

NATIONAL Assessment Centre Services

Ref: Jan 2015

29/09/2015

Date In: 29/09/2015 16:48
 Ref No: NA/INC/801770617
 Veh No: FZ 38982
 D.O.A: 28/09/2015 ad.rr
 OD: TP Reporting Only

Job description: SAS e-filing
 Date & Time Completed: m/10/30/0001
 Done by: 29/09/2015 17:07
 E-mail (w/ thin 8hrs; AIC 2hrs):
 i-Motor Claim Form
 i-Motor W/O (Within: OD 2hrs; TP 4hrs)
 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: SC286E

INC () / Non-INC ()

Tel:

Owner / Driver: (

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)

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:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cal 1:

Cal 2/3:

Invoice Preparation Checklist

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TP: 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:-

OR*

- *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 30

Invoice dated

Invoice dated

Fee Charged

Fee Charged

Amt (\$) 1st Bill

Amt (\$) Add Bill

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 29/09/2018 16:48
 Date Of Accident 28/09/2018 08:55
 Exact Location Of Accident TAMPINES AVE 2 SLIP ROAD TOWARDS TAMPINES AVE 5
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FZ3898Z
Insured/Policyholder
 Name Of Registered Owner CHIA SING SIONG MURPHY
 NRIC No S9042283I
 Email Address MICHELLE_CHIEK@YAHOO.COM.SG
 Mobile Phone No (LOCAL) +65-83330742
 Alternative Phone No OTHERS-83330742

Vehicle Particulars

Manufacturer PIAGGIO
 Model VESPA ET6-125CC
 Exact Purpose for which vehicle was being used at time of accident WORKING PURPOSES
 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 MOTORCYCLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
 Fleet Policy NO
 Policy Number 5042229153-08
 Cover Note Number

Driver

Name of Driver CHIEK CHIN LING
 NRIC No S1723206A
 Date Of Birth 17/11/1965
 Occupation INDOOR
 Date Of Driving Pass 25/03/2004
 Driving Experience 14 YEARS AND 6 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-83330742
 Fax Number
 Contact Number OTHERS-83330742
 Email Address MICHELLE_CHIEK@YAHOO.COM.SG

Address	BLK 287 TAMPINES STREET 22 #10-350
Postcode	520287
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	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	SCZ86E
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM BAO NAN
NRIC/Passport Number	S9143593D
Contact Number	91098128
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:

 28/9/2018
Driver's Signature
(If driver is not the policyholder)
Date & Time: 12:00 pm

 28/9/2018
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I were riding my Bike No. FZ3898Z at the Slip Road of Tampines Ave 2 towards Tampines Ave 5, the Front Car SCZ86E suddenly stop before the zebra crossing and I could not brake on time and hit onto the left Rear of the Car.

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: 12.40 pm

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

9/29/2018

Claim Handling

Accident MT/1013610

Policy No.	5042229153-08	Vehicle No.	FZ3898Z	GST Registration No.
Certificate No.				Policyholder NRIC
Policyholder Name	CHIA SING SIONG MURPHY	Cover Type	Third Party, Fire & Theft	Loading
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Contact No.(Home)
Contact No.(Mobile)	83330742	Special Remark		eCode
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	Private Hire
NCD Protection	No			
Accident Details				
Report Date	29/09/2018 17:02	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/09/2018	Time of Accident hh:mm	08:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TAMPINES AVE 2 SLIP ROAD TOWARDS TAMPINES AVE 5			
Excess				
Own damage Excess	0.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		
Benefits				
GST Registered Information				
GST Registered	No	GST Registration Date		Yes
GST Registration No.		GST Status Verified		
Modification History				
Policyholder Mailing Address				
Address 1	BLK 287, #10-350	Address 2	TAMPINES STREET 22	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5042229153-08	
OI Driver Info				
Driver Name	CHIEK CHIN LING	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S1723206A	Driving Experience
Register Date of Driver License	25/03/2004	Driver Age	52	Contact No.(Home)
Contact No.(Mobile)	83330742	Contact No.(Office)		Address 3
Address 3		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FZ3898Z	Driver Insurer Comp.
Declaration		Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Breathalyser or Blood Test Reading?	0 mg			

Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	Insured Liability	Fully at Fault	GIA report	Received
Product No.	Preferred	Preferred Workshop, Name unknown		
Finalisation	Repair Option			
Date Registered				
Report Taken By				
<input type="button" value="Print AX letter"/>				

OD-MX	Insured Name	CHIA SIN
83330742	Contact No. (Home)	NIL
MURPHYCHIA@GMAIL.COM	DI Vehicle Number	FZ3898Z
FZ3898Z / SCZ86E ON 28 Sept 2018		












29/09/2018 17:06	Claim Close Date
ROS LI WAHAB	

Save Submit

Attachment

Accident No.	MT/1013610	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/09/2018 17:07
Path *		Category *	Confidential
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Sep 2018 17:07	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Sep 2018 17:07	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Sep 2018 17:07	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Sep 2018 17:07	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Sep 2018 17:07	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Sep 2018 17:07	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Sep 2018 17:06	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Sep 2018 17:06	Photos	Normal	Photos 2
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Sep 2018 17:06	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Sep 2018 17:06	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Sep 2018 17:06	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Sep 2018 17:06	SAS	Normal	SAS 20

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 28/05/2018 (DD/MM/YYYY), TIME: 08:55 (HH:MM)

LOCATION: Along Tampines Ave 2 Slip Road into Tampines Ave 5

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F238982
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5042229153-08
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Vespa ET150
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: For Working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Chia Eng Song Murphy (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S90422831 CONTACT: 93330742
C) ADDRESS: Blk 287 Tampines St 22 #10-350
(S520287)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chick Chin Ling (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1723206A CONTACT: 91098128
c) ADDRESS: Blk 287 Tampines St 22 #10-350 (S520287)

*d) DATE OF BIRTH: 17/11/1965 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25/3/2004

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Mother

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Clear)

b) ROAD SURFACE: (DRY / WET / OTHERS Dry)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: NA

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SCZ 86E MODEL: Mercedes benz E200
b) DRIVER'S NAME: SIM BAONAH
c) NRIC/FIN/PASSPORT: S9143593D CONTACT: 91098128

9. THIRD PARTY VEHICLE

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

Email = Michelle_chick@yahoo.com.sg

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1723206A



CHIEK CHIN LING

揭 菊 玲

CHINESE

Date of Birth: 17-11-1965 Sex: F

Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1723206A

CHIEK CHIN LING

Birth Date: 17 Nov 1965

Issue Date: 03 Apr 2004



901183546E



3085611

NRIC No. S1723206A



Health Group: A+ Date of issue: 21-06-1999

BLK 267 TAMPINES STREET 22 #10-350

POPE S20287

S1723206A Date: 09-11-1999 No: 3127591

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

Class 2B Motorcycles not exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

25 Mar 2004
12 Sep 1985

NP 429A



Licence No: S1723206A

Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

28/09/2018 12:25

Vehicle No.(For Motor)

FZ3898Z

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"/>	5042229153-08		CHIA SING SIONG MURPHY	S90422831	GMC	Third Party, Fire & Theft	FZ3898Z	FZ3898Z	28/12/2017	27/12/2018

Continue