

NATIONAL Assessment Centre Services. part 1 Jan 2019 MNA119005610.

Date In: 14/1/19 10:35.	Job description	Date & Time Completed	Done by
Ref No: MA/INC19000735/44.	SAS e-filing		
Veh No: SJN 3151K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/1/19 21:00.	I-Motor Claim Form	MT/1027677-000	14/1/19 16:26
OD: 0 Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-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: SLD 4722K.	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: 67886616)	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

<p>MA1900375</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref. 1:</p> <p>Ref. 2/3:</p>	<p>Invoice/Repairation Charge</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td>30.00</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$80)</td> <td></td> </tr> <tr> <td>3) TP: Towing Fee \$40/\$45</td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey) \$30</td> <td></td> </tr> <tr> <td colspan="2">For claiming against INC Only (ref 10 Jan 2019)</td> </tr> <tr> <td>6) TR: Re-Inspection \$75</td> <td></td> </tr> <tr> <td>7) N1: Idax DA + SMRT Survey \$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> </tr> <tr> <td>Q1:</td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance \$5</td> <td></td> </tr> <tr> <td>*N6: Repair Coordination \$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection \$25</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Bxcess Coordination \$3</td> <td></td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC \$20</td> <td></td> </tr> <tr> <td>9) N12: Idax Mobile \$0</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> </tr> </table>	1) AR: Accident Reporting (\$30);	30.00	2) DA: Damage Assessment (\$100); INC (\$80)		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 2019)		6) TR: Re-Inspection \$75		7) N1: Idax DA + SMRT Survey \$160		8) NTUC Additional Services:-		Q1:		*N5: Courtesy Car / Tpt Allowance \$5		*N6: Repair Coordination \$10		*N7: Post Repair Inspection \$25		*N8: DV / Collect Bxcess Coordination \$3		TP (N11): TP (Non INC) against INC \$20		9) N12: Idax Mobile \$0		Invoice dated	Fee Charged	Invoice dated	Fee Charged
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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 14/01/2019 10:35
 Date Of Accident 12/01/2019 21:00
 Exact Location Of Accident HAVELOCK RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN3151K

Insured/Policyholder

Name Of Registered Owner CHUT HUI YAN
 NRIC No S8228034J
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-97985712
 Alternative Phone No OFFICE-97985712

Vehicle Particulars

Manufacturer TOYOTA
 Model ALTIS
 Exact Purpose for which vehicle was being used at time of accident COMMERCIAL
 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 NO
 Policy Number 5095852533
 Cover Note Number -

Driver

Name of Driver CHAN BEE LAY
 NRIC No S7425388A
 Date Of Birth 11/08/1974
 Occupation OUTDOOR
 Date Of Driving Pass 08/08/2011
 Driving Experience 7 YEARS AND 5 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-93377093
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address	BLK 445B BUKIT BATOK WEST AVE 8 #10-435
Postcode	852445
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	DRIZZLING
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SLD4722K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FERRACCI
NRIC/Passport Number	
Contact Number	93808502
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.
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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**.
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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.:

Outram Rd.

SKETCH PLAN

A = SJN 3151K

B = SLD 4722K.



Havelock Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:



**SINGAPORE
POLICE FORCE**



F/20190112/2121

1 of 2

POLICE REPORT (NP299)

Report No. F/20190112/2121

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Date/Time Report Made 12/01/2019 23:09		Vide Report No.		Station Diary No. 154	
Name Of Informant CHAN BEE LAY		Address APT BLK 445B BUKIT BATOK WEST AVENUE 8 #10-435 SINGAPORE 652445			
ID Type / ID No. NRIC NO / S7425388A		Contact No. Home/Office Mobile 93377093			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation GOJEK DRIVER		Sex Female	Age 44	Date of Birth 11/08/1974	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 12/01/2019 21:00		Location Of Incident HAVELOCK ROAD SINGAPORE Opposite Fourpoints by Sheraton			

Brief details.

On 12/01/2019 at about 2100hrs, I was driving my vehicle with registration plate number SJN3151K along Havelock Road near Outram Road, opposite Four points by Sheraton Singapore, along Lane 4. Out of a sudden, a vehicle with registration plate number SLD4722K who was on lane 3 were trying to change lane into my lane to go towards the filter lane. As such, he collided into the front right bumper of my vehicle.

Signature Of Officer Recording The Report:

F / Sgt 3 ALICIA NG YU SHAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Hougang N.P.C /
SI WEE KIM HUAT, LEONARD
Contact No.: 64890999

Authentication Stamp

Signature Of Informant:

Date/Time:
12/01/2019 23:09

Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20190112/2121

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190112/2121

No one was injured. No ambulance or police at scene.

My vehicle was damaged with dents and scratches at the right side of my vehicle. The driver door handle was spoilt as well.

We exchanged particulars and left. The other driver particulars are Ferracci, 93808502.

There is no in-vehicle camera in my vehicle.

I am lodging this report as for insurance claims purposes. My vehicle was rented from my friend. She is Hui Yan and can be contacted at 97985712.

Signature Of Officer Recording The Report: F / Sgt 3 ALICIA NG YU SHAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/01/2019 23:09
Officer In-Charge Of Case: F / Hougang N.P.C / SI WEE KIM HUAT, LEONARD Contact No.: 64890999	Classification Of Case:
Authentication Stamp	

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7425388A**
 Name: **CHAN BEE LAY**
 Birth Date: **11 Aug 1974**
 Issue Date: **08 Aug 2011**

001989032D

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7425388A**



Name: **CHAN BEE LAY**
 曾 美 丽
 Race: **CHINESE**
 Date of birth: **11-08-1974**
 Sex: **F**
 Country of birth: **SINGAPORE**

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

Class 3 Motor Cycles <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg

EFFECTIVE DATE: **08 Aug 2011**

Licence No: **S7425388A**

NP 428A

3599407



NRIC No: **S7425388A**



Date of issue: **11-08-2004**

APT BLK 445B BUKIT BATOK WEST AVENUE 8 #10-435
SINGAPORE 652445
 NRIC No: **S7425388A** Date: **14/11/2017**

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="12/01/2019 10:28"/>							
Vehicle No.(For Motor)	<input type="text" value="SJN3151K"/>	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"/>	5095852533		CHUT HUI YAN	S8228034J	GCV	Comprehensive	SJN3151K	SJN3151K	13/11/2017	10/02/2019
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1027677

Policy No.	5095852533	Vehicle No.	SJN3151K	GST Registration No.	
Certificate No.					
Policyholder Name	CHUT HUI YAN	Cover Type	Comprehensive	Policyholder NRIC	S82281
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97985712	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	14/01/2019 16:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	12/01/2019	Time of Accident hh:mm	21:00	Country of Accident	Singap
Reporting Centre		Orange force		ICM No.	
Accident Location	HAVELOCK RD				
Excess					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address

Address 1	205 BALESTIER ROAD	Address 2	#12-02 THE MEZZO	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	32968
Unit No.	12-02	Related Policy Number	5095852533		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHAN BEE LAY	Driver NRIC	S7425388A	Driver DOB	11/08/
Register Date of Driver License	08/08/2011	Driver Age	44	Driving Experience	7
Contact No.(Mobile)	93377093	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 445B BUKIT BATOK WEST A	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	85244
Unit No.	10-435				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHUT HUI YAN
Contact No.(Mobile)	97985712	Contact No. (Home)	
Email Address		OJ Vehicle Number	SJN3151K
Claim Description	SJN3151K / SLD4722K ON 12 Jan 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		14/01/2019 16:23	Claim Close Date
		LIU SHAN HUI	
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1027677 Claim No. 001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

14/01/2019 16:24

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Clear

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Category *

Confidential

Urgency *

Please Select ▼

NO ▼

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NO ▼

Normal ▼

Please Select ▼

NO ▼

Normal ▼

Please Select ▼

NO ▼

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NO ▼

Normal ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 16:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 16:24	SAS	Normal	SAS 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 16:24	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 16:24	Photos	Normal	Photos 2019-1-14
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 16:23	Photos	Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 16:23	Photos	Normal	Photos 2019-1-14

Video List

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

