

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

11/11/18/125201

Date In: 21/09/2018 09:07	Job description	Date & Time Completed	Done by
Ref No: N80120018017565/4	SAS e-filing		
Veh No: SLX 3231L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/09/2018 07:00	i-Motor Claim Form	11/10/18 09:00	21/09/2018
OD / TP: <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		10:53
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: 3DY 757BA

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)

Remarks:-	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

11/11/18/125201

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

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) RT: 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*		
*N3: 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 \$30		

Invoice date/

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	27/09/2018 09:07
Date Of Accident	27/09/2018 07:00
Exact Location Of Accident	ALONG EMPRESS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX3231L
Insured/Policyholder	
Name Of Registered Owner	CHAY WAI YEW
NRIC No	S6934604I
Email Address	WYCHAY69@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96959647
Alternative Phone No	OTHERS-96959647

Vehicle Particulars

Manufacturer	KIA
Model	SPORTAGE-2.0 ABS (A)
Exact Purpose for which vehicle was being used at time of accident	SENDING KID TO SCHOOL
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102058672
Cover Note Number	

Driver

Name of Driver	CHAY WAI YEW
NRIC No	S6934604I
Date Of Birth	27/08/1969
Occupation	INDOOR
Date Of Driving Pass	12/12/1989
Driving Experience	28 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96959647
Fax Number	
Contact Number	OTHERS-96959647
Email Address	WYCHAY69@GMAIL.COM

Address	BLK 121 KIM TIAN PLACE #27-14
Postcode	160121
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)	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 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	SDY7578A
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TANG KEEN YEEN
NRIC/Passport Number	S1297658E
Contact Number	91511597
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.
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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:


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

FARLER ROAD

traffic lights

EXPRESS ROAD

FORELIFT TRUCK

CAR B

CAR A

WILLOW BOX

QUEEN'S ROAD

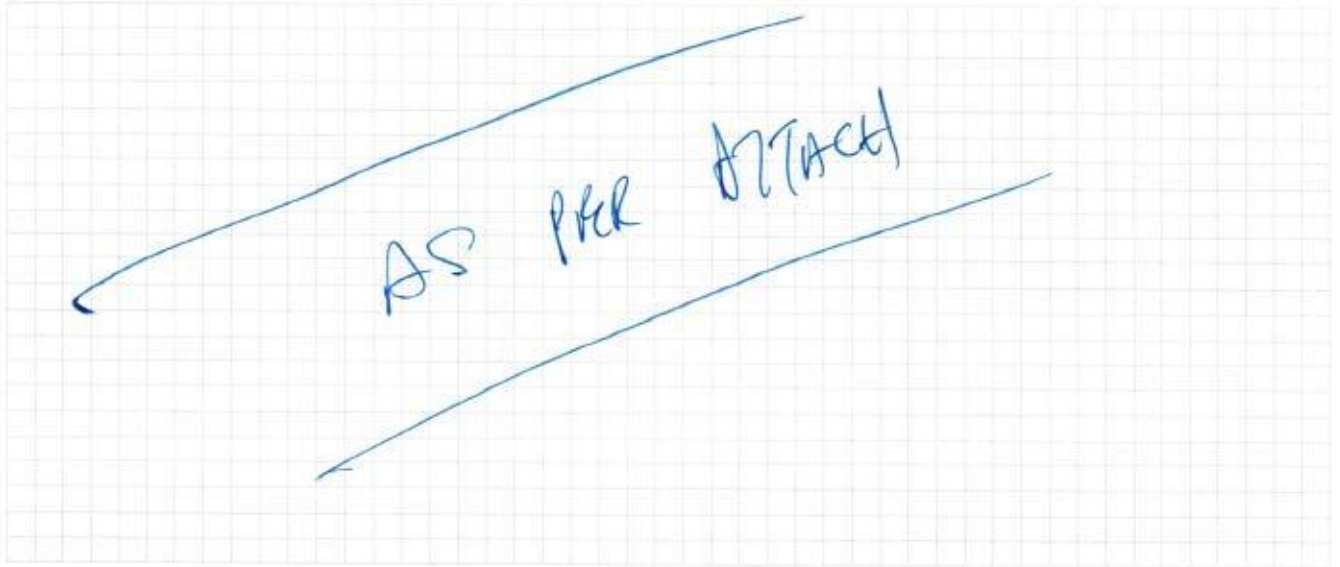
A) SLX 323/L

B) SDY 7578A

27/09/2018
Res. WATERS

[Handwritten signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS moving out from Queen's Road to Empress Road 2nd Lane in the yellow box. AS the traffic lights turn green - the cars on my right ~~str~~ started to come close ~~I~~ when I looked. My car moved and hit the other car bumper on my side (left side) door location.

DECLARATION

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


Policyholder's Signature
Date & Time: 27/9/18

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


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

Claim Handling

Accident MT/1013209

Policy No.	5102058672	Vehicle No.	SLX3231L	GST Registration No.	
Certificate No.					
Policyholder Name	CHAY WAI YEW	Cover Type	drive CLASSIC	Policyholder NRIC	S6934604I
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96959647	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
KPK	= No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	27/09/2018 10:14	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/09/2018	Time of Accident hh:mm	07:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG EMPRESS ROAD				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 121 #27-74	Address 2	KIM TIAN PLACE	Address 3	SINGAPORE 160121
Address 4		Address Type	Singapore address	Post Code	160121
Unit No.		Related Policy Number	5102058672		
01 Driver Info					
Driver Name	CHAY WAI YEW	Driver Type	Main Driver	Driver DOB	27/08/1969
Unnamed driver Name		Driver NRIC	S6934604I	Driving Experience	28
Register Date of Driver License	12/12/1989	Driver Age	49	Contact No.(Home)	
Contact No.(Mobile)	96959647	Contact No.(Office)		Address 3	SINGAPORE 160121
Address 1	BLK 121 #27-74	Address 2	KIM TIAN PLACE	Post Code	160121
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SLX3231L	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001

New

Claim Type *	OO-MX	Insured Name	CHAY WAI YEW	Insured NRIC	S6934604I
Contact No.(Mobile)		Contact No. (Home)	64712838	Contact No. (Office)	68954604I
Email Address		GT Vehicle Number	SLX3231L	TP Vehicle Number	SDY75
Claim Description	SLX3231L / SDY7578A ON 27 Sept 2018				
Preferred Workshop		Insured Liability	Fully at Fault		
Repair Option	Yes	Preferred Workshop, Name unknown		GIA report	Received
Date Registered				Claim Close Date	27/09/2018 10:52
Report Taken By				Date Received	27/09/2018
Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.	MT/1013209	Claim No.	001
Last Doc. Received	Yes No	Upload Date	27/09/2018 10:53
Path *		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 27 Sep 2018 10:53		Photos	Normal
Description			
Photos 2018-9-27			

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 10:53	Photos	Normal	Photos 2018-9-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 10:53	Photos	Normal	Photos 2018-9-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 10:53	Photos	Normal	Photos 2018-9-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 10:52	Photos	Normal	Photos 2018-9-27
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 10:52	Photos	Normal	Photos 2018-9-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 10:52	Photos	Normal	Photos 2018-9-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 10:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 10:52	SAS	Normal	SAS 2018-9-27

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (27/09/2018) (DD/MM/YYYY), TIME: (07:00) (HH:MM)

LOCATION: EMPRESS ROAD.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLX 3231 L
b) INSURANCE COMPANY: NUC INCOME
c) POLICY NUMBER: 5102058672
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: KIA / SPORTAGE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: SENDING ID TO SCHOOL
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: CHAY WAH YEE YEW (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 569346047 CONTACT: 96959647
c) ADDRESS: BLK 121, KIM TAN PLACE, #27-74, S(160121)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (27/08/1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASSPORT: 12 DEC 1989

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: SDY 7578A MODEL: TOYOTA VIUS
b) DRIVER'S NAME: TANG KEEN YEEN
c) NRIC/FIN/PASSPORT: S1297658E CONTACT: 91511597

9. THIRD PARTY VEHICLE

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

EMAIL = wy chay 69@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6934604I



Name
CHAY WAI YEW

Race
CHINESE

Date of Birth
27-08-1969

Country of Birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S6934604I**
Name: **CHAY WAI YEW**

Birth Date: **27 Aug 1969**
Issue Date: **29 Nov 2003**



001023913K



0206928



NRIC No. **S6934604I**

Blood Group: **A+** Date of issue: **17-12-1991**


Address
**APT BLK 121 KIM TIAN PLACE #27-74
SINGAPORE 160121**

NRIC No: **S6934604I** Date: **12-08-2000** No: **3703500**

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

PASS DATE

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms** **12 Dec 1989**



Licence No: S6934604I

NP 428A

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="27/09/2018 09:06"/>
Vehicle No.(For Motor)	<input type="text" value="SLX3231L"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102058672		CHAY WAI YEW	S69346041	GPC	drive CLASSIC	SLX3231L	SLX3231L	10/07/2018	09/07/2019