

# NATIONAL Assessment Centre Services

(wef 1 Jan 05)

Date In: 29/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19009475/13	SAS e-filing		
Veh No: 5G42806P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/05/19 0400	i-Motor Claim Form	MT/1046736-001	
OD TP: <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	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:	Veh No: 5M9835Z	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. ( )

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

NA/1903910

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (N-11 INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments:-	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 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 29/05/2019 12:41  
 Date Of Accident 28/05/2019 04:00  
 Exact Location Of Accident JUNC OF BENCOOLEN ST & ORCHARD RD  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SGY2806P  
**Insured/Policyholder**  
 Name Of Registered Owner CHUA HUI TING EVON  
 NRIC No S8237820J  
 Email Address EVONSERAPHINA@GMAIL.COM  
 Mobile Phone No (LOCAL) +65-96771130  
 Alternative Phone No OTHERS-96771130

### Vehicle Particulars

Manufacturer SUZUKI  
 Model SWIFT  
 Exact Purpose for which vehicle was being used at time of accident GRAB  
 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 HIRE

### Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Type Of Coverage THIRD PARTY  
 Fleet Policy NO  
 Policy Number 5104038892  
 Cover Note Number

### Driver

Name of Driver CHUA HUI TING EVON  
 NRIC No S8237820J  
 Date Of Birth 02/11/1982  
 Occupation OUTDOOR  
 Date Of Driving Pass 04/06/2010  
 Driving Experience 8 YEARS AND 11 MONTHS  
 Gender FEMALE  
 Mobile Number (LOCAL) +65-96771130  
 Fax Number  
 Contact Number OTHERS-96771130  
 EMail Address EVONSERAPHINA@GMAIL.COM

Address	BLK 312A SUMANG LINK #07-177
Postcode	821312
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	NO COLLISION
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?	NO
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

PLS REFER TO THE ATTACHED STATEMENT. THE VERY FIRST STATEMENT FROM THE DRIVER IS, "THERE IS SCRATCHES ON MY CAR, IT JUST A SMALL PATCH, CAN JUST GO GARAGE SPRAY PAINT. WE CAN PRIVATE SETTLE THIS"

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	OVERWRITE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA835Z
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
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.
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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:

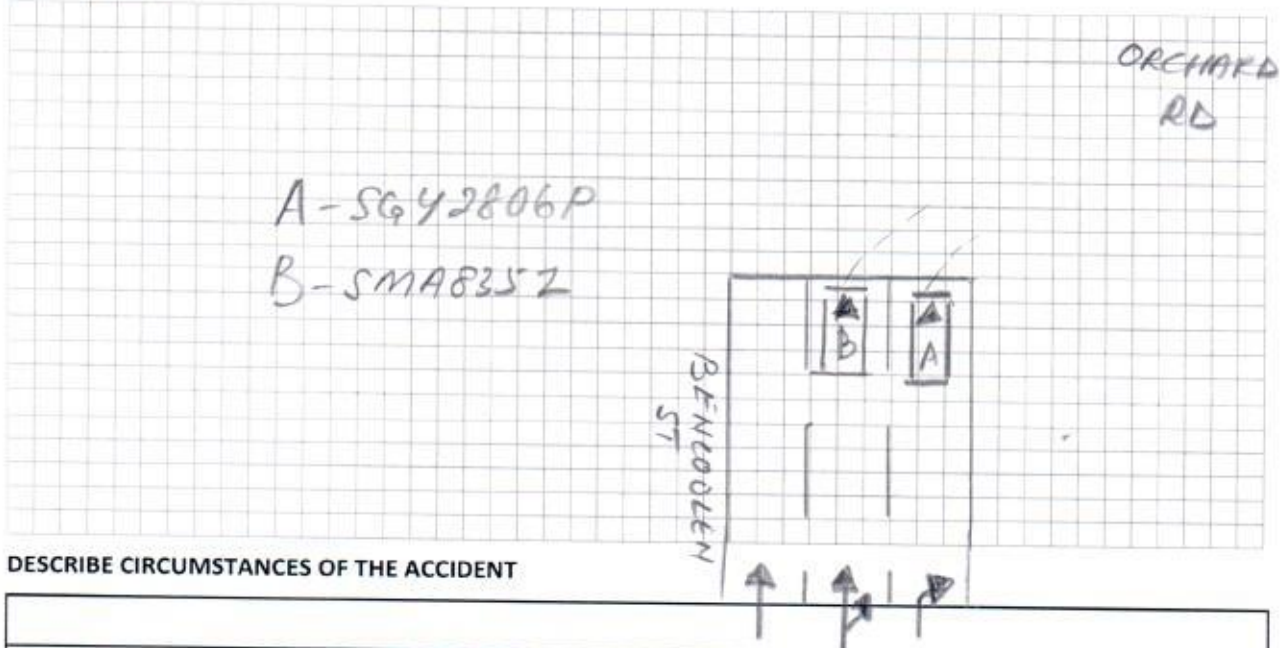
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 1pm  
29/5/19

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

 29/05/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While turning right towards Orchard Rd going Cuppage, a car suddenly honk me. I immediate stop and move to the side of the road. The said vehical claims that there is scratches on his car even thou there is no collosion and there is no markes on my car. The height of the site of his scratches does not match any area of my car that would have cause it.

I did not provide my particulars as there were no collosion. The said driver text me in the afternoon stating However we exchanged contact numbers.

the fine scratches could be polish off and he would bear the cost himself. However in the a late afternoon he text again that he would proceed to make a insurance report the following day upon advise of his car rental company.

To prevent a false claim make against me, I visit punggol police station for advice SD120 dated 29/8/19 11.30pm.

The police advise me to visit IDAC to have photos of my car taken to ~~show~~ show that there is no damage on my car that would have cause the said vehical scratches. This morning the

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 1 p.m.

29/1/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]* 29/05/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



The said driver texted me that he would settle with his rental company for a private settlement and would update me.

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

NRIC/FIN No.:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8237820J



Name

CHUA HUI TING, EVON  
(CAI HUITING, EVON)

蔡慧婷

Race

CHINESE

Date of birth

02-11-1982

Sex

F

Country of birth

SINGAPORE



4910705

NRIC No. S8237820J

Date of issue  
04-12-2012

APT BLK 312A SUMANG LINK #07-177  
SINGAPORE 821312  
NRIC No: S8237820J

Date: 11/03/2015

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8237820J

Name

CHUA HUI TING, EVON  
(CAI HUITING, EVON)

Birth Date 02 Nov 1982

Issue Date 04 Jun 2010



001361000J

Land Transport Authority



PDVL/TDVL  
33 888 88888  
263162



VOCATIONAL LICENCE

Licence No: S8237820J

Name: CHUA HUI TING EVON

Card Issue Date: 22/12/2017

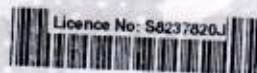
Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check  
the status of this vocational licence

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

EFFECTIVE DATE

Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 04 Jun 2010

NP 428A



Licence No: S8237820J

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	22/12/2017



evon Seraphina@gmail.com

For LKK/NAC Use Only



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5104038892

**Cover :** Third Party

- |   |                             |
|---|-----------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SGY2806P</b>           |
| Chassis Number  | : 2C11S176373               |
| 2. Name of Policyholder   | : <b>CHUA HUI TING EVON</b> |
| 3. Effective Date of Insurance  | : 21 Sep 2018               |
| 4. Expiry Date of Insurance   | : 20 Sep 2019               |
| 5. Persons or Classes of Persons entitled to drive#   |                             |
| (a) The Policyholder.   |                             |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                             |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                             |
| 6. Limitations as to Use#   |                             |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.  |                             |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: CHUA HUI TING, EVON
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

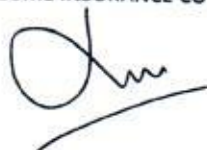
Agency : GOH THIAN SHONG (00000602561)  
Date of Issue : 20 Sep 2018 12:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

Accident MT/1046736

Policy No.	5104038892	Vehicle No.	SGY2806P	GST Registration No.
Certificate No.				
Policyholder Name	CHUA HUI TING EVON			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	96771130	Contact No.(Office)	0	Contact No.(Home)
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(%)	20	Private Hire

## ▼ Accident Details

Report Date	29/05/2019 17:15	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/05/2019	Time of Accident hh:mm	04:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF BENCOOLEN ST & ORCHARD RD			

## ▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

## ▼ 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 312A #07-177	Address 2	SUMANG LINK	Address 3
Address 4	SINGAPORE 821312	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5104038892	

## ▼ OI Driver Info

Driver Name	CHUA HUI TING, EVON	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S82378203	Driving Experience
Register Date of Driver License	04/06/2010	Driver Age	36	Contact No.(Home)
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1	BLK 312A	Address 2	SUMANG LINK	Post Code
Address 4	SINGAPORE 821312	Address Type	Singapore address	
Unit No.	#07-177			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 OD-MX

New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Contact No. Finalisation ☐ Yes ☐ No Insured Liability ☐ Preferred ☐ Not at Fault Repair Option ☐ Preferred Workshop, Name unknown ☐ Other

Date Registered

Report Taken By

☒ Print AK letter

OD-MX	Insured Name	CHUA HUI TING
85048309	Contact No. (Home)	671965
EVONSERAPHINA@GMAIL.COM	OI Vehicle Number	SGY2806P
SGY2806P / SMA835Z ON 28 May 2019		
29/05/2019 17:23	Claim Close Date	
ROSINDA	Workshop Repairer	



Save Submit
















## Attachment

Accident No.	MT/1046736	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/05/2019 00:00

Path *	Category *	Confidential
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 May 2019 17:23	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 May 2019 17:23	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 May 2019 17:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 May 2019 17:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 May 2019 17:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 May 2019 17:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 May 2019 17:22	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 May 2019 17:21	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 May 2019 17:21	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 May 2019 17:21	Photos	Normal	Photos

[Video List](#)

NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 May 2019 17:21	Photos	Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 May 2019 17:21	Photos	Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 May 2019 17:21	Photos	Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 May 2019 17:20	Photos	Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 May 2019 17:20	Photos	Normal	Photos
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NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 May 2019 17:20	Photos	Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 May 2019 17:20	Photos	Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 May 2019 17:20	Photos	Normal	Photos

Uploaded By/Date

Folder Date

File Name

[Display in New Window](#)[Scan and uploading](#)