

NATIONAL Assessment Centre Services.

(wef 1 Jan 2009)

NA/19055543

Date In: 29/04/2019 20:36	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/1900750/4	SAS e-filing		
Veh No: 9CZ 829M	E-mail (Legal 2hrs, AIC 2hrs)		
D.O.A: 21/04/2019 13:30	I-Motor Claim Form	21/10/2017 10:02	30/04/2019
OID / TP: 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: 9B5 1029K	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%; F: 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: ()		

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

Injury: _____

Date/Time	Action

NA/1903099	Invoice
Driver/Owner:	1) AR: Accidental Reporting (330)
Contact No:	2) DA: Damage Assessment (\$1000) INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
	4) PT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	Forfeiting against INC Only (wef 10 Jan 2009)
	6) TR: Re-inspection \$75
	7) NI: Idac DA + SMRT Survey \$160
	8) NTUC Additional Services:
	OD:
	• NG: Courtesy Car / TPA Allowance \$5
	• NG: Repair Coordination \$10
	• NG: Post Repair Inspection \$25
	• NG: DV / Collect Excess Coordination \$5
	TP (NI): TP (in INC) \$30
	9) NI: Idac Mobile \$30
QC Checked by (Engr-In-Charge):	Fee Charged
	Invoice dated
	Fee Charged
	Invoice dated

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	29/04/2019 20:36
Date Of Accident	27/04/2019 13:30
Exact Location Of Accident	AYE EXIT TO BUONA VISTA NORTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCZ8279M
Insured/Policyholder	
Name Of Registered Owner	GUANG SING CHOON
NRIC No	S2624110C
Email Address	GUANG.SING.CHOON1@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96199884
Alternative Phone No	OTHERS-96199884

Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5017610860-12
Cover Note Number	

Driver

Name of Driver	GUANG SING CHOON
NRIC No	S2624110C
Date Of Birth	14/07/1986
Occupation	INDOOR
Date Of Driving Pass	09/02/1991
Driving Experience	28 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96199884
Fax Number	
Contact Number	OTHERS-96199884
Email Address	GUANG.SING.CHOON1@GMAIL.COM

Address	39A BLANDFORD DRIVE
Postcode	559865
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?	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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : SON GENDER: : MALE

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	GBJ1029K
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOKKARAJ PRAGADEE SHWARAN
NRIC/Passport Number	033955855
Contact Number	68537825
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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: 29/4/19
11:07 am

Driver's Signature

(If driver is not the policyholder)
Date & Time:

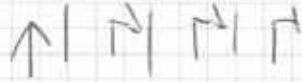
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

AYK EXIT TO NORTH BUONIA VIGA



A) SCZ 8279M

B) GBJ1029K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After exited from AYK to Buona Vista North, I was stoppny at the Red Traffic Light. There were at least 3 vehicles in front of my car. Then, the light lorry just hit my car from behind while the traffic light is still red.

DECLARATION

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

Policyholder's Signature

Date & Time: 29/4/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MT/1042307

Policy No.	SD17610860-12	Vehicle No.	SCZ8279W	GST Registration No.	
Certificate No.					
Policyholder Name	GUANG SING CHON			Policyholder NRIC	S2624110C
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	95199884	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPI	Yes	TCA	Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	20/04/2019 09:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	27/04/2019	Time of Accident hh:mm	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE EXIT TO BUONA VISTA NORTH				
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	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	254 BLANDFORD DRIVE	Address 2	SINGAPORE 550865	Address 3	
Address 4		Address Type	Singapore address	Post Code	550865
Unit No.		Related Policy Number	SD17610860-12		
OT Driver Info					
Driver Name	GUANG SING CHON	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2624110C	Driver DOB	14/07/1968
Register Date of Driver License	01/01/1990	Driver Age	32	Driving Experience	29
Contact No.(Mobile)	95199884	Contact No.(Office)		Contact No.(Home)	
Address 1	254 BLANDFORD DRIVE	Address 2	SINGAPORE 550865	Address 3	
Address 4		Address Type	Singapore address	Post Code	550865
Unit No.					
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.	SCZ8279W	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes		

Modification History

Claim 001 **New**

Claim Type *	OD-RX	Insured Name	GUANG SING CHON	Insured NRIC	S2624110C
Contact No.(Mobile)	95199884	Contact No. (Home)	92818772	Contact No. (Office)	
Email Address	guang.sing.chon@gmail.com	OT Vehicle Number	SCZ8279W	TP Vehicle Number	S051029K
Claim Description	SCZ8279W / 0811029K On 27 Apr 2019				
Preferred workshop	Insured Liability	Not at Fault			
Sanction No. Finalisation	Yes	Preferred Workshop, Name unknown	GIA report	Pending	
Date Registered			20/04/2019 10:02	Claim Close Date	
Report Taken By			ROSLI WAHAB	Date Received	30/04/2019 00:00

Print AK letter

Save Submit

Attachment

Accident No.	MT/1042307	Claim No.	001
Last Doc. Received	Yes No	Upload Date	30/04/2019 10:02
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Reg Sent? (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Apr 2019 10:02	Photos	Normal	Photos 2019-4-30	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Apr 2019 10:02	Photos	Normal	Photos 2019-4-30	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Apr 2019 10:02	Photos	Normal	Photos 2019-4-30	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 10:02	Photos	Normal	Photos 2019-4-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 10:02	Photos	Normal	Photos 2019-4-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 10:02	Photos	Normal	Photos 2019-4-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 10:02	Photos	Normal	Photos 2019-4-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 10:02	Photos	Normal	Photos 2019-4-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 10:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 10:02	SAS	Normal	SAS 2019-4-30

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 24/04/2019 (DD/MM/YYYY). TIME: 13:30 (HH:MM)

LOCATION: AYE Exit to Bona Vista North

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SC2-8279M
b) INSURANCE COMPANY: Niac Income
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN Sunny
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: GHANG SING CHAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7624112C CONTACT: 96199884
c) ADDRESS: 39A Blanford Drive

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: 14/07/1966 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 1991

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBJ1029K MODEL: TOYOTA Dyna
b) DRIVER'S NAME: Mokkara Pragnadee Shivan
c) NRIC/FIN/PASSPORT: 033954888 CONTACT: 68537825

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = ghang.sing.chan1@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2624110C



Name

GUANG SING CHOON

阮盛春

Race

CHINESE

Date of Birth

14-07-1966

Sex

M

Country of Birth

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



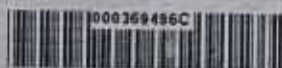
Vehicle Number S2624110C

NAME

GUANG SING CHOON

Birth Date 14 Jul 1966

Issue Date 22 Jan 2003



8325582



NRIC No. S2624110C

Nationality

MALAYSIAN

Blood Group

O+

Date of Issue

28-08-1999

Address

39A BLANDFORD DRIVE
SINGAPORE 559865

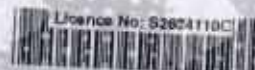
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

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

PASS DATE

09 Feb 1991

NP 423A



Hello, NAC_BUKIT_MERAH_800676

[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="27/04/2019 20:35"/>							
Vehicle No.(For Motor)	<input type="text" value="SCZ8279M"/>	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"/>	5017610860-12		GUANG SING CHOON	S2624110C	GPC	Third Party, Fire & Theft	SCZ8279M	SCZ8279M	24/12/2018	23/12/2019
<input type="button" value="Continue"/>										