

# NATIONAL Assessment Centre Services

(Ref: 1 Jan 200)

MYA48139402

Date In: 26/10/2018 18:26	Job description: S&S e-illing	Date & Time Completed: 26/10/2018 18:29	Done by: 18.89
Ref No: N/A/MC/80-19562/1	E-mail (within 3hrs, A/C 3hrs)		
Veh No: SE 6097E	I-Motor Claim Form	MY11017511-001	
D.O.A: 26/10/2018 08:00	I-Motor W/O (within 3hrs, A/C 3hrs)		
OD / TP: Reporting Only	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ( )	Tel: ( )	Fax: ( )
TP Particulars: Yeh No: S&D 1214P	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 bill No: 6788 6616	Date & Time Completed: ( )	Done by: ( )
1) Apply for Transition Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )		

Injury: ( )

Date/Time	Actions

NA1806946

Item/Particulars	Invoice Preparation Charge	Bill	Mod Bill
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TP: Towing Fee	\$40/\$43		
4) FT: Follow-Through Survey	\$120		
5) MT: Follow-Through Survey (Resurvey)	\$30		
Excluded from INC Only (Ref: 10 Jan 200)			
6) TR: Re-inspection	\$15		
7) NI: IDA + SMRT Survey	\$160		
8) NTUC Additional Services			
Q11			
*NI: Courtesy Car / Tpl Allowance	\$5		
*NI: Repair Coordination	\$10		
*NI: Post Repair Inspection	\$12		
*NI: DY / Collect Excess Coordination	\$5		
TE (NI) / TP (Non INC) against INC	\$20		
9) NI: IDA Mobile	\$0		
Invoice total	Free Charged		
Invoice total	Free 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 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. 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	26/10/2018 18:26
Date Of Accident	26/10/2018 08:00
Exact Location Of Accident	NUH MEDICAL CENTRE LEVEL 5 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SE6097E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA CHYE LIAN
NRIC No	S0030624Z
Email Address	CHUALB@SP.EDU.SG
Mobile Phone No	(LOCAL) +65-94745800
Alternative Phone No	OTHERS-94745800
<b>Vehicle Particulars</b>	
Manufacturer	VOLKSWAGEN
Model	BETTLE
Exact Purpose for which vehicle was being used at time of accident	GOING TO NUH FOR MEDICAL APPOINTMENT
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	0081501340-14
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHUA LOW BOON
NRIC No	S1239509D
Date Of Birth	28/04/1957
Occupation	INDOOR
Date Of Driving Pass	26/05/1978
Driving Experience	40 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94745800
Fax Number	
Contact Number	OTHERS-94745800
Email Address	CHUALB@SP.EDU.SG

Address	BLK 522 JURONG WEST STREET 52 #18-227
Postcode	640522
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	SGD1214P
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WU XINMIN
NRIC/Passport Number	S8421069B
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

NUH Medical Centre level 5 car park



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 8am-8.10am, my car SE6097E stopped and was reversing into the carpark slot marked "X" in the diagram above. The reversing was slow, very slow.

Suddenly I heard a soft bang. SGD 1214P and my car had hit each other. My reverse lights were working. What actually happened, according to the driver of SGD 1214P was recorded in his car front camera.

As far as I am concerned, ~~his~~ SGD 1214P didn't keep a safe distance and suddenly appeared when I was reversing my car into the car park.

My car suffered no damages but SGD 1214P car plate (front) was damaged. His lady passenger and a small girl was not injured as the collision was very light. I was also not injured.

Best to see the front camera of SGD 1214P to know what really happened.

## 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.

26/10/18: 4:10 pm

## Claim Handling

Accident MT/1017371

Policy No.	0081501340-14	Vehicle No.	SE6097E	GST Registration No.	
Certificate No.					
Policyholder Name	CHUA CHYE LIAN	Cover Type	Third Party	Policyholder NRIC	500306242
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	94745800	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
<b>Accident Details</b>					
Report Date	26/10/2018 18:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/10/2018	Time of Accident hh:mm	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NUH MEDICAL CENTRE LEVEL 5 CARPARK				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 201 #17-39	Address 2	CLEMENTI AVENUE 6	Address 3	SINGAPORE 120201
Address 4		Address Type	Singapore address	Post Code	120201
Unit No.		Related Policy Number	0081501340-15		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	28/04/1957
Unnamed driver Name	CHUA LOW BOON	Driver NRIC	S12395090	Driving Experience	40
Register Date of Driver License	26/05/1978	Driver Age	61	Contact No.(Home)	
Contact No.(Mobile)	94745800	Contact No.(Office)		Address 3	SINGAPORE 640522
Address 1	BLK 522 #18-227	Address 2	JURONG WEST STREET 52	Post Code	640522
Address 4		Address Type	Foreign address		
Unit No.	18-227				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SE6097E	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001

New

Claim Type *	OO-MX	Insured Name	CHUA CHYE LIAN	Insured NRIC	500306242
Contact No.(Mobile)	81265126	Contact No.(Home)	87761017	Contact No.(Office)	
Email Address	chance@singnet.com.sg	Vehicle Number	SE6097E	TP	SGD12
Claim Description	SE6097E / SGD1214P ON 26 Oct 2018				
Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered	26/10/2018 18:41	Claim Close Date		Date Received	26/10/2018
Report Taken By	RDS/LJ WAHAB				
Print AK letter					
Save Submit					

## Attachment

Accident No.	MT/1017371	Claim No.	001		
Last Doc. Received	* Yes No	Upload Date	26/10/2018 18:49		
Path *					
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Message Read					
<b>Attachment List</b>					
Attachment	Uploaded By/Date	Category	Urgency	Description	M:
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 18:49		SAS	Normal	SAS 2018-10-26	



[illegible]

▼ Video List

Uploaded By/Date	Folder Date	File Name	Source
		<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>	

# ACCIDENT STATEMENT Around

ACCIDENT DATE: 26/10/2018 (DD/MM/YYYY), TIME: 800am (HH:MM)

LOCATION: NUH Medical Centre level 5 car park

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SE6097E  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Volkswagen Beetle  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Going to NUH for medical appointment  
 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 CHYE LIAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Chua Low Boon (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1239509D CONTACT: 94745800  
 c) ADDRESS: B1k 522 JURONG WEST ST 52  
#12-227 Singapore 640522

\* d) DATE OF BIRTH: 28/04/1957 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 26/05/1978

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: BROTHER

## 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: I did not report to police

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGD 1214 P MODEL: TOYOTA  
 b) DRIVER'S NAME: WU XINMIN  
 c) NRIC/FIN/PASSPORT: S8421069B CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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


email = chualb@sp.edu.sg

fax =

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1239509D



Name  
CHUA LOW BOON



蔡理文  
Race  
CHINESE  
Date of Birth  
28-04-1957  
Sex  
M  
Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1239509D



Name  
CHUA LOW BOON

Birth Date 28 Apr 1957  
Issue Date 19 Sep 2012



002105320C

1882940



License No. S1239509D



Serial Group Date of issue  
0+ 24-02-1993

APT B/K 502 JURONG WEST STREET 52 #16-227  
SINGAPORE 640577  
28-02-1993 No. 2175592

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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive 28 May 1976  
of the driver, and other motor vehicles < 2500kg

NP 428A



Hello, NAC\_BUKIT\_MERAH\_800676

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## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="26/10/2018 18:13"/>
Vehicle No.(For Motor)	<input type="text" value="SE6097E"/>	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"/>	0081501340-14		CHUA CHYE LIAN	S0030624Z	GPC	Third Party	SE6097E	SE6097E	01/12/2017	30/11/2018