

NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA1903300

Date In: 20/1/19-09:37	Job description	Date & Time Completed	Done by
Ref No: NA INC 1903300/24	SAS e-filing		
Veh No: JMC36C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/1/19-17:35	i-Motor Claim Form	M-1/1042483-001	20/1/19 11:08
OD: TP Report Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SLA6WPC 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

MNA1903300	Invoice Preparation Checklist	Amnt (\$)	Amnt (\$)
		In Bill	Add Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idao DA + SMRT Survey \$160		
Driver/Owner:	8) NTUC Additional Services:-		
	QJ*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
Contact No:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Damaged Portion:			
QC Checked by (Engr-In-Charge):			
Auditors' Comments:-			
Lat. 1:			
Lat. 2 / 3:			

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	30/04/2019 09:37
Date Of Accident	29/04/2019 17:55
Exact Location Of Accident	33 LOR KILAT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMC36C
Insured/Policyholder	
Name Of Registered Owner	PHAN KHAI CHONG
NRIC No	S8078901G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93886991
Alternative Phone No	OFFICE-93886991
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
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	5107553716
Cover Note Number	
Driver	
Name of Driver	PHAN KHAI CHONG
NRIC No	S8078901G
Date Of Birth	27/01/1980
Occupation	INDOOR
Date Of Driving Pass	07/04/1999
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93886991
Fax Number	
Contact Number	OFFICE-93886991
Email Address	NOEMAIL

Address	BLK 266 TOH GUAN ROAD #05-33
Postcode	600266
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	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)	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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS WAITING FOR MY CHILDREN. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B REVERSED AND HIT ONTO MY VEHICLE 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	SLQ6240C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA LEE KOON
NRIC/Passport Number	S7522955J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

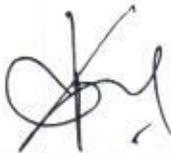
SKETCH PLAN

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)**

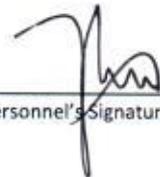
I understand, acknowledge, agree and consent that:

- (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.



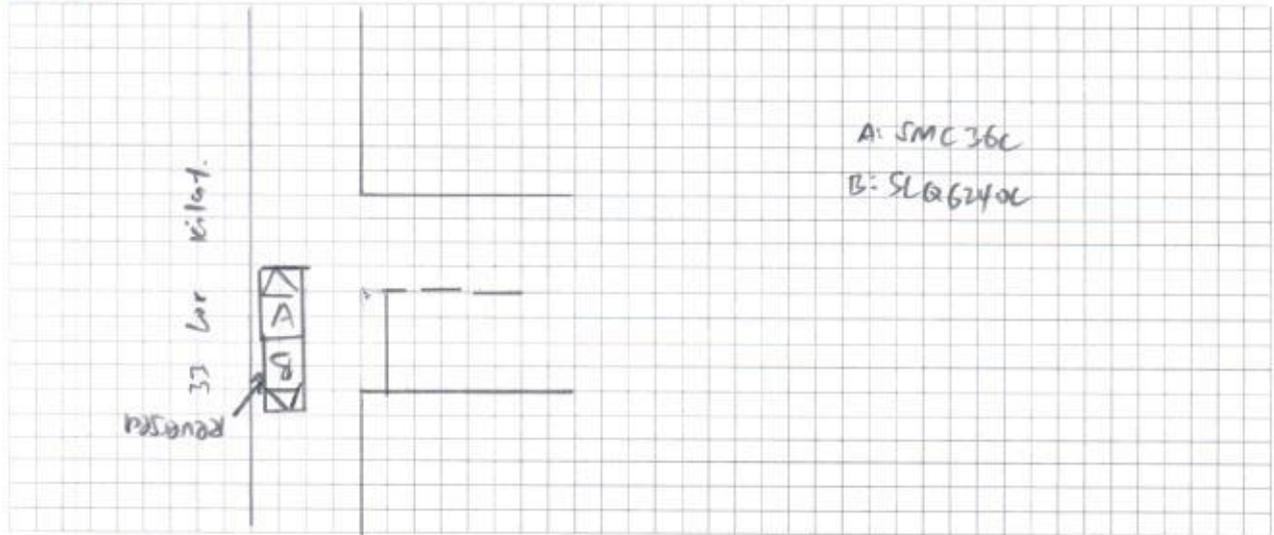
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to statement

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8078901G**

Name
PHAN KHAI CHONG

Birth Date **27 Jan 1980**

Issue Date **03 Dec 2005**

001383800F




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8078901G**

Name
PHAN KHAI CHONG

潘 啟 忠

Race
CHINESE

Date of birth
27-01-1980

Country/Place of birth
MALAYSIA

Sex
M






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

Class	Description	PASS DATE
Class 2B	Motorcycles ≤ 200 CC	07 Apr 1999
Class 3	Motor cars ≤ 2000 kg with ≤ 7 passengers, exclusive of the driver; and motor tractors/vehicles ≤ 2500 kg	07 Apr 1999
Class 4	Heavy motor cars and motor tractors > 2500 kg	14 Jun 2007
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	24 Aug 2007

S / No. 9000076243

Licence No: S8078901G

NP 428A



5342962

NRIC No. **S8078901G**

Date of issue
21-08-2014

Address
**APT BLK 266 TOH GUAN ROAD
#05-33
SINGAPORE 600266**




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="29/04/2019 17:55"/>
Vehicle No.(For Motor)	<input type="text" value="SMC36C"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107553716		PHAN KHAI CHONG	S8078901G	GPC	drive CLASSIC	SMC36C	SMC36C	28/02/2019	27/02/2020

Policy Information

Policy No.	5107553716	Policyholder Name	PHAN KHAI CHONG	Policyholder NRIC	S8078901G
Certificate No.					
Address	BLK 266 #05-33 TOH GUAN ROAD TOH GUAN VIEW SINGAPORE 600266				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	15/02/2019	Effective Date	28/02/2019 00:00	Expiry Date	27/02/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	B.A.S. INSURANCE AGENCY	Agent Tel.	67492112	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 266 #05-33	Address 2	TOH GUAN ROAD	Address 3	TOH GUAN VIEW
Address 4	SINGAPORE 600266	Address Type	Singapore address	Post Code	600266
Unit No.		Related Policy Number	5107553716		

Insured Object: SMC36C

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue Cancel

Claim Handling

[Exit](#)

Accident MT/1042483

Policy No.	5107553716	Vehicle No.	SMC36C	GST Registration No.	
Certificate No.					
Policyholder Name	PHAN KHAI CHONG			Policyholder NRIC	S8078901G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93886991	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
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(%)	40	Private Hire	No

Accident Details

Report Date	30/04/2019 21:06	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	29/04/2019	Time of Accident hh:mm	17:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	33 LOR KILAT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Not Applicable
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
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 266 #05-33	Address 2	TOH GUAN ROAD	Address 3	TOH GUAN VIEW
Address 4	SINGAPORE 600266	Address Type	Singapore address	Post Code	600266
Unit No.		Related Policy Number	5107553716		

OT Driver Info

Driver Name	PHAN KHAI CHONG	Driver Type	Main Driver	Driver DOB	27/01/1980
Unnamed driver Name		Driver NRIC	S8078901G	Driving Experience	20
Register Date of Driver License	07/04/1999	Driver Age	39	Contact No.(Home)	0
Contact No.(Mobile)	93886991	Contact No.(Office)	0	Address 1	TOH GUAN VIEW
Address 1	BLK 266	Address 2	TOH GUAN ROAD	Address 3	TOH GUAN VIEW
Address 4	SINGAPORE 600266	Address Type	Singapore address	Post Code	600266
Unit No.	05-33				
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	PHAN KHAI CHONG	Insured NRIC	S8078901G
Contact No.(Mobile)	93886991	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OT Vehicle Number	SMC36C	TP Vehicle Number	SLQ6240C
Claimant Type Claimant Type*	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMC36C / SLQ6240C ON 29 Apr 2019				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes	Insured Liability *	Not at Fault		
Date Registered	30/04/2019 21:08	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Report Taken By	Jackson	Claim Close Date		Date Received	30/04/2019 00:00

Print AK letter

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

Attachment

Accident No.	MT/1042483	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/04/2019 21:09

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 21:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 21:09	SAS	Normal	SAS 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 21:09	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 21:09	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 21:09	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 21:08	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 21:08	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 21:08	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 21:08	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 21:08	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 21:08	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 21:08	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 21:08	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 21:08	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 21:08	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 21:08	Photos	Normal	Photos 2019-4-30		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 21:08	Photos	Normal	Photos 2019-4-30		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
------------------	-------------	-----------	--------	--------