

NATIONAL Assessment Centre Services.

(wef 1 Jan 2005)

MMAY19039175

Date In: 25/03/2019 18:19	Job description	Date & Time Completed	Done by
Ref No: NBA/INC190053104	SAS e-filing		
Veh No: PC 28023	E-mail (by job sheet, AIC sheet)		
D.O.A: 25/03/2019 10:46	I-Motor Claim Form	17/103781-001	25/03/2019 18:42
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars: Vch No: SLU3986H 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: ()

Comments: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

NA1902140

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Particulars: ()

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

Particulars	Amount	Amount
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100) INC (\$50)		
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
6) TR: Re-inspection	\$75	
7) NI: Idax DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
Oil		
NS: Courtesy Car / TP Allowance	\$1	
NG: Repair Coordination	\$100	
NV: Post Repair Inspection	\$25	
ND: DV / Collect License Coordination	\$5	
TP (NI); TP (N+INC) - Pathway	\$10	
NI: Idax Mobile	\$30	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

FOR:

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	25/03/2019 18:19
Date Of Accident	25/03/2019 10:40
Exact Location Of Accident	KPE EXIT AIRPORT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2802J
Insured/Policyholder	
Name Of Registered Owner	JET WIN CONVEYANCE
Co Reg No	52887560D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93218822
Alternative Phone No	OFFICE-93218822

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073980207-03
Cover Note Number	

Driver

Name of Driver	CHUA TONG CHUAN (CAI ZHONGCHUAN)
NRIC No	S8310063Z
Date Of Birth	02/04/1983
Occupation	OUTDOOR
Date Of Driving Pass	09/04/2009
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93218822
Fax Number	
Contact Number	OTHERS-93218822
Email Address	NOEMAIL

Address	BLK 886A WOODLANDS DRIVE 50 #09-531
Postcode	731886
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	NO
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 SKETCH PLAN

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	SLU3986H
Vehicle Make/Model/Colour	KIA CERATO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED SIRA S/O SHAHUL HAMEED
NRIC/Passport Number	S9111005I
Contact Number	96514358
Address	BLK 141 YISHUN RING RAD #02-14
Postcode	760141
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.
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:



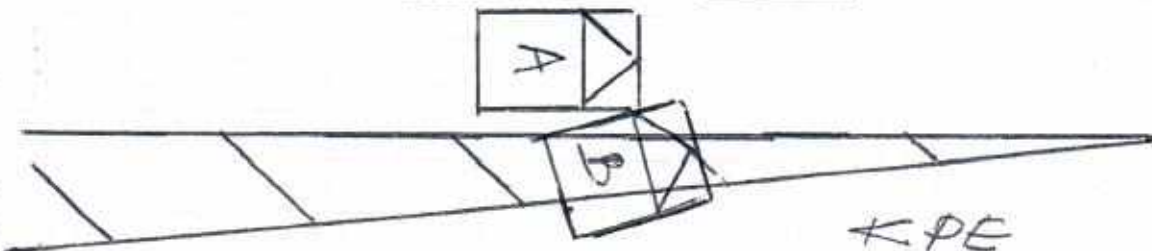
Driver's Signature
(If driver is not the policyholder)
Date & Time:



25/03/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

AIRPORT RD
EXIT

TANANES



A) PC28025
B) SLU39864

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on the exit of KPE to Airport Rd. SLU39864 cut across the cleveran marker and overtook me on the right to come to the exit lane to Airport Rd.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:



[Signature]

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

[Signature] 25/03/2019

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

[Signature]

Claim Handling

Accident HT/107381

Policy No.	827198207-01	Vehicle No.	PC28021	GST Registration No.	
Certificate No.					
Policyholder Name	JET WIN CONVEYANCE			Policyholder NAIC	528875620
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Leading	0
Contact No.(Mobile)	93219822	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
Age	- No Yes	TCK	- No Yes	eCode Reason	
NCD Protection	No	NCD Erodement(%)	30	Private HW	No

Accident Details

Report Date	25/03/2019 18:28	Accident Report within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	25/03/2019	Time of Accident (hh:mm)	10:40	Country of Accident	Singapore
Reporting Centre		Damage Force		ICAT No.	
Accident Location	HPE EXIT AIRPORT ROAD				

Excess

Own Damage Excess	2,300.00	Additional excess		Whichever Excess	130.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	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	P O BOX 1070	Address 2	INTERNATIONAL MERCHANDISE	Address 3	SINGAPORE 916012
Address 4		Address Type	Singapore address	Post Code	916012
Unit No.		Related Policy Number	827198207-01		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHUA TENG CHUAN (CN) ZHON	Driver NAIC	527198337	Driver DOB	05/04/1987
Register Date of Driver License	09/04/2009	Driver Age	35	Driving Experience	9
Contact No.(Mobile)	93219822	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 856A #09-121	Address 2	WOODLANDS DRIVE 50	Address 3	TR62040VE@WOODLANDS
Address 4	SINGAPORE 731886	Address Type	Foreign address	Post Code	731886
Unit No.	09-121				
Does he own a Singapore Registered Car?	Yes - No	Driver Vehicle No.	PC28021	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No		

Modification History

Claim 001 [New](#)

Claim Type *	DO-MK	Insured Name	JET WIN CONVEYANCE	Insured NAIC	528875620
Contact No.(Mobile)	8085459	Contact No. (Home)		Contact No. (Office)	
Email Address		OT	PC28021	Vehicle Number	BLU1988H
Claim Description		Verified Number	PC28021 / BLU1988H ON 25 Mar 2019	Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Refused No. Evaluation	Yes	Preferred Workshop Name unknown	ICR report	Received	
Date Registered				Claim Order Date	25/03/2019 18:41
Report Taken By				Date Received	25/03/2019 00:00
Print All Letter					

[Save](#) [Submit](#)

Attachment

Accident No.	HT/107381	Claim No.	001
Last Doc. Received	Yes No	Upload Date	25/03/2019 18:42
Path *		Category *	Confidential
Choose File / No file chosen		Urgency *	Description *
Choose File / No file chosen		Clear	Please Select
Choose File / No file chosen		Clear	Please Select
Choose File / No file chosen		Clear	Please Select
Choose File / No file chosen		Clear	Please Select
Choose File / No file chosen		Clear	Please Select
Choose File / No file chosen		Clear	Please Select
Choose File / No file chosen		Clear	Please Select
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mtg Sent (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Mar 2019 18:42	Photos	Normal	Photos 2019-3-25	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Mar 2019 18:42	Photos	Normal	Photos 2019-3-25	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Mar 2019 18:42	Photos	Normal	Photos 2019-3-25	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Mar 2019 18:42	Photos	Normal	Photos 2019-3-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Mar 2019 18:41	Photos	Normal	Photos 2019-3-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Mar 2019 18:42	Photos	Normal	Photos 2019-3-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Mar 2019 18:43	Photos	Normal	Photos 2019-3-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Mar 2019 18:43	Photos	Normal	Photos 2019-3-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Mar 2019 18:42	Photos	Normal	Photos 2019-3-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Mar 2019 18:43	Photos	Normal	Photos 2019-3-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Mar 2019 18:43	Photos	Normal	Photos 2019-3-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Mar 2019 18:43	Photos	Normal	Photos 2019-3-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Mar 2019 18:42	Photos	Normal	Photos 2019-3-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Mar 2019 18:42	Photos	Normal	Photos 2019-3-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Mar 2019 18:41	SAS	Normal	SAS 2019-3-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Mar 2019 18:41	NRIC Driving License	Normal	NRIC Driving License 2019-3-25

Video List

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

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 or the Authorized 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 revoke policy ability.
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 fraud regarding may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of 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 judgement 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 if needed.

ACCIDENT STATEMENT

Date Of Report 25/3/19

Date Of Accident / Time 25/3/19 10:40am

Exact Location Of Accident ~~25/3/19~~ Airport Rd ~~EXIT~~

Country/State Of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC28023

Insured/Policyholder

Name Of Registered Owner / Company Jet Win Conveyance

Address 528875600

Business Address

Mobile Phone No 93218822

Alternative Phone No

Vehicle Part Numbers

Manufacturer

Model

Exact Purpose for which vehicle was being used at time of accident work.

Are you claiming under your own insurance policy for repair to your vehicle? TP.

If No, Please state action to be taken

Vehicle Category

Insurance Company

Name of Insurance Company NTUC

Type Of Coverage

First Policy

Policy Number

Cover Note Number

Driver

Name of Driver CHUA TONGCHUAN

NRIC No S 83100632

Date Of Birth outdoor

Occupation 91412009

Date Of Driving Pass

Driving Experience

Gender

Mobile Number 93218822

Fax Number

Contact Number

Email Address NO email

Address
Postcode
Was driver an employee of the Insured's Company
If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle

BK 8864 Woodlark Drive 50
#09-531 5 (73,886)
Yes

General Information of the Accident

Type Of Accident

Weather Conditions

Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

Was any other material or property damaged?

I have been approached by unknown person(s)
soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Has notice of intended Prosecution given?

If Yes against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Accident Location

Are accident photos available for attachment?

Were there any video captured by Car Camera?

Remarks/Reasons:

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

ID/ID/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Insure Of Damage

No. Of Passengers (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SLU 39864

Kia black cerato x3

Mohamed Sira S/O Shahul Hameed

S91110051

BK 141 Jishun Ring Rd #02-14 (760141)

9651 4358

REPUBLIC OF SINGAPORE DRIVING LICENCE

Vehicle Number: **S8310063Z**

Name: **CHUA TONG CHUAN (CAI ZHONGCHUAN)**

Date Issued: **02 Apr 1983**

Valid Until: **09 Apr 2009**

001721736J

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8310063Z**



Name: **CHUA TONG CHUAN (CAI ZHONGCHUAN)**
蔡忠劍

Race: **CHINESE**

Date of birth: **02-04-1983**

Country/Place of birth: **SINGAPORE**

Sex: **M**



CLASSIFIED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2 Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 3500 kg

Class 4 Heavy motor cars and motor tractors > 3500 kg

Valid Until: **09 Apr 2009**

Valid Until: **27 Aug 2009**

S/No: **9000105515**

S8310063Z

License No: **S8310063Z**



5615850



Date of issue: **09-06-2016**

Address: **APT BLK 866A WOODLANDS DRIVE 50 #09-531 SINGAPORE 731886**

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.

Date of Accident

25/03/2019 15:11

Vehicle No. (For Motor)

PC2802J

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5073980207-03		JET WIN CONVEYANCE	52887560D	GBS	Comprehensive	PC2802J	PC2802J	15/10/2018	14/10/2019