

NATIONAL Assessment Centre Services (wef 1 Jan 2015) **MINA118164305**

Date In: 21/12/18 - 10:30	Job description	Date & Time Completed	Done by
Ref No: NA/INC18022895/24	SAS e-filing		
Veh No: JF6299R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/12/18 - 17:45	i-Motor Claim Form	MT/1024229-01	21/12/18 11:59
OD <b>(TP)</b> 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: Vch No: **SW91004** 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

NA 1808436	Invoice Preparation Checklist		Amt (\$) <small>Est Bill</small>	Amt (\$) <small>Add Bill</small>
	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)			
Pat 1:	6) TR : Re-inspection \$75			
Pat 2/3:	7) NI : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OJ*			
	*N5: Courtesy Car / Tpt Allowance \$3			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$3			
	TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idac 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 willful 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	21/12/2018 10:32
Date Of Accident	20/12/2018 17:45
Exact Location Of Accident	SLIP RD TPE (PIE) TWDS PUNGGOL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF6299R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEN CHEN
NRIC No	S8680946Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91006191
Alternative Phone No	OFFICE-91006191

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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	5098537097
Cover Note Number	

### Driver

Name of Driver	CHEN CHEN
NRIC No	S8680946Z
Date Of Birth	18/09/1986
Occupation	OUTDOOR
Date Of Driving Pass	04/10/2011
Driving Experience	7 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91006191
Fax Number	
Contact Number	OFFICE-91006191
EMail Address	NOEMAIL

Address 5 SENGKANG EAST AVENUE  
#14-17 RIVERSOUND RESIDENCE

Postcode 544740

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 COLLISION - HEAD TO REAR

Weather Conditions RAINING

Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 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: : 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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED BEFORE THE STOPPING LINE AS TO CHECK INCOMING VEHICLES BEFORE I CAN MERGED ONTO MAIN RD. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR 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 SLW9100Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LEOW LAI SENG

NRIC/Passport Number S1491351C

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.:



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S8680946Z**  
 Name **CHEN CHEN**

Birth Date **18 Sep 1986**  
 Issue Date **07 May 2013**

002178319J




**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S8680946Z**

Name  
**CHEN CHEN**

**陈晨**

Race  
**CHINESE**

Date of birth **18-09-1986** Sex **F**

Country of birth  
**CHINA**





**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)**

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) <= 3600kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg	04 Oct 2011

NP 428A

Licence No: S8680946Z



9192089

**S8680946Z**

NRIC No. **S8680946Z**

Nationality  
**CHINESE**

Date of issue  
**26-02-2013**

**5 SENGKANG EAST AVENUE #14-17**  
**RIVERSOUND RESIDENCE SINGAPORE 544740**

NRIC No: **S8680946Z** Date: **12/10/2015**




Hello, NAC\_PAYA\_UBI\_800601

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[Notice of Loss](#)

**Policy Query**

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="20/12/2018 17:45"/>
Vehicle No. (For Motor)	<input type="text" value="SJF6299R"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098537097		CHEN CHEN	S8680946Z	GPC	drivo CLASSIC	SJF6299R	SJF6299R	06/03/2018	04/06/2019

Policy Information

Policy No.	5098537097	Policyholder Name	CHEN CHEN	Policyholder NRIC	S8680946Z
Certificate No.					
Address	5 SENGKANG EAST AVENUE #14-17 RIVERSOUND RESIDENCE SINGAPORE 544740				
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N		
Policy Issue Date	05/03/2018	Effective Date	06/03/2018 00:00	Expiry Date	04/06/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	ZEAL INSURANCE AGENCY	Agent Tel.	66848884	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	51 BUKIT BATOK CRESCENT	Address 2	#01-12 UNITY CENTRE	Address 3	SINGAPORE 658077
Address 4		Address Type	Singapore address	Post Code	658077
Unit No.	01-12	Related Policy Number	5098537097		

Insured Object: SJF6299R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	30/11/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 06 Mar 2018 TO 04 Jun 2019 In view of this amendment, an additional premium of \$267.82 (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, credit card or NETS.</p>

Continue Cancel

Claim Handling

EXIT

Accident MT/1024729

Policy No.	5098537097	Vehicle No.	SJF6299R	GST Registration No.	
Certificate No.					
Policyholder Name	CHEN CHEN	Cover Type	drive CLASSIC	Policyholder NRIC	58680946Z
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	91006191	Special Remark		Contact No. (Home)	0
Email Address		TGA	<input checked="" type="radio"/> No <input type="radio"/> Yes	sCode	
KFR	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	21/12/2018 11:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	20/12/2018	Time of Accident hh:mm	17:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD TPE (PIE) TWDS PUNGGOL RD				
<b>Excess</b>					
Own damage Excess	500.00	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		
<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	51 BUKIT BATAK CRESCENT	Address 2	#01-12 UNITY CENTRE	Address 3	SINGAPORE 658077
Address 4		Address Type	Singapore address	Post Code	658077
Unit No.	01-12	Related Policy Number	5098537097		
<b>OI Driver Info</b>					
Driver Name	CHEN CHEN	Driver Type	Main Driver	Driver DOB	18/09/1986
Unnamed driver Name		Driver NRIC	58680946Z	Driving Experience	7
Register Date of Driver License	04/10/2011	Driver Age	32	Contact No. (Home)	0
Contact No. (Mobile)	91006191	Contact No. (Office)	0	Address 3	SINGAPORE 544740
Address 1	5 SENKANG EAST AVENUE	Address 2	RIVERSOUND RESIDENCE	Post Code	544740
Address 4		Address Type	Singapore address		
Unit No.	14-17	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 **New**

Claim Type *	OO-MX	Insured Name	CHEN CHEN	Insured NRIC	58680946Z
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	SJF6299R	TP Vehicle Number	SLW9100Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJF6299R / SLW9100Y ON 20 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	21/12/2018 11:59	Claim Close Date		Date Received	21/12/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/1024729	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/12/2018 12:00
Page *		Category *	Please Select
		Confidential	NO
		Urgency *	Normal
		Description *	

