

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MAA48106813

Date In: 17/08/2008 19:35	Job description	Date & Time Completed	Done by
Ref No: NA1805207	SAS e-filing		
Veh No: STK 66285	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/08/2008 23:35	i-Motor Claim Form	17/08/2008 19:57	
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: SH9811A	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

NA1805207	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (N'n INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 2 / 3:			

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	17/08/2018 19:36
Date Of Accident	16/08/2018 23:35
Exact Location Of Accident	GRANGE ROAD TOWARDS ORCHARD BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6428J
Insured/Policyholder	
Name Of Registered Owner	CHUA KIN PING (CAI JINPING)
NRIC No	S7437442E
Email Address	MZMZMIC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94791191
Alternative Phone No	OTHERS-94791191

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5102646485
Cover Note Number	

Driver

Name of Driver	CHUA KIN PING (CAI JINPING)
NRIC No	S7437442E
Date Of Birth	10/10/1974
Occupation	OUTDOOR
Date Of Driving Pass	20/06/1995
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94791191
Fax Number	
Contact Number	OTHERS-94791191
Email Address	MZMZMIC@GMAIL.COM

Address	BLK 154 MEI LING STREET #16-48
Postcode	140154
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	SIDE SWIPE
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?	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: : PASSENGER 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

PLEASE REFER TO SKETCH PLAN

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	SH9811A
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE TIEN SIONG
NRIC/Passport Number	S0226775F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

IMPORTANT NOTICE

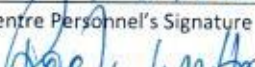
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

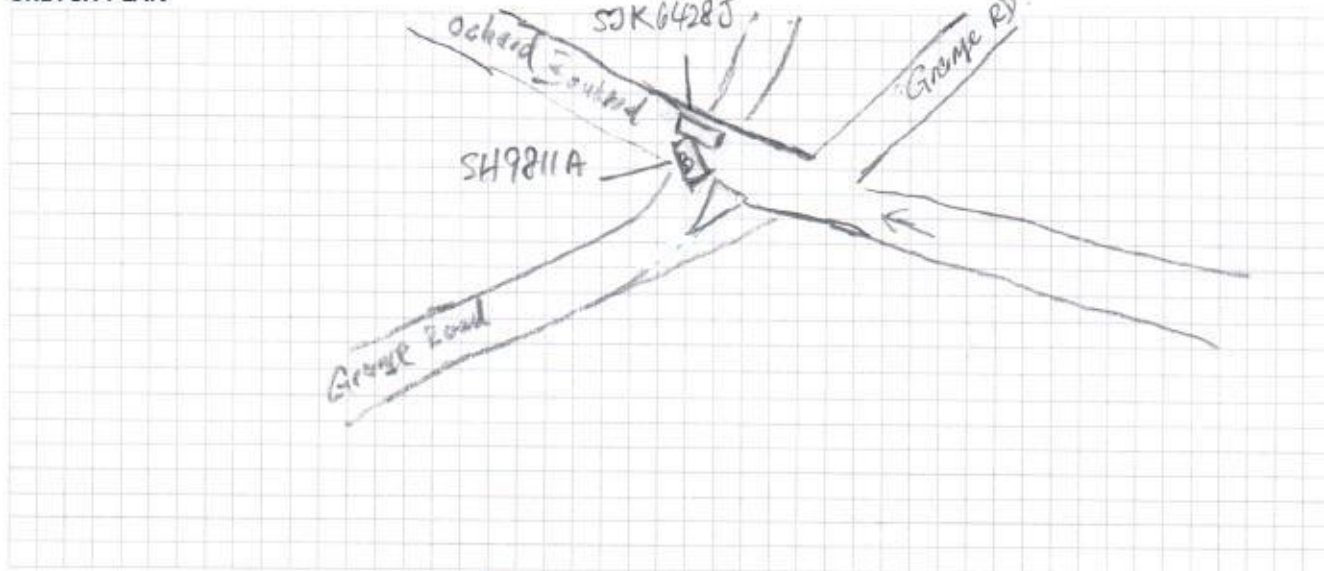
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 17/08/18

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

23:37pm.
On 16 AUG 2018 when, I was travelling from Grange RD.
towards Orchard Boulevard, After GRANGE ROAD. Suddenly from the side Rd.
a. comfort. taxi, Bang into my left side passenger door.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature] 17/08/2018

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 17/08/2018
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MT/1007734













Policy No.	S102646485	Vehicle No.	SJK6428J	GST Registration No.						
Certificate No.										
Policyholder Name	CHUA KIN PING (CAI JINPING)	Cover Type	Third Party	Policyholder NRIC	S7437442E					
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0					
Contact No.(Mobile)	94791193	Special Remark		Contact No.(Home)						
Email Address		TCA	+ No Yes	eCode	No					
KFK	+ No Yes	NCD Entitlement(%)	50	eCode Reason						
NCD Protection	No			Private Hire	No					
▼ Accident Details										
Report Date	17/08/2018 19:49	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe					
Date of Accident	16/08/2018	Time of Accident hh:mm	23:35	Country of Accident	Singapore					
Reporting Centre		Orange Force		ICM No.						
Accident Location	GRANGE ROAD TOWARDS ORCHARD BOULEVARD									
▼ Benefits										
▼ Excess										
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00					
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00							
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00							
▼ GST Registered Information										
GST Registered	No	GST Registration Date		GST Status Verified	Yes					
GST Registration No.										
Modification History										
▼ Policyholder Mailing Address										
Address 1	BLK 154 #16-48	Address 2	MEI LING STREET	Address 3	SINGAPORE 140154					
Address 4		Address Type	Singapore address	Post Code	140154					
Unit No.		Related Policy Number	S102646485							
▼ OI Driver Info										
Driver Name	CHUA KIN PING	Driver Type	Main Driver	Driver DOB	10/10/1974					
Unnamed driver Name		Driver NRIC	S7437442E	Driving Experience	23					
Register Date of Driver License	20/06/1995	Driver Age	43	Contact No.(Home)						
Contact No.(Mobile)	94791193	Contact No.(Office)		Address 3	SINGAPORE 140154					
Address 1	BLK 154 #16-48	Address 2	MEI LING STREET	Address 3	SINGAPORE 140154					
Address 4		Address Type	Singapore address	Post Code	140154					
Unit No.										
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SJK6428J	Driver Insurer Company	NTUC					
Declaration										
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes + No							
Modification History										

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHUA KIN PING (CAI JINPING)	Insured NRIC	S7437442E
Contact No.(Mobile)	81781508	Contact No. (Home)	NIL	Contact No. (Office)	NIL
Email Address		OI	SJK6428J	TP	SH981
Claim Description	SJK6428J / SH9811A ON 16 Aug 2018				
Preferred Workshop		Insured Liability	Not at Fault		
Finalise No.	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	17/08/2018 19:55
Report Taken By:				Date Received	17/08/2018
Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1007734	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	17/08/2018 19:57
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			
▼ Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2018 19:57		Photos	Normal
Description			
Photos 2018-8-17			

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2018 19:57	Photos	Normal	Photos 2018-8-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2018 19:57	Photos	Normal	Photos 2018-8-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2018 19:57	Photos	Normal	Photos 2018-8-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2018 19:57	Photos	Normal	Photos 2018-8-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2018 19:56	Photos	Normal	Photos 2018-8-17
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2018 19:56	Photos	Normal	Photos 2018-8-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2018 19:56	Photos	Normal	Photos 2018-8-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2018 19:56	Photos	Normal	Photos 2018-8-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2018 19:56	SAS	Normal	SAS 2018-8-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2018 19:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-17
Video List				
Uploaded By/Date	Folder Date	File Name		Source
		Display in New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 16/08/2018 (DD/MM/YYYY), TIME: 23:37 (HH:MM)

LOCATION: Grange Rd Towards Orchard Boulevard

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJK 6428 J
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: S102646485
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA ALTIS 1.6
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
 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: CHUA KIN PING (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: S74374421E CONTACT: 94791181
 C) ADDRESS: 31K 154 Mt Lily St

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS Above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 10/10/1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20 Jun 1995

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: SH9811A MODEL: Hundaye
 b) DRIVER'S NAME: LEE TIEN SIONG
 c) NRIC/FIN/PASSPORT: S0226775 F CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = mzmzmie@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7437442E



Name

CHUA KIN PING
(CAI JINPING)

蔡锦平

Race

CHINESE

Date of birth

10-10-1974

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



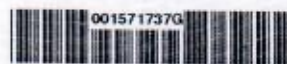
Licence Number S7437442E

Name

CHUA KIN PING
(CAI JINPING)

Birth Date: 10 Oct 1974

Issue Date: 15 Feb 2008



001571737G



4183412

NRIC No. S7437442E



Date of issue

15-02-2008

APT BLK 154 MEI LING STREET #16-48
SINGAPORE 140154

NRIC No: S7437442E

Date: 29/12/2015

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

PASS DATE

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg

20 Jan 1995

Class 4 Heavy motor cars and motor tractors $>$ 2500 kg

31 Jan 2012

S7437442E

S / No. 9000155399

NP 428A



Licence No: S7437442E

Hello, NAC_BUKIT_MERAH_800676

[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="16/08/2018 14:20"/>							
Vehicle No.(For Motor)	<input type="text" value="SJK6428J"/>	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"/>	5102646485		CHUA KIN PING (CAI JINPING)	S7437442E	GPC	Third Party	SJK6428J	SJK6428J	25/07/2018	24/07/2019
<input type="button" value="Continue"/>										

17882 mld