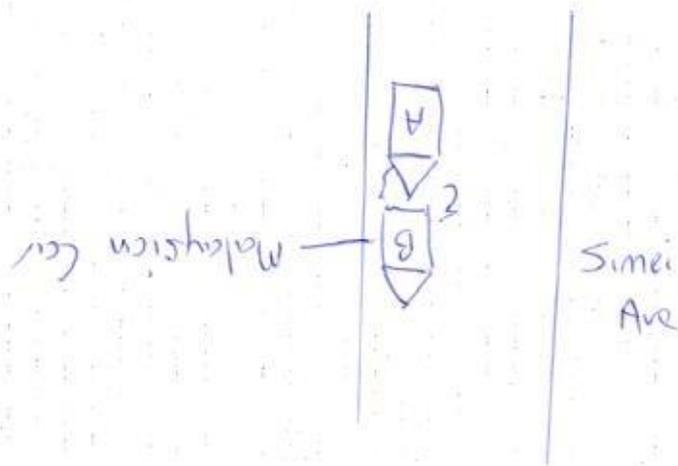
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DoA: 4/8/18

A: SGY 1675Y

B: Malaysia Car

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I failed to brake in time hit onto a  
Malaysian car. The Malaysian car claims his  
car got no much damage, he decided not to  
report. I'm lodging this report to claim  
my own insurance.

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.:

Personal Particulars

Date of Accident: 4/8/18 Time of Accident: 12.50pm  
Exact Location of Accident: Simei Ave

Owner's Name: Hou Chin NRIC No: S0667888 HP No: 96804401

Driver's Name: " NRIC No: " HP No: "

Date of Birth: 30/7/1947 Driving Licence Passing Date: 7/1/1981 Occupation:  Indoor /  Outdoor

Address: 134 Yishun St 11 #10-167 (760134)

Relationship of Driver with Insured: Owner Email Address: \_\_\_\_\_

Vehicle No: SGV 16754 Make & Model: Nissan

Insurance Co: NTUC Coverage: Comprehensive Policy No: \_\_\_\_\_

\*Purpose of Reporting?  Own Damage Claim /  3rd Party Claim /  Not Claiming, Just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident:  Private Use /  Work

\*Weather Condition?  Clear /  Raining /  Others: \_\_\_\_\_ Wet /  Dry /  Others: \_\_\_\_\_

\* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: 1+2 C: \_\_\_\_\_ D: \_\_\_\_\_  
men

\*Was Anybody Injured? (Yes /  No) If yes,  
Name / NRIC / In Vehicle: \_\_\_\_\_

\*Was The Accident Reported To The Police?  
 No  Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?  
 No  Yes, Vehicle Registration No: \_\_\_\_\_ Insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes /  No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (Yes/ No)

Third Party Driver's Particulars

Vehicle B No: \_\_\_\_\_ Make & Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_



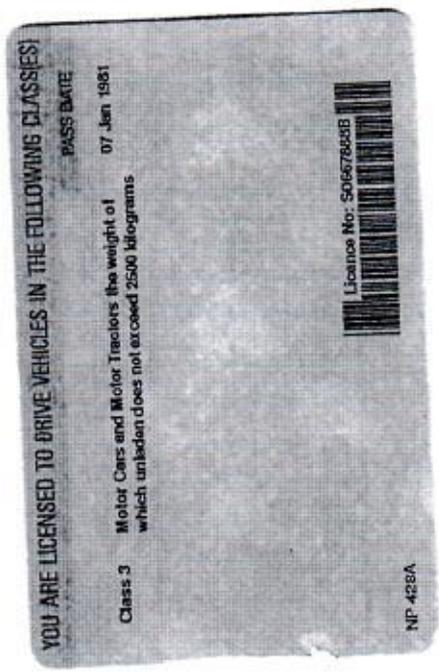
  
**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. S0667888B



Name  
**HOU CHIN**

**何永利**

RACE  
**CHINESE**  
 Date of Birth  
**30-07-1942**    Sex  
**M**  
 Country of Birth  
**PAHANG**



*Blk 134 New Upper Chang Road*  
*A 09-078*  
*Singapore (41057)*

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)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5065880118-04		HOU CHIN	S0667888B	GPC	drive PREMIUM	SGV1675Y	SGV1675Y	06/06/2018	05/06/2019

Continue

▼ Policy Information

Policy No.	5065880118-04	Policyholder Name	HOU CHIN	Policyholder NRIC	S0667888B
Certificate No.					
Address	BLK 134 #10-167 YISHUN STREET 11 SINGAPORE 760134				
Product Name	PRIVATE CAR INSURANCE	Plan			
Group Policy Flag	N				
Policy issue Date	28/05/2018	Effective Date	06/06/2018 00:00	Expiry Date	05/06/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	ONG HUI SENG LIFE & GENERAL	Agent Tel.	68410900	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 57 #09-1348	Address 2	NEW UPPER CHANGI ROAD	Address 3	SINGAPORE 461057
Address 4	Address Type		Singapore address	Post Code	461057
Unit No.	Related Policy Number		5065880118-04		

▶ Insured Object: **SGV1675Y**

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Exit

Accident MT/1005955

Policy No.	5065880118-04	Vehicle No.	SGV1675Y	GST Registration No.	
Certificate No.					
Policyholder Name	HOU CHIN			Policyholder NRIC	S0667888B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	96804461	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<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	No
<b>Accident Details</b>					
Report Date	04/08/2018 16:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	04/08/2018	Time of Accident (hh:mm)	12:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG SIMEI AVE				
<b>Benefits</b>					
Coverage		Sum Insured			
Excess Waiver		99999999.99			
Transport Allowance		99999999.99			
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

<b>Policyholder Mailing Address</b>					
Address 1	BLK 57 #09-1348	Address 2	NEW UPPER CHANGI ROAD	Address 3	SINGAPORE 461057
Address 4		Address Type	Singapore address	Post Code	461057
Unit No.		Related Policy Number	5065880118-04		
<b>OT Driver Info</b>					
Driver Name	HOU CHIN	Driver Type	Main Driver	Driver DOB	30/07/1942
Unnamed driver Name		Driver NRIC	S0667888B	Driving Experience	37
Register Date of Driver License	07/01/1981	Driver Age	76	Contact No.(Home)	0
Contact No.(Mobile)	96804461	Contact No.(Office)	0	Address 1	SINGAPORE 461057
Address 1	BLK 57	Address 2	NEW UPPER CHANGI ROAD	Address 3	SINGAPORE 461057
Address 4		Address Type	Singapore address	Post Code	461057
Unit No.	09-1348				
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-MD	Insured Name	HOU CHIN	Insured NRIC	S0667888B	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	NIL	
Email Address		OT Vehicle Number	SGV1675Y	TP Vehicle Number	UNKNOWN	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claim Description	SGV1675Y / UNKNOWN ON 4 Aug 2018				Name of Preferred Workshop	J-MART AUTO SERVICES
Preferred Workshop Contact No.	96813469	Insured Liability *	Fully at Fault	GJA report	Received	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	04/08/2018 00:00	
Date Registered	04/08/2018 16:49	Claim Close Date				
Report Taken By	Jackson					
<input checked="" type="checkbox"/> Print AK letter					OD Excess Collected by Workshop	

Save Submit

Attachment

Accident No.	MT/1005955	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/08/2018 16:52
Path *		Category *	
	Browse... Clear	Please Select	Confidential
	Browse... Clear	Please Select	Urgency *
			Normal
			Normal
			Description *

<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

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Aug 2018 16:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Aug 2018 16:50	SAS	Normal	SAS 2018-8-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Aug 2018 16:50	SAS	Normal	SAS 2018-8-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Aug 2018 16:50	Photos	Normal	Photos 2018-8-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Aug 2018 16:49	Photos	Normal	Photos 2018-8-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Aug 2018 16:49	Photos	Normal	Photos 2018-8-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Aug 2018 16:49	Photos	Normal	Photos 2018-8-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Aug 2018 16:49	Photos	Normal	Photos 2018-8-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Aug 2018 16:49	Photos	Normal	Photos 2018-8-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Aug 2018 16:49	Photos	Normal	Photos 2018-8-4		<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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