

NATIONAL Assessment Centre Services

Part 1 (2009)

MMA 118126980

Done by

Date In 11/10/18 13:59
Ref No MA/INC180177251h4.
Veh No SCG 2005
D.O.A 11/10/18 09:30
OP ☒ Reporting Only

Job description
SAS e-filing
E-mail (within 3hrs, AP: 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

Tel:

Fax:

Preferred Wksp / Hrs: Assign Wksp / HW: (

IP Particulars:

Veh No: 33G 692 Y.

INC () / Non-INC ()

Tel:

Owner / Driver: (

Cover Type: (

Policy No: (

Period: (

Date:

Time:

Confirmed by: (

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)

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:-

2nd L1:

2nd 2/3:

Invoice Preparation Checklist

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) iFT: Follow-Through Survey (Resurvey) \$30
For claiming against INC Only (wef 10 Jan 2005)
6) TR: Re-inspection \$75
7) NI: Idas DA + SMRT Survey \$160
8) NTUC Additional Services:-
QD*
*N5: Courtesy Car / Tpt Allowance \$5
*N6: Repair Co-ordination \$10
*N7: Post Repair Inspection \$25
*N8: DV / Collect Excess Coordination \$5
*N9: TP (N11): TP (Non INC) against INC \$20
9) N12: Idas Mobile \$0
Invoice dated Fee Charged
Invoice dated Fee Charged

And (\$)

In Bill

30.00

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	01/10/2018 13:59
Date Of Accident	01/10/2018 09:30
Exact Location Of Accident	CTE TWDS CITY B4 BALESTIER RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCG200S
Insured/Policyholder	
Name Of Registered Owner	CHRISTOPHER ENG CHEE YANG
NRIC No	S7801402D
Email Address	CHRISTOHER.ENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97325411
Alternative Phone No	OFFICE-97325411

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G A
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	5060842092-05
Cover Note Number	-

Driver

Name of Driver	CHRISTOPHER ENG CHEE YANG
NRIC No	S7801402D
Date Of Birth	30/01/1978
Occupation	INDOOR
Date Of Driving Pass	30/11/1998
Driving Experience	19 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97325411
Fax Number	
Contact Number	OFFICE-97325411
Email Address	CHRISTOHER.ENG@GMAIL.COM

Address	BLK 431A YISHUN AVE 1 #13-511
Postcode	761431
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	CHAIN COLLISION
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	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

I WAS TRAVELLING ALONG CTE TWDS CITY BEFORE BALESTIER RD EXIT ON THE FIRST LANE. WHEN I NOTICED FRONT VEH SLOW DOWN AND STOP. AS SUCH I FOLLOW TO SLOW DOWN AND STOP. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SJG692Y) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION. TOTAL 4 VEH INVOLVED IN THE ACCIDENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE FAIL TO UPLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG692Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO AI LING REGINA
NRIC/Passport Number	S8606125B
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

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:

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

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

SKETCH PLAN

A = SCG 2005
 B = SJG 692Y
 C = Unknown
 D = Unknown

CTE twds City B4 Balestier Rd Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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:

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Christopher Eng Chee Yang

License Number: S7801402D

CHRISTOPHER ENG CHEE YANG
(WENG ZHIYANG)

Birth Date: 30 Jan 1978
Issue Date: 18 Apr 2018

Barcode: 002794309E

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	30 Nov 1998

NP 428A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7801402D



Name

CHRISTOPHER ENG CHEE YANG
(WENG ZHIYANG)



翁志扬

Race

CHINESE

Date of birth

30-01-1978

Country/Place of birth

SINGAPORE

Sex

M





5930425



Barcode No. S7801402D



Postage Meter
18-04-2018

APT BLK 431A YISHUN AVENUE 1
#13-511
SINGAPORE 761431

Hello, NAC_PAYA_UBI_800601

[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

01/10/2018 13:56

Vehicle No.(For Motor)

SCG200S

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5060842092-05		CHRISTOPHER ENG CHEE YANG	S7801402D	GPC	drive CLASSIC	SCG200S	SCG200S	31/07/2018	30/07/2019

Claim Handling

Accident MT/1013775

Policy No.	5060842092-05	Vehicle No.	SCG2005	GST Registration No.	
Certificate No.				Policyholder NRIC	S7801
Policyholder Name	CHRISTOPHER ENG CHEE YANG	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	97325411	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	50	Private Hire	No
NCD Protection	No				
Accident Details					
Report Date	01/10/2018 16:11	Accident Report Within 24 hrs	Yes	Accident Type	Chain (
Date of Accident	01/10/2018	Time of Accident hh:mm	09:30	Country of Accident	Singap-
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS CITY B4 BALESTIER RD EXIT				
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 431A #13-511	Address 2	YISHUN AVENUE 1	Address 3	VISTA
Address 4	SINGAPORE 761431	Address Type	Singapore address	Post Code	76143
Unit No.	#04-615	Related Policy Number	5060842092-05		
O1 Driver Info					
Driver Name	CHRISTOPHER ENG CHEE YANG	Driver Type	Main Driver	Driver DOB	30/01/
Unnamed driver Name		Driver NRIC	S7801402D	Driving Experience	11
Register Date of Driver License	06/12/2006	Driver Age	40	Contact No.(Home)	
Contact No.(Mobile)	97325411	Contact No.(Office)		Address 3	VISTA
Address 1	BLK 431A #13-511	Address 2	YISHUN AVENUE 1	Post Code	76143
Address 4	SINGAPORE 761431	Address Type	Singapore address		
Unit No.	#04-615				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHRISTOPHER ENG CHEE YANG
Contact No.(Mobile)	97325411	Contact No. (Home)	66666666
Email Address		O1 Vehicle Number	SCG2005
Claim Description	SCG2005 / SJG692Y ON 1 Oct 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
Print AK letter		Claim Close Date	
			LIEW SHAN HUI
		Save	Submit

Attachment

Accident No.	MT/1013775	Claim No.	001
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10/1/2018

Claim Handling(accident reporting Claim Task)

Last Doc. Received

Yes

No

Upload Date01/10/2018 16:19

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

Clear

Please Select

NO

Normal

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NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:19	SAS	Normal	SAS 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:19	Photos	Normal	Photos 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:19	Photos	Normal	Photos 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:13	Photos	Normal	Photos 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:13	Photos	Normal	Photos 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:13	Photos	Normal	Photos 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:13	Photos	Normal	Photos 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:13	Photos	Normal	Photos 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 16:13	Photos	Normal	Photos 2018-10-1

Video List

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

https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

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