

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 08/08/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18014402/13	SAS e-filing		
Veh No: SDW3820L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/08/18 1745	i-Motor Claim Form	MT/1006397-	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (**N-51**) Tel: Fax:)

TP Particulars:	Veh No: G43317C	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

NA1804938	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	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:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt 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: Idac Mobile 30		
Cat 1:	Invoice dated	Fee Charged	
Cat 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 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	08/08/2018 09:24
Date Of Accident	07/08/2018 17:45
Exact Location Of Accident	AMK AVE 5 TWDS YIO CHU KANG AFT CTE EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDW3820L
Insured/Policyholder	
Name Of Registered Owner	CHIA SER PAN
NRIC No	S1202140B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98163437
Alternative Phone No	OTHERS-98163437
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
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	5096962832
Cover Note Number	
Driver	
Name of Driver	CHIA SER PAN
NRIC No	S1202140B
Date Of Birth	29/10/1956
Occupation	INDOOR
Date Of Driving Pass	04/07/1977
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98163437
Fax Number	
Contact Number	OTHERS-98163437
EEmail Address	NOEMAIL

Address	BLK 322 UBI AVE 1 #12-597
Postcode	400322
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?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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: : UNKNOWN GENDER: : FEMALE

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

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	GY3317C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHIA SER PAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SDW3820L
Were seat belts worn?	YES
Was this 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.
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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:

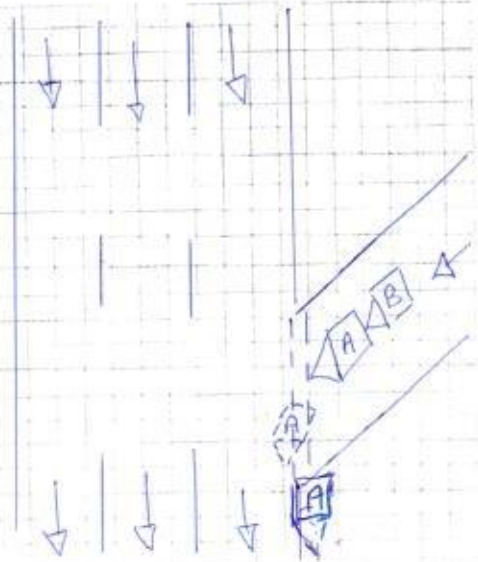

Driver's Signature
(If driver is not the policyholder)
Date & Time:

 08/08/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: SDW3820L

Vehicle B: GY3317C


**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On the stated date & time, I was driving on the stated venue. I stopped my vehicle before the STOP LINE to check out for on-coming vehicle before I proceed out to the main road. When I was about to drive out, suddenly a great impact from the rear portion of my car causes my car to mount up onto the grass patches. I alighted from my car & realized vehicle B GY3317C had hit onto my vehicle SDW3820L

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:

 08/08/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Vehicle No.	SDW 3820L.		Model / Make	Toyota Altis.
Date of Accident	7/8/2018			
Time of Accident	5.46pm		HRS	
Location of Accident	Ang Mo Kio Ave 5 towards Yio Chu Kang after cte Exit			
Exact purpose use during accident	Home.			
Name of Owner	Chia Ser Pan			
Telephone No.	H/P: 98163437		Home:	Office:
NRIC	S12021408.			
Address	Blk 322 UBI Ave 1 #12-597 CSJ 400322.			
Claim type	OD		THIRD PARTY REPORTING ONLY	
Insurance Company	NTUC.			
Type of Coverage	Comprehensive		Third Party	Third Party / Fire / Theft
Policy No.				
Name of Driver	As Above If No,			
NRIC	S12021408		Any Passengers: 1 (Female)	
Date of birth	29/10/1956			
Occupation	Outdoor		Indoor	
Driving License Pass Date	4th July 1977.			
Gender	Male		Female	
Contact No.	H/P: 98163437		Home:	Office:
Address	Blk 322 UBI Ave 1 #12-597 CSJ 400322.			
Driver have any own vehicle	No,		If yes, Reg No.	
Relationship	Employee,		If no, state	
Weather condition	Clear		Raining	Other
Road Surface	Dry		Wet	Other
Any Injuries	No,		If Yes, Who?	
Name And Contact No.				
Name And Contact No.				
Police Report	No,		If Yes, Where?	
Vehicle B No.	GY 3317C		Any Passengers:	
Name of Driver			Contact No.:	
Vehicle C No.			Any Passengers:	
Vehicle D No.			Any Passengers:	
Vehicle E no.			Any Passengers:	
Vehicle F No.			Any Passengers:	
Vehicle G No.			Any Passengers:	
Witness Name			Witness Contact:	
Accident Portion	REAR AND MOUNTED CURBS.			
Camera Recorder	Yes / No			
Email Address				

PARTICULAR WORKSHOP	N51 Automotive Pte Ltd.
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Jon
FAX NO	6741 0510
WORKSHOP Email ADDRESS	Sales@n51.com.sg

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1202140B



Name

CHIA SER PAN

謝世邦

Race
CHINESE

Date of birth
29-10-1956

Sex
M

Country of birth
SINGAPORE

S1202140B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1202140B

Name

CHIA SER PAN

Birth Date: 29 Oct 1956

Issue Date: 09 Jul 2014



5068781

NRIC No. S1202140B



Date of issue
31-05-2012

Address

APT BLK 322 UBI AVENUE 1
#12-597
SINGAPORE 400322

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	20 Dec 1978
Class 2A	Motorcycles between 201 cc and 400 cc	20 Dec 1978
Class 2	Motorcycles > 400 cc	20 Dec 1978
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	04 Jul 1977

NP 428A



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="07/08/2018 17:45"/>
Vehicle No.(For Motor)	<input type="text" value="SDW3820L"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096962832		CHIA SER PAN	S1202140B	GPC	drivo CLASSIC	SDW3820L	SDW3820L	13/02/2018	12/02/2019

Claim Handling

Accident MT/1006397

Policy No.	5096962832	Vehicle No.	SDW3820L	GST Registrat
Certificate No.				
Policyholder Name	CHIA SER PAN			Policyholder f
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	98163437	Contact No.(Office)	0	Contact No.(f
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	08/08/2018 09:53	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/08/2018	Time of Accident hh:mm	17:45	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	AMK AVE S TWDS YIO CHU KANG AFT CTE EXIT			

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen E
Unnamed Driver Excess	0.00	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 322 #12-597	Address 2	UBI AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5096962832	

▼ OI Driver Info

Driver Name	CHIA SER PAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1202140B	Driver DOB
Register Date of Driver License	04/07/1977	Driver Age	61	Driving Exper
Contact No.(Mobile)	98163437	Contact No.(Office)	0	Contact No.(f
Address 1	BLK 322	Address 2	UBI AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#12-597			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insure

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	98163437	Contact No. (Home)	
Email Address	CHIASERP@GMAIL.COM	OI Vehicle Number	
Claim Description	SDW3820L / GY3317C ON 7 Aug 2018		
Preferred Workshop	Yes	Insured Liability	Not at Fault
Workshop Finalisation	Repair Option	Preferred Workshop (refer below)	
Date Registered	08/08/2018 09:56	GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	
		Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1006397	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/08/2018 00:00

Path *		Category *		Confid
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Message Read				

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2018 09:56	NRIC/ Driving License	Normal	NRIC/ D
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2018 09:56	SAS	Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2018 09:56	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2018 09:56	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2018 09:56	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2018 09:55	Photos	Normal	I
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2018 09:55	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2018 09:55	Photos	Normal	I

Video List

Uploaded By/Date	Folder Date	File Name	
		Display in New Window	Scan and uploading