

# NATIONAL Assessment Centre Services.

[ver 1 Jan 03]

MMA 11F153060.

Date In: 26/11/18 15:07	Job description	Date & Time Completed	Done by
Ref No: MMA/INC 18021306144	SAS e-filing		
Veh No: 1 SLA 4513M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 26/11/18 09:20	I-Motor Claim Form	MAT/1021493-001	27/11/18 09:48
OD: (1) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
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: GBE 4997Y	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 repaler.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

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

MA1807765		Invoice/Repairation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$50)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:		For claiming against INC Only (wef 10 Jan 2003)			
Ref 1:		6) TR: Re-inspection \$75			
Ref 2/3:		7) NI: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		ON*			
		*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 (S-on INC) against INC \$20			
		9) N12: Idao Mobile \$0			
		Invoice dated		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 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	26/11/2018 15:07
Date Of Accident	26/11/2018 09:20
Exact Location Of Accident	NO 22 WOODLANDS LINK #04-16 (S) 738734
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA4513M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUNG HOI SIN
NRIC No	S2600406C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98279238
Alternative Phone No	OFFICE-98279238

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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	5077846573-02
Cover Note Number	-

### Driver

Name of Driver	CHUNG HOI SIN
NRIC No	S2600406C
Date Of Birth	11/12/1959
Occupation	INDOOR
Date Of Driving Pass	18/09/1999
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98279238
Fax Number	
Contact Number	OFFICE-98279238
EMail Address	NOEMAIL

Address	BLK 359A ADMITALTY DR #12-212
Postcode	751359
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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	GBE4997Y
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:

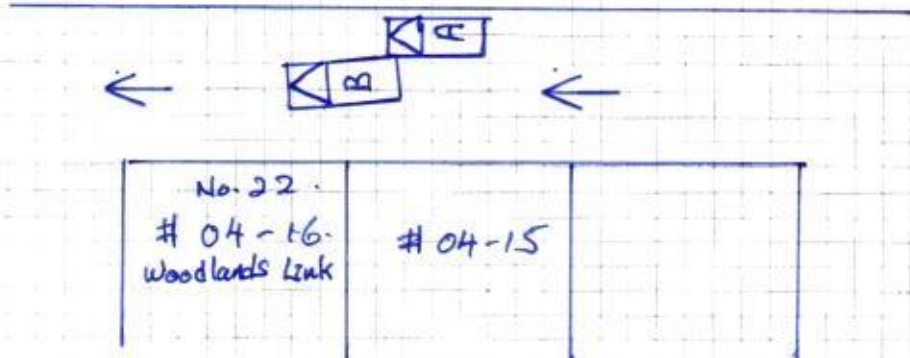


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

(A) SLA 4513 M

(B) GBE 4997 Y.



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/11/18 at @ 0930 hrs, my worker came to my office to inform me that my supplier lorry (GBE 4997 Y) had reversed and collided onto my vehicle (SLA 4513 M) which I parked opposite of my office. I then call the supplier boss and he agreed to report and claim insurance.

## DECLARATION

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

*Sanchez*  
Policyholder's Signature

Date & Time:

*Sanchez*  
Driver's Signature

(If driver is not the policyholder)  
Date & Time:

*[Signature]*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



<b>Vehicle No.</b>	SLA 4513 M	Model / Make	Toyota Harrier
Date of Accident	26 / 11 / 18		
Time of Accident	0920 HRS		
Location of Accident	No. 22 Woodlands Link #04-16 (S) 738734		
Exact purpose use during accident	Private Used		
<b>Name of Owner</b>	Chung Hoi Sin		
Telephone No.	H/P : 9827 9238	Home :	Office :
NRIC	S 2600406 C		
Address	BLK 359A Admiralty Drive #12-212 (S) 751359		
Claim type	OD <u>THIRD PARTY</u>	REPORTING ONLY	
Insurance Company	NTUC		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	5077846573-02		
<b>Name of Driver</b>	<u>As Above</u> If No,		
NRIC		Any Passengers :	N.A.
Date of birth	11 / 12 / 1959		
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	18 / 09 / 1999		
Gender	<u>Male</u> / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state <u>Owner</u>		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	<u>No</u> , If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	<u>No</u> , If Yes, Where?		
<b>Vehicle B No.</b>	GBE 4997Y	Any Passengers :	N.A
Name of Driver		Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E No.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Left Side		
Camera Recorder	Yes / No		
Email Address	Samchung3107@yahoo.com.sg		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		Yes	<u>No</u>
<b>PARTICULAR WORKSHOP</b>	Twinair		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Hui Xin		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales @ n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Chung Hoi Sin

Licence Number: **S2600406C**

Name: **CHUNG HOI SIN**

Birth Date: **11 Dec 1959**

Issue Date: **03 Sep 2003**

Barcode: 000799349K

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S2600406C**

Portrait of Chung Hoi Sin

Name: **CHUNG HOI SIN**

Chinese Name: **莊 惠 森**

Race: **CHINESE**

Date of birth: **11-12-1959**

Sex: **M**

Country of birth: **MALAYSIA**

Barcode: 52600406C

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Sep 1999

NP 428A

Licence No: **S2600406C**

3880049

Barcode

NRIC No. **S2600406C**

Fingerprint

Date of issue: **17-05-2005**

Address: **APT BLK 359A ADMIRALTY DRIVE #12-212 SINGAPORE 751359**

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="26/11/2018 15:06"/>
Vehicle No.(For Motor)	<input type="text" value="SLA4513M"/>	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"/>	5077846573-02		CHUNG HOI SIN	S2600406C	GPC	drivo CLASSIC	SLA4513M	SLA4513M	01/03/2018	28/02/2019



## Claim Handling

Accident MT/1021493

Policy No.	5077846573-02	Vehicle No.	SLA4513M	GST Registration No.	
Certificate No.					
Policyholder Name	CHUNG HOI SIN			Policyholder NRIC	S2600406C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98279238	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	27/11/2018 09:44	Accident Report Within 24 hrs	Yes	Accident Type	Damag
Date of Accident	26/11/2018	Time of Accident hh:mm	09:20	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	NO 22 WOODLANDS LINK #04-16 (S) 738734				

## 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

Coverage	Sum Insured
Accessory	2000

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 359A #12-212	Address 2	ADMIRALTY DRIVE	Address 3	SUN BL
Address 4	SINGAPORE 751359	Address Type	Singapore address	Post Code	751359
Unit No.	12-212	Related Policy Number	5077846573-02		

## Of Driver Info

Driver Name	CHUNG HOI SIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2600406C	Driver DOB	11/12/
Register Date of Driver License	18/09/1999	Driver Age	58	Driving Experience	19
Contact No.(Mobile)	98279238	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 359A #12-212	Address 2	ADMIRALTY DRIVE	Address 3	SUN BL
Address 4	SINGAPORE 751359	Address Type	Singapore address	Post Code	751359
Unit No.	12-212				
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	CHUNG HOI SIN
Contact No.(Mobile)	98279238	Contact No. (Home)	NIL
Email Address		Vehicle Number	SLA4513M
Claim Description	SLA4513M / GBE4997Y ON 26 Nov 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Submit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	27/11/2018 09:47	GIA report	Received
Report Taken By	LIEW SHAN HUI	Claim Close Date	

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1021493	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/11/2018 09:48

Path *	Category *	Confidential	Urgency *
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Clear"/> NO ▼	<input type="button" value="Clear"/> Normal ▼
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Clear"/> NO ▼	<input type="button" value="Clear"/> Normal ▼
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Clear"/> NO ▼	<input type="button" value="Clear"/> Normal ▼
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Clear"/> NO ▼	<input type="button" value="Clear"/> Normal ▼
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Clear"/> NO ▼	<input type="button" value="Clear"/> Normal ▼
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="Clear"/> NO ▼	<input type="button" value="Clear"/> Normal ▼

### Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:48	SAS	Normal	SAS 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:48	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:48	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:48	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:47	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:47	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:47	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:47	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:47	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 09:47	Photos	Normal	Photos 2018-11-27

### Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------