

NATIONAL Assessment Centre Services.

part 1 Jan 2019

MNA 118150074

Date In: 20/11/18 11:51	Job description	Date & Time Completed	Done by
Ref No: NA1INC18020947 1h4.	SAS e-filing		
Veh No: SKW 94430	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/11/18 19:00	1-Motor Claim Form	MT/1020655-001	21/11/18 09:29
OD: <input checked="" type="radio"/> Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
	1-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:

GY 9998 Y.

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%. 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 repater.

() 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:

WA1807609

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Anditors' Comments:

Ref. 1:

Ref. 2/3:

Invoice Itemization Checklist

Amc (\$)

Amc (\$)

1) AR: Accident Reporting (\$30);

30.00

2) DA: Damage Assessment (\$100); INC (\$30)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (ref 10 Jan 2003)

6) TR: Re-Inspection \$75

7) N1: Idan DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON*

*N5: Courtesy Car / Tpl Allowance \$3

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$3

*N9: TP (N11): TP (Non INC) against INC \$20

9) N12: Idan Mobile \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

AMT/PAID

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	20/11/2018 11:51
Date Of Accident	19/11/2018 19:00
Exact Location Of Accident	YISHUN AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW9443U
Insured/Policyholder	
Name Of Registered Owner	CHAI YOON KHONG
NRIC No	S6906086B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96817799
Alternative Phone No	OFFICE-96817799

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	5085594382-01
Cover Note Number	-

Driver

Name of Driver	CHAI YOON KHONG
NRIC No	S6906086B
Date Of Birth	27/02/1969
Occupation	INDOOR
Date Of Driving Pass	24/07/1991
Driving Experience	27 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96817799
Fax Number	
Contact Number	OFFICE-96817799
Email Address	NOEMAIL

Address	17 CANBERRA DR #02-33
Postcode	768074
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	RAINING
Road Surface	WET

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)	2
Passenger 1	
	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

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	GY9998Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TENG TECK LEE
NRIC/Passport Number	S1788779C
Contact Number	96911425
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBG4683S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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:

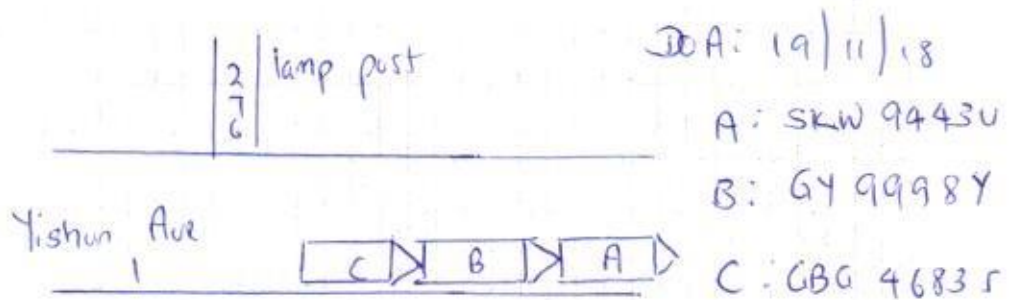


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving back home, suddenly I heard 2 loud bangs & realised my car rear portion being collided by veh B.

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.:

Personal Particulars

Date of Accident: 19/11/18 Time of Accident: 7.00 pm
Exact Location of Accident: Yishun Ave 1
Owner's Name: Chai NRIC No: _____ HP No: _____
Driver's Name: _____ NRIC No: _____ HP No: 96817799
Date of Birth: _____ Driving Licence Passing Date: _____ Occupation: Indoor / Outdoor
Address: _____
Relationship of Driver with Insured: Owner Email Address: _____
Vehicle No: SKW 9443U Make & Model: _____
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 + 1 B: 1 + 0 C: 1 + 0 D: _____
Woman

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

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: G4 9998Y Make & Model: _____
Driver's Name: TENG TECK LEE NRIC No: S1788779C HP No: 96911925
Vehicle C No: GBG 4683S Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6906086B



Name
CHAI YOON KHONG

蔡永康

Race
CHINESE

Date of birth 27-02-1969 Sex M

Country of birth
SINGAPORE



NRIC No. S6906086B



Date of issue
20-06-2007

17 CANBERRA DRIVE #02-33
SINGAPORE 768074

NRIC No: S6906086B Date: 06/11/2015

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



CHAI YOON KHONG

000553296K

27 Feb 1969

10 Jun 2003

S6906086B

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	24 Jul 1991

NP 428A

Licence No: S6906086B

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="19/11/2018 11:01"/>							
Vehicle No. (For Motor)	<input type="text" value="SKW9443U"/>	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"/>	5085594382-01		CHAI YOON KHONG	S6906085B	GPC	drivo PREMIUM	SKW9443U	SKW9443U	23/11/2017	22/11/2018
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1020655

Policy No.	5085594382-01	Vehicle No.	SKW9443U	GST Registration No.	
Certificate No.					
Policyholder Name	CHAI YOON KHONG			Policyholder NRIC	S69061
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	96817799	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	21/11/2018 09:24	Accident Report Within 24 hrs	Yes	Accident Type	Chain (
Date of Accident	19/11/2018	Time of Accident hh:mm	19:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	YISHUN AVE 1				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
Coverage		Sum Insured			
Transport Allowance		99999999.99			
Excess Waiver		99999999.99			
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
Policyholder Mailing Address					
Address 1	17 CANBERRA DRIVE	Address 2	#02-33 1 CANBERRA	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	76807
Unit No.		Related Policy Number	5085594382-02		
O1 Driver Info					
Driver Name	CHAI YOON KHONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S69060868	Driver DOB	27/02/
Register Date of Driver License	01/01/1999	Driver Age	49	Driving Experience	19
Contact No.(Mobile)	96817799	Contact No.(Office)		Contact No.(Home)	
Address 1	17 CANBERRA DRIVE	Address 2	#02-33 1 CANBERRA	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	76807
Unit No.					
Does he own a Singapore Registered car?	No Yes	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	No Yes		
Modification History					
Claim 001 New					
Claim Type *					
Contact No.(Mobile)		Insured Name	CHAI YOON KHONG		
Email Address		Contact No. (Home)	NIL		
Claim Description		OI Vehicle Number	SKW9443U		
Preferred Workshop	0	Insured Liability	Not at Fault		
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered				21/11/2018 09:26	Claim Close Date
Report Taken By				LIEW SHAN HUI	
Print AK letter					
Save Submit					
Attachment					

Accident No.	MT/1020655	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/11/2018 09:28
Path *		Category *	Confidential
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		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:28	SAS	Normal	SAS 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:27	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:27	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:27	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:27	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:27	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:26	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:26	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:26	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:26	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:26	Photos	Normal	Photos 2018-11-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Nov 2018 09:26	Photos	Normal	Photos 2018-11-21

Video List

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