

NATIONAL Assessment Centre Services

[ver 1 Jan 03]

MWA 119027962

Date In: 28/12/19 16:53	Job description	Date & Time Completed	Done by
Ref No: MWA/INC 19003793/64	SAS e-filing		
Veh No: SLA 950K	E-mail (within 3hrs, A/C 2hrs)		
DOA: 27/12/19 18:45	I-Motor Claim Form	MT/1034093 001	28/12/19 17:11
OD: <input checked="" type="radio"/> 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: 50G 98922	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

MWA 1901557

Claimant's Particulars:	Invoice Itemization	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$80)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120	
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey)	\$30	
Ref: 1:	For claiming against INC Only (wef 10 Jan 2003)		
2/3:	6) TR: Re-inspection	\$75	
	7) N1: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpl Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
	TP (N11): TP (N'n INC) against INC	\$20	
	9) N12: Idao 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	28/02/2019 16:53
Date Of Accident	27/02/2019 18:45
Exact Location Of Accident	DUNEARN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA950K
Insured/Policyholder	
Name Of Registered Owner	CHOO TECK CHUAN
NRIC No	S1689918F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97554086
Alternative Phone No	OFFICE-97554086

Vehicle Particulars

Manufacturer	AUDI
Model	Q5
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	5107502068
Cover Note Number	-

Driver

Name of Driver	CHOO TECK CHUAN
NRIC No	S1689918F
Date Of Birth	15/08/1965
Occupation	INDOOR
Date Of Driving Pass	26/01/1994
Driving Experience	25 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97554086
Fax Number	
Contact Number	OFFICE-97554086
Email Address	NOEMAIL

Address	BLK 92A PIPIT RD #08-83
Postcode	371092
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)	1

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	SDG9892Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHANTHI RAVINDRAN
NRIC/Passport Number	S2612050J
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.

Clarry 28/02/19

Policyholder's Signature
Date & Time:

Clarry 28/02/19

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

[Signature]

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

SKETCH PLAN

Dunearn Rd → Newton



A) SLA 950

B) SDG 98927

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Dunearn Rd toward Newton. I was slowing down when I felt an impact on the rear of my car. I stopped my car & alighted. I realised the Veh (B) had collided onto the rear of my car.

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.:

VEHICLE NO : SLA950K		MAKE/MODEL : Audi Q5	
Date of Accident	27-02-19 Time:	Foreign Veh Involved	YES / NO
Location of Accident	Dunearn Road	Foreign Veh No	
Country of Loss	Singapore		
Vehicle Damaged		No. of Veh Involved :	
Claim Type	OD / (TP) / REPORTING	Was There Any Witness	YES / NO
INSURANCE CO	NTUC	Name of Witness :	
Coverage	Comprehensive/TPFT/Third Party Only	Contact No :	
Policy No	5107502068		
Fleet Policy	YES / NO		
		OTHER VEHICLES	
OWNER / CO. NAME	CHOO Teck CHUAN	VEHICLE B	SDG 9892Z
NRIC / Co's Reg No.	S 1689918F	Category :	
Address	B1K 924 PIPIT ROAD	Driver's Name :	SHANTHI RAVINDRAN
	#08-83 Singapore 371092	NRIC No :	S2612050J
Contact / Mobile No	97554686	Contact No :	
Email Address	williamtecar@gmail.com	No. of Passenger :	
Date of Birth	15-08-1965		
Gender	M / F	VEHICLE C	
DRIVER'S NAME	AS ABOVE	Category :	
NRIC No		Driver's Name :	
Address		NRIC No :	
		Contact No :	
Contact / Mobile No		No. of Passenger :	
Email Address			
Date of Birth		VEHICLE D	
Gender	M / F	Category :	
LICENSE PASSED DATE	26 JAN 1994	Driver's Name :	
		NRIC No :	
Occupation	Indoor / Outdoor	Contact No :	
Relation with Owner		No. of Passenger :	
Does Driver Own Any Other Veh ? YES / NO			
Vehicle Reg No			
Insurance Co			
Weather Condition	Clear / Raining / Others	Video Captured :	Yes / No
Road Surface	Dry / Wet / Others		
INJURED	: YES / NO		
Name of Injured :		Police Report :	YES / NO
Convey To Hospital by Ambulance :	YES / NO	If YES, Where :	
NO. OF PASSENGERS :			
Name of Passenger :	M / F	INJURED?	YES/NO
Name of Passenger :	M / F	INJURED?	YES/NO
Name of Passenger :	M / F	INJURED?	YES/NO
Name of Passenger :	M / F	INJURED?	YES/NO
REMARKS :			
Name of Workshop :		Contact No :	
Address :		Email :	

Sketch Plan Pg.3

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S1689918F**

Name: **CHOO TECK CHUAN**

Birth Date: **15 Aug 1965**

Issue Date: **06 Jan 2003**

000124543A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1689918F**



CHOO TECK CHUAN

朱德川

Race

CHINESE

Date of Birth

15-08-1965

Country of Birth

SINGAPORE

Sex

M

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 26 Jan 1994

Licence No: **S1689918F**



272025

NRIC No **S1689918F**



Blood Group

AB+

Date of issue

15-10-1995

APT BLK 92A PIPIT ROAD #08-83
SINGAPORE 371092

NRIC No: **S1689918F**

Date:

25-02-1997

No:

2206511

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

27/02/2019 16:51

Vehicle No.(For Motor)

SLA950K

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="checkbox"/>	5107502068		CHOO TECK CHUAN	S1689918F	GPC	drivo CLASSIC	SLA950K	SLA950K	22/02/2019	21/02/2020

Continue

Claim Handling

The premium on this policy has not been collected.
Accident MT/1034093

Policy No.	5107502068	Vehicle No.	SLA950K	GST Registration No.	
Certificate No.					
Policyholder Name	CHOO TECK CHUAN			Policyholder NRIC	S16891
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97554086	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	+ No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

Report Date		28/02/2019 17:08	Accident Report Within 24 hrs		Yes	Accident Type		Collisio
Date of Accident		27/02/2019	Time of Accident hh:mm		18:45	Country of Accident		Singap
Reporting Centre			Orange Force			ICM No.		
Accident Location		DUNEARN RD						

Total Excess Applicable								
Excess Type	Per Accident	Windscreen Excess	100.00					
OD Standard Excess	600.00	TP Standard Excess	0.00					
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not App			
Additional Excess	0.00	Total TP Excess Applicable	0.00					
Total OD Excess Applicable	600.00							

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

Policyholder Mailing Address								
Address 1	BLK 92-A #08-83	Address 2	PIPIIT ROAD	Address 3	SINGA			
Address 4		Address Type	Singapore address	Post Code	37109			
Unit No.		Related Policy Number	5107502068					

OI Driver Info								
Driver Name	CHOO TECK CHUAN	Driver Type	Main Driver					
Unnamed driver Name		Driver NRIC	S1689918F	Driver DOB	15/08/			
Register Date of Driver License	01/01/1989	Driver Age	53	Driving Experience	30			
Contact No.(Mobile)	97554086	Contact No.(Office)		Contact No.(Home)				
Address 1	BLK 92-A #08-83	Address 2	PIPIIT ROAD	Address 3	SINGA			
Address 4		Address Type	Singapore address	Post Code	37109			
Unit No.		Driver Vehicle No.		Driver Insurer Company				
Does he own a Singapore Registered car?	Yes No							
Declaration								
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No					

Modification History								
Claim 001		New						

Claim Type *	OD-MX	Insured Name	CHOO TECK CHUAN				
Contact No.(Mobile)	97554086	Contact No.(Home)					
Email Address		OT Vehicle Number	SLA950K				
Claim Description	SLA950K / SDG98922 ON 27 Feb 2019						
Preferred Workshop	0	Insured Liability	Not at Fault				
Repair Option	Yes	Preferred Workshop, Name unknown	GIA report	Received			
Date Registered				28/02/2019 17:10	Claim Close Date		
Report Taken By				LIEW SHAN HUT			
Print AK letter							

Attachment		Save	Submit
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Accident No.
Last Doc. Received

MT/1034093
☒ Yes ☐ No

Claim No.
Upload Date

001
28/02/2019 17:11

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

Category *

Confidential

Urgency *

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Feb 2019 17:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Feb 2019 17:11	SAS	Normal	SAS 2019-2-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Feb 2019 17:11	Photos	Normal	Photos 2019-2-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Feb 2019 17:10	Photos	Normal	Photos 2019-2-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Feb 2019 17:10	Photos	Normal	Photos 2019-2-28
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Feb 2019 17:10	Photos	Normal	Photos 2019-2-28

Video List

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