

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005) MINA 118 137059

Date In: 4/12/18-12:36	Job description	Date & Time Completed	Done by
Ref No: NA/INC 8021859/24	SAS e-filing		
Veh No: JLCQ 45720	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 3/12/18-18:30	i-Motor Claim Form	M1/1022578-001	4/12/18 20:11
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: 552195 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% 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) 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

NA1807939

## Invoice Preparation Checklist

Am't (\$) Amt (\$)   
 Init Bill Add Bill

Claimant's Particulars:- 1) AR: Accident Reporting (\$30);

Driver/Owner: 2) DA: Damage Assessment (\$100); INC (\$80)

Contact No: 3) TF: 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 2005)

2at 1: 6) TR: Re-inspection \$75

2at 2/3: 7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

9) N12: Idac Mobile 30

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	04/12/2018 17:36
Date Of Accident	03/12/2018 18:30
Exact Location Of Accident	CIRCUIT RD TWDS CIRCUIT LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ4572U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PG MOTORING
Co Reg No	53213875M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	RENAULT
Model	SCENIC III 1.5 DCI AUTO ABS D/AB S/R 5DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5089747594-01
Cover Note Number	

### Driver

Name of Driver	CHUA KIM CHAI
NRIC No	S0378991H
Date Of Birth	02/03/1948
Occupation	OUTDOOR
Date Of Driving Pass	17/09/1971
Driving Experience	47 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97771943
Fax Number	
Contact Number	OFFICE-97771943
Email Address	NOEMAIL

Address	BLK 34 MARSILING DRIVE #10-377
Postcode	730034
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	
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: : - GENDER: : MALE

#### 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

ON STATED DATE AND TIME, I WAS TURNING LEFT ALONG STATED VENUE. SUDDENLY VEHICLE B WAS TRAVELLING REAR OF MY VEHICLE, OVERTAKING MY VEHICLE. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

#### 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	SJS719S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KEK CHAN SENG
NRIC/Passport Number	S0404399E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1



## 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

Refer to attached sketch plan.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*

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

3-12-018 18:50 pm -



Circuit R8.

STS 719S

SKQ 4572

845

Circuit bank





REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0378991H



CHUA KIM CHAI

蔡金財

CHINESE

02-03-1948 M

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Exchange Number S0378991H

CHUA KIM CHAI

Birth Date 02 Mar 1948

Issue Date 12 Sep 2003

1000822590H

Land Transport Authority

VOCATIONAL LICENCE



Licence No. S0378991H

Name CHUA KIM CHAI

Issue Date 19/4/2005

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

2261389




NRIC No. S0378991H

APR 19 2005

APT BLK 34 MARSILING DRIVE #10-377  
SINGAPORE 730034

NRIC No. S0378991H Date: 17-06-2003 No: 4689030

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES


Class	Description	Issue Date
Class 2B	Motorcycles not exceeding 200 cc	26 Sep 1960
Class 2A	Motorcycles between 201 cc and 400 cc	26 Sep 1960
Class 2	Motorcycles exceeding 400 cc	26 Sep 1960
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Sep 1971

NP 426A

Licence No: S0378991H

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	14/03/1986





eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.  Date of Accident: 03/12/2018 18:30  
Vehicle No. (For Motor): SKQ4572U 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"/>	5089747594-01		PG MOTORING	53213875M	GFT	drivo CLASSIC	SKQ4572U	SKQ4572U	05/04/2018	

Continue

## Policy Information

Policy No.	5089747594-01	Policyholder Name	PG MOTORING	Policyholder NRIC	53213875M
Certificate No.					
Address	200 JALAN SULTAN #02-38 TEXTILE CENTRE SINGAPORE 199018				
Product Name	FLEET INSURANCE	Plan			
Policy issue Date	03/04/2018	Effective Date	05/04/2018 00:00	Expiry Date	04/04/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00	Young/Inexperience Driver Excess	
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	200 JALAN SULTAN	Address 2	#02-38 TEXTILE CENTRE	Address 3	SINGAPORE 199018
Address 4		Address Type	Singapore address	Post Code	199018
Unit No.	02-38	Related Policy Number	5097888808-01		

## Insured Object: SKQ4572U

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	17/05/2018 00:00	Basic Information Endorsement	000001286818333	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SCH8885H 16-05-2018 \$1,250.16 In view of this amendment, an additional premium of \$1,250.16(inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>

Continue

Cancel



## Claim Handling

Accident MT/1022578

EXIT

Policy No.	5089747594-01	Vehicle No.	SKQ4572U	GST Registration No.	
Certificate No.					
Policyholder Name	PG MOTORING			Policyholder NRIC	53213875M
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	0	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

**Accident Details**

Report Date	04/12/2018 20:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	03/12/2018	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CIRCUIT RD TWDS CIRCUIT LINK				

**Excess**

Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

**Benefits**

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	200 JALAN SULTAN	Address 2	#02-38 TEXTILE CENTRE	Address 3	SINGAPORE 199018
Address 4		Address Type	Singapore address	Post Code	199018
Unit No.	02-38	Related Policy Number	5097588808-01		

**DI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/03/1948
Unnamed driver Name	CHUA KIM CHAI	Driver NRIC	S0378991H	Driving Experience	47
Register Date of Driver License	17/09/1971	Driver Age	70	Contact No. (Home)	0
Contact No. (Mobile)	97771943	Contact No. (Office)	0	Address 1	SINGAPORE 730034
Address 1	BLK 24	Address 2	MARSILING DRIVE	Address 3	
Address 4		Address Type	Singapore address	Post Code	730034
Unit No.	10-377				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification history

Claim 001 New

Claim Type *	OD-Mx	Insured Name	PG MOTORING	Insured NRIC	53213875M
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		DI Vehicle Number	SKQ4572U	TP Vehicle Number	S357195
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKQ4572U / S357195 ON 3 Dec 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/12/2018 20:11	Claim Close Date		Date Received	04/12/2018 00:00
Report Taken By	Jackson				

Save Submit

## Attachment

Accident No.	MT/1022578	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/12/2018 20:13

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="Please Select"/>	<input type="button" value="Please Select"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="Please Select"/>	<input type="button" value="Please Select"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="Please Select"/>	<input type="button" value="Please Select"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="Please Select"/>	<input type="button" value="Please Select"/>

Browse...













Browse...

Clear
Please Select
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Normal

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Normal

☐ Send Message Upload

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Mug Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 04 Dec 2018 20:13	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 04 Dec 2018 20:13	SAS	Normal	SAS 2018-12-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 04 Dec 2018 20:12	Photos	Normal	Photos 2018-12-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 04 Dec 2018 20:12	Photos	Normal	Photos 2018-12-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 04 Dec 2018 20:12	Photos	Normal	Photos 2018-12-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 04 Dec 2018 20:12	Photos	Normal	Photos 2018-12-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 04 Dec 2018 20:12	Photos	Normal	Photos 2018-12-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 04 Dec 2018 20:12	Photos	Normal	Photos 2018-12-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 04 Dec 2018 20:12	Photos	Normal	Photos 2018-12-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 04 Dec 2018 20:12	Photos	Normal	Photos 2018-12-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 04 Dec 2018 20:12	Photos	Normal	Photos 2018-12-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 04 Dec 2018 20:12	Photos	Normal	Photos 2018-12-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 04 Dec 2018 20:12	Photos	Normal	Photos 2018-12-4		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 04 Dec 2018 20:12	Photos	Normal	Photos 2018-12-4		<a href="#">Edit</a>

**Video List**

Uploaded By/Date	Folder Date	File Name	Source	Action
<span style="border: 1px solid #ccc; padding: 2px 10px;">Display in New Window</span> <span style="border: 1px solid #ccc; padding: 2px 10px;">Scan and uploading</span>				