

NATIONAL Assessment Centre Services: (wef 1 Jan 2005) MNA11900731

Date In: 9/1/19 - 11:07	Job description	Date & Time Completed	Done by
Ref No: NA/INC1900731/24	SAS e-filing		
Veh No: J6J 6570X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 9/1/19 - 07:30	i-Motor Claim Form	M/1102735-001	9/1/19 20:04
OD: <u>TP</u> 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: J6 1187B	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 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

NA1900731	Invoice Preparation Checklist	Amf (\$) In Bill	Amf (\$) 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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
	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	09/01/2019 11:07
Date Of Accident	09/01/2019 07:30
Exact Location Of Accident	YISHUN AVE 2
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGJ6570X
Insured/Policyholder	
Name Of Registered Owner	SEAH CHUHAN, RAYMOND
NRIC No	S8404512H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98318342
Alternative Phone No	OFFICE-98318342
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.8L A
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5098138736
Cover Note Number	
Driver	
Name of Driver	SEAH CHUHAN, RAYMOND
NRIC No	S8404512H
Date Of Birth	13/02/1984
Occupation	INDOOR
Date Of Driving Pass	14/01/2006
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98318342
Fax Number	
Contact Number	OFFICE-98318342
Email Address	NOEMAIL

Address	BLK 776 YISHUN AVE 2 #07-1593
Postcode	760776
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	CLEAR
Road Surface	DRY

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG1187B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	NOR AINA BINTE ALI KAT
NRIC/Passport Number	S8012071J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)


SKETCH PLAN

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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.:

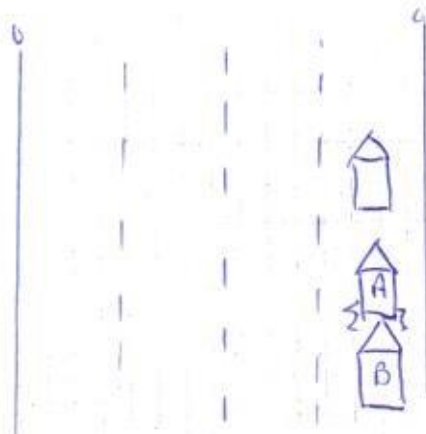
SKETCH PLAN

DOA: 9/1/19

A: SGJ 6570X

B: SG1187B

Yishun
Ave
2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Stopped stationary due to the traffic light was
red, suddenly my veh 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: 9/1/19 Time of Accident: 7.30 am
Exact Location of Accident: Yishun Ave 2
Owner's Name: Sarah Chuan a Raymond NRIC No: 584045124 HP No: 98318342
Driver's Name: _____ NRIC No: _____ HP No: _____
Date of Birth: 13/2/1984 Driving Licence Passing Date: 14/6/2006 Occupation: Indoor / Outdoor
Address: 776 Yishun Ave 2 #07-1593 (760776)
Relationship of Driver with Insured: Owner Email Address: _____
Vehicle No: SGJ 6570X Make & Model: Honda Civic
Insurance Co: NTUC Coverage: _____ 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: _____ C: _____ 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: SG 11873 Make & Model: _____
Driver's Name: Nor Aina Binte Ali Kat NRIC No: 580120713 HP No: _____
Vehicle C No: _____ Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8404512H



Name
SEAH CHUHAN, RAYMOND

谢楚韩

Race
CHINESE

Date of birth
13-02-1984

Country/Place of birth
SINGAPORE

Sex
M

54815

5283504



NRIC No. S8404512H



Date of issue
21-03-2014

Address
APT BLK 776 YISHUN AVENUE 2
#07-1593
SINGAPORE 760776

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8404512H

Name: SEAH CHUHAN, RAYMOND

Birth Date: 13 Feb 1984

Issue Date: 18 Mar 2004

001167473D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B Motorcycles <= 300 CC

Class 2A Motorcycles between 301 CC and 400 CC

Class 2 Motorcycles > 400 CC

Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver and motor tractors <= 2500 kg

Class 4 Heavy motor cars and motor tractors > 2500 kg

Class 5 Motor vehicles > 3250 kg not constructed to carry any load

Valid until:

- 18 Mar 2004
- 03 May 2005
- 07 Nov 2006
- 14 Jan 2008
- 14 Dec 2008

S/Nr. 9000104309

NP 428A

001167473D

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098138736		SEAH CHUHAN, RAYMOND	S8404512H	GPC	Third Party	SGJ6570X	SGJ6570X	26/02/2018	17/01/2019

 Policy Information

Policy No.	5098138736	Policyholder Name	SEAH CHUHAN, RAYMOND	Policyholder NRIC	S8404512H
Certificate No.					
Address	BLK 776 #07-1593 YISHUN AVENUE 2 SINGAPORE 760776				
Product Name	PRIVATE CAR INSURANCE	Plan			
Group Policy Flag	N				
Policy issue Date	23/02/2018	Effective Date	26/02/2018 00:00	Expiry Date	17/01/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	OS Premium 0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	JZ ASSURE PTE. LTD.	Agent Tel.	64434443	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 776 #07-1593	Address 2	YISHUN AVENUE 2	Address 3	SINGAPORE 760776
Address 4		Address Type	Singapore address	Post Code	760776
Unit No.		Related Policy Number	5098138736-01		

 Insured Object: SGJ6570X

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

- Exit

Accident MT/1027135

Policy No.	5098138736	Vehicle No.	SG36570X	GST Registration No.	
Certificate No.					
Policyholder Name	SEAH CHUHAN, RAYMOND	Cover Type	Third Party	Policyholder NRIC	S8404512H
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	98318342	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="12"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Yes

Accident Details

Report Date	09/01/2019 20:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	09/01/2019	Time of Accident hh:mm	07:30	Country of Accident	Singapore
Reporting Centre		Orange Force		JCM No.	
Accident Location	YISHUN AVE 2				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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	BLK 776 #07-1593	Address 2	YISHUN AVENUE 2	Address 3	SINGAPORE 760776
Address 4		Address Type	Singapore address	Post Code	760776
Unit No.		Related Policy Number	5098138736-01		

OI Driver Info

Driver Name	Seah Chu Han Raymond	Driver Type	Main Driver	Driver DOB	13/02/1984
Unnamed driver Name		Driver NRIC	S8404512H	Driving Experience	12
Register Date of Driver License	14/01/2006	Driver Age	34	Contact No. (Home)	0
Contact No. (Mobile)	98318342	Contact No. (Office)	0	Address 3	SINGAPORE 760776
Address 1	BLK 776	Address 2	YISHUN AVENUE 2	Post Code	760776
Address 4		Address Type	Singapore address		
Unit No.	07-1593				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SEAH CHUHAN, RAYMOND	Insured NRIC	S8404512H
Contact No. (Mobile)	98318342	Contact No. (Home)	67566030	Contact No. (Office)	
Email Address		OI Vehicle Number	SG36570X	TP Vehicle Number	SG1187B
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SG36570X / SG1187B ON 9 Jan 2019				
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	09/01/2019 20:04	Claim Close Date		Date Received	09/01/2019 00:00
Report Taken By	Jackson				

☒ Print AX letter

Save Submit

Attachment

























Accident No.	MT/1027135	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/01/2019 20:06

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		

Browse...		Clear	Please Select	IVG	Normal	
Browse...		Clear	Please Select	IVG	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Jan 2019 20:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Jan 2019 20:06	SAS	Normal	SAS 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Jan 2019 20:05	Photos	Normal	Photos 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Jan 2019 20:05	Photos	Normal	Photos 2019-1-9		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Jan 2019 20:05	Photos	Normal	Photos 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Jan 2019 20:05	Photos	Normal	Photos 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 09 Jan 2019 20:05	Photos	Normal	Photos 2019-1-9		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				