

NATIONAL Assessment Centre Services

[Print & Jan 05]

MMA 119039774

Date In: 27 13/19 09:06	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 19005435164	SAS e-filing		
Veh No: SDE 33 G	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 2613/19 08:30	I-Motor Claim Form	MT/1037711-001	2713/19 15:49
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: () Tot: () Fax: ()

TP Particulars:	Veh No: SJF 2108K	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 Rodins 6788 6616)

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: ()

Date/Time: () Actions: ()

MA1902254

Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30-00
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damage Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (over 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Ideal DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OD:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Con INC) against INC \$20	
	9) N12: Ideal 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 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	27/03/2019 09:06
Date Of Accident	26/03/2019 08:30
Exact Location Of Accident	SERENADE WALK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDE33G
Insured/Policyholder	
Name Of Registered Owner	CHUAH KIAN WIN WINCENT (CAI JIANYING)
NRIC No	S8830254J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83885456
Alternative Phone No	OFFICE-83885456
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5085033571-02
Cover Note Number	-
Driver	
Name of Driver	CHUAH MOOI KIAK
NRIC No	S2676843H
Date Of Birth	11/10/1950
Occupation	INDOOR
Date Of Driving Pass	29/03/1982
Driving Experience	36 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90671120
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 468B ADMIRALTY DRIVE #10-19
Postcode	752468
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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

MY VEH WAS PARKED OUTSIDE HOUSE NO:48. EVERYTHING WAS INTACT, SUDDENLY I HEARD A BANG SOUND AND I WENT OUT TO CHECK MY VEH, I REALIZED VEH B (BEARING NO SJF2108K) REVERSING OUT FROM HIS HOUSE NO:27 AND HIT ONTO MY VEH LEFT 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	SJF2108K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG TUN CHEIK
NRIC/Passport Number	S1362561A
Contact Number	
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.
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.:

27

48

A = SDE 336.
B = SJF 2108K

Screenade walk

Please Refer to statement

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

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S2676843n**

CHUAH MOOI KIAK

Birth Date: **11 Oct 1950**
 Issue Date: **12 Jun 2003**

000566629F

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2676843H

Name: **CHUAH MOOI KIAK**

Race: **CHINESE**
 Date of Birth: **11-10-1950** Sex: **M**
 Country of Birth: **MALAYSIA**

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	29 Mar 1982
Class 2A	Motorcycles between 201 cc and 400 cc	29 Mar 1982
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Mar 1982
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	29 Mar 1982

NP 428A

Licence No: **S2676843H**

8402713

S2676843H

NRIC No: **S2676843H**

Nationality: **MALAYSIAN**
 Blood Group: **A+** Date of issue: **06-06-2001**

Address: **APT BLK 466B ADMIRALTY DRIVE
 #10-19
 SINGAPORE 752468**

Hello, NAC_PAYA_UBI_800601

• Change Language

• Change Password

• Log Out

[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

26/03/2019 09:04

Vehicle No.(For Motor)

SDE33G

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5085033571-02		CHUAH KIAN WIN WINCENT (CAI JIANYING)	S8830254J	GPC	drivo CLASSIC	SDE33G	SDE33G	01/10/2018	30/09/2019

Claim Handling

Accident MT/1037711

Policy No.	5085033571-02	Vehicle No.	SDE33G	GST Registration No.	
Certificate No.					
Policyholder Name	CHUAH KIAN WIN WINCENT (CAI JIANYING)			Policyholder NRIC	S8830
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83885456	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	27/03/2019 15:45	Accident Report Within 24 hrs	Yes	Accident Type	Damag
Date of Accident	26/03/2019	Time of Accident hh:mm	08:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	SERENADE WALK				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
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 468B #10-19	Address 2	ADMIRALTY DRIVE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	752461
Unit No.	10-19	Related Policy Number	5085033571-02		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHUAH MOOI KIAK	Driver NRIC	S2676843H	Driver DOB	11/10/
Register Date of Driver License	29/03/1982	Driver Age	68	Driving Experience	36
Contact No.(Mobile)	90671120	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 468B #10-19	Address 2	ADMIRALTY DRIVE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	752461
Unit No.	10-19				
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		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CHUAH KIAN WIN WINCENT (C
Contact No.(Mobile)	83885456	Contact No. (Home)	
Email Address		OI Vehicle Number	SDE33G
Claim Description	SDE33G / SJF2108K ON 26 Mar 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	27/03/2019 15:48
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1037711	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

27/03/2019 15:49

Path *

Category *

Confidential

Urgency *

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

Please Select ▼

NO

Aluminum	1
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Clear

Please Select ▼

NO

40

Clear

Please Select ▼

NO

Normal	1
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Clear

Please Select ▼

NO

414

Clear

Please Select ▼

☐ NO

11

Clear

Please Select ▼

NO

Normal	1
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 15:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 15:49	SAS	Normal	SAS 2019-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 15:49	Photos	Normal	Photos 2019-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 15:49	Photos	Normal	Photos 2019-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 15:49	Photos	Normal	Photos 2019-3-27
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 15:48	Photos	Normal	Photos 2019-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2019 15:48	Photos	Normal	Photos 2019-3-27

▼ Video List

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