

NATIONAL Assessment Centre Services

[Ref: 1 Jan 09]

MMA 118122063

Date In: 20/1/18 14:01	Job description	Date & Time Completed	Done by
Ref No: NA/INC18017123/44	SAS e-filing		
Veh No: SLQ 5362R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/1/18 08:30	i-Motor Claim Form	MT/1012354-001	20/1/18 09:14
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLQ 3528T	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

<p>MA1805974</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Ref 1:</p> <p>Ref 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR : Accident Reporting (\$30);</p> <p>2) DA : Damage Assessment (\$100); INC (\$80)</p> <p>3) TF : Towing Fee \$40/\$45</p> <p>4) FT : Follow-Through Survey \$120</p> <p>5) FT : Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR : Re-inspection \$75</p> <p>7) N1 : Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>OD*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11) : TP (N'n INC) against INC \$20</p> <p>9) N12: Idac Mobile \$0</p> <p>Invoice dated Fee Charged</p> <p>Invoice dated Fee Charged</p>	<p>Am't (\$)</p> <p>in Bill</p> <p>30.00</p> <p>Am't (\$)</p> <p>Add Bill</p>
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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	20/09/2018 14:01
Date Of Accident	20/09/2018 08:30
Exact Location Of Accident	BT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ5362R
Insured/Policyholder	
Name Of Registered Owner	KERK KIM CHEW
NRIC No	S7025770Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96366595
Alternative Phone No	OFFICE-96366595

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA 1.5G CVT ABS D/AIRBAG 2WD 5DR
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	5092466848-01
Cover Note Number	-

Driver

Name of Driver	TAN LI MEI (CHEN LIMEI)
NRIC No	S7727087F
Date Of Birth	26/09/1977
Occupation	INDOOR
Date Of Driving Pass	16/03/1998
Driving Experience	20 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96366595
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 172 BEDOK SOUTH RD #07-419
Postcode	460172
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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

PLEASE REFER TO 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	SLQ3528T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ARUMUGAM SELVAKUMAR
NRIC/Passport Number	S1285613Z
Contact Number	98506850
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:



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



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

SKETCH PLAN



DOA: 20/9/18
 A: SLQ 5362 R
 B: SLQ 3528 T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Bt Timah Rd, suddenly veh
 B cut into my lane & collided onto my veh
 LH portion

DECLARATION

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

Tan Liner

Policyholder's Signature
 Date & Time:

Tan Liner

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

[Signature]

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

Personal Particulars

Date of Accident: 20/9/18 Time of Accident: 8:30 am
Exact Location of Accident: Bt Timah Rd
Owner's Name: Kerk Kim Chew NRIC No: S70257702 HP No: _____
Driver's Name: Tan Li Mei NRIC No: S7727087 HP No: 96366595
Date of Birth: 26/9/1977 Driving Licence Passing Date: _____ Occupation: Indoor / Outdoor
Address: 172 Bedok South Rd #07-49 (460172)
Relationship of Driver with Insured: Spouse Email Address: _____
Vehicle No: SLG 5362 R Make & Model: Toyota
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: _____

*Was Anybody Injured? (Yes / ☒ No) If yes, girl

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: SLQ 3528T Make & Model: _____
Driver's Name: Arumugam Selvakumar NRIC No: S12856132 HP No: 98506850
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. S7727087F



Name

TAN LI MEI
(CHEN LIMEI)

陈丽美

Race

CHINESE

Date of birth

26-09-1977

Sex

F

Country of birth

SINGAPORE



4112304



NRIC No: S7727087F



Date of issue

09-10-2007

APT BLK 172 BEDOK SOUTH ROAD #07-419
SINGAPORE 460172

NRIC No: S7727087F

Date: 11/02/2015

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S 7727087 F**

Name:

**TAN LI MEI
(CHEN LIM EI)**

Birth Date: **26 Sep 1977**

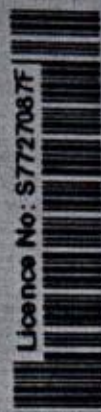
Issue Date: **12 Mar 2003**



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

PASS DATE

Class 3 **Motor Cars and Motor Tractors the weight of** **16 Mar 1998**
which unladen does not exceed 2500 kilograms



License No: S7727087F

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="20/09/2018 13:56"/>
Vehicle No.(For Motor)	<input type="text" value="SLQ5362R"/>	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"/>	5092466848-01		KERK KIM CHEW	S7025770Z	GPC	drivo CLASSIC	SLQ5362R	SLQ5362R	13/07/2018	12/07/2019

Claim Handling

Accident MT/1012354

Policy No.	5092466848-01	Vehicle No.	SLQ5362R	GST Registration No.	
Certificate No.					
Policyholder Name	KERK KIM CHEW			Policyholder NRIC	57025
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96366595	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	50	Private Hire	No

▼ Accident Details

Report Date	21/09/2018 09:07	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	20/09/2018	Time of Accident hh:mm	08:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	BT TIMAH RD				

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 172 #07-419	Address 2	BEDOK SOUTH ROAD	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	46017
Unit No.		Related Policy Number	5092466848-01		

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN LI MEI (CHEN LIMEI)	Driver NRIC	S7727087F	Driver DOB	26/09/
Register Date of Driver License	16/03/1998	Driver Age	40	Driving Experience	20
Contact No.(Mobile)	96366595	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 172 #07-419	Address 2	BEDOK SOUTH ROAD	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	46017
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	KERK KIM CHEW
Contact No.(Mobile)	98352290	Contact No. (Home)	
Email Address	lckkerk@gmail.com	O1 Vehicle Number	SLQ5362R
Claim Description	SLQ5362R / SLQ3528T ON 20 Sept 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	21/09/2018 09:12
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1012354	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

21/09/2018 09:14

Path *

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

Choose File No file chosen

Message Read

Category *	Confidential	Urgency *
Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO
Clear	Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2018 09:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2018 09:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2018 09:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2018 09:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2018 09:13	SAS	Normal	SAS 2018-9-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2018 09:13	Photos	Normal	Photos 2018-9-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2018 09:13	Photos	Normal	Photos 2018-9-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2018 09:13	Photos	Normal	Photos 2018-9-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2018 09:13	Photos	Normal	Photos 2018-9-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2018 09:12	Photos	Normal	Photos 2018-9-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2018 09:12	Photos	Normal	Photos 2018-9-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2018 09:12	Photos	Normal	Photos 2018-9-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2018 09:12	Photos	Normal	Photos 2018-9-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2018 09:12	Photos	Normal	Photos 2018-9-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2018 09:12	Photos	Normal	Photos 2018-9-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2018 09:12	Photos	Normal	Photos 2018-9-21

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading