

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 11/06/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC1900250/13	SAS e-filing		
Veh No: 5DV1218U	E-mail (within 8hrs, AIC 2hrs)		
DOA: 11/06/19 0830	i-Motor Claim Form	MT/1048617-001	
OD (TP) Reporting 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: (TWINCAR)	Tel:	Fax:
TP Particulars:	Veh No: 5H65005	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

NA1904332

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	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		
Auditors' Comments :-	5) RT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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: Idac Mobile 30		
	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	11/06/2019 12:10
Date Of Accident	11/06/2019 08:30
Exact Location Of Accident	JUNC OF LOR CHUAN & AMK AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV1218U
Insured/Policyholder	
Name Of Registered Owner	CHUA HIAN LOO
NRIC No	S1197834G
Email Address	HLCHUA05@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98207293
Alternative Phone No	OTHERS-85183840

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	5091394861-01
Cover Note Number	

Driver

Name of Driver	CHUA HIAN LOO
NRIC No	S1197834G
Date Of Birth	03/11/1956
Occupation	OUTDOOR
Date Of Driving Pass	14/05/1976
Driving Experience	43 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98207293
Fax Number	
Contact Number	OTHERS-85183840
EEmail Address	HLCHUA05@YAHOO.COM.SG

Address	BLK 133 LOR AH SOO
	#06-426
Postcode	530133
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)	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

I WAS DRIVING ALONG LOR CHUAN TWDS AMK AVE 1 ON THE EXTREME RIGHT LANE OF A4-LANES RD. SOMEWHERE AT THE JUNC OF AMK AVE 1, I SLOWED DOWN AND STOPPED B4 THE STOP LINE AS THE TRAFFIC LIGHT TURNED AMBER. OUT OF THE SUDDEN VEH B CAME FROM THE REAR AND COLLIDRD DIRECTLY ONTO THE REAR PORTION OF MY VEH.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6500S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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

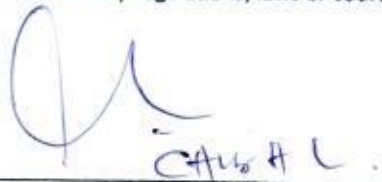
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

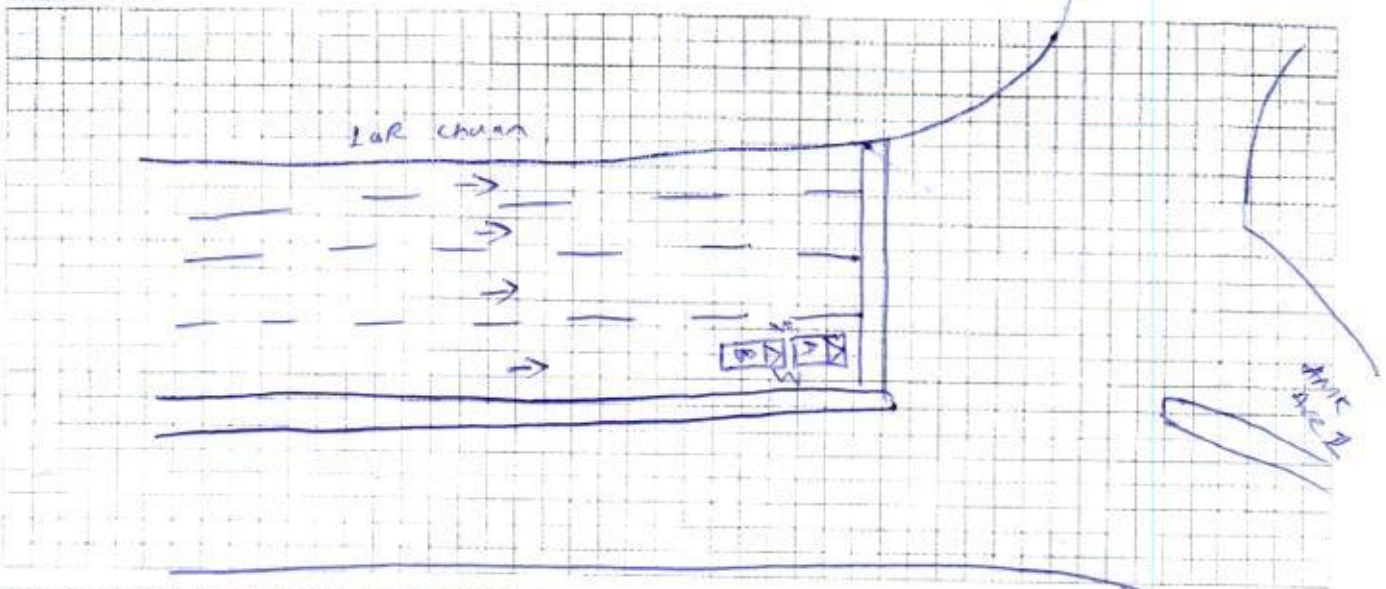


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along LaR Chuan towards Ang Mo Kio Ave 1 at the bottom right lane of a 4 lane road. Somewhere at the junction of Ang Mo Kio Ave 1, I slowed down and stopped before the stop line as the traffic light turned amber. Out of the sudden, veh (B) came from the rear and accidently driving into the rear portion of my vehicle.

A - 50V 1218U


B - SH6500S

DECLARATION

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


C. H. H. H.

Policyholder's Signature
Date & Time:


C. H. H. H.

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


11/06/19

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

Vehicle No.	SDV 12184	Model / Make	TOYOTA ALTIS
Date of Accident	11/6/2018		
Time of Accident	8:30am	HRS	
Location of Accident	JUNCTION LORONG CHUAN & ANG MO KIO AVE 1		
Exact purpose use during accident	Please use		
Name of Owner	CHUA HIAN LOO		
Telephone No.	H/P: 98207293 Home: 85183840 Office:		
NRIC	S1197834G		
Address	BLK 133 LORONG AH SOO, #06-426, S (1953)		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.			
Name of Driver	As Above If No, As Above		
NRIC	S1197834G	Any Passengers: NO	
Date of birth	3/11/1956		
Occupation	<u>Outdoor</u>	/	Indoor
Driving License Pass Date	14/5/1976		
Gender	<u>Male</u>	/	Female
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	<u>No</u>	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	<u>No</u>	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SH65005	Any Passengers: NO	
Name of Driver	Contact No.:		
Vehicle C No.	Any Passengers:		
Vehicle D No.	Any Passengers:		
Vehicle E No.	Any Passengers:		
Vehicle F No.	Any Passengers:		
Vehicle G No.	Any Passengers:		
Witness Name	Witness Contact:		
Accident Portion	Rear Portion		
Camera Recorder	<u>Yes</u> / No		
Email Address	hlchua05@yahoo.com.sg hlchua05@yahoo.com.sg		
PARTICULAR WORKSHOP	Tutor Auto Parts Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zing		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Reference Number: S1197834G

Name: CHUA HIAN LOO

Birth Date: 03 Nov 1956

Issue Date: 16 Apr 2003

000402985K

For LKK/NAC Use Only



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1197834G



Name: CHUA HIAN LOO

蔡顯裕

Race: CHINESE

Date of Birth: 03-11-1956

Country of Birth: SINGAPORE

Sex: M

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

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

PASS DATE: 14 May 1976

For LKK/NAC Use Only

Licence No: S1197834G

NP 428A



046967



NRIC No. S1197834G

Blood Group: O+ Date of Issue: 12-08-1992

Address: APT BLK 133 LORONG AH SOO #06-426 SINGAPORE 1953

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="11/06/2019 08:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SDV1218U"/>	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"/>	5091394861-01		CHUA HIAN LOO	S1197834G	GPC	drive PREMIUM	SDV1218U	SDV1218U	15/06/2018	14/06/2019
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1048617

Policy No.	5091394861-01	Vehicle No.	SDV1218U	GST Registration No.
Certificate No.				
Policyholder Name	CHUA HIAN LOO			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	98207293	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire
Accident Details				
Report Date	11/06/2019 18:10	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/06/2019	Time of Accident hh:mm	08:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF LOR CHUAN & AMK AVE 1			
Excess				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	
Benefits				
Coverage		Sum Insured	99999999.99	
Transport Allowance				
GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
Policyholder Mailing Address				
Address 1	BLK 133 #06-426	Address 2	LORONG AH SOO	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5091394861-02	
OI Driver Info				
Driver Name	CHUA HIAN LOO	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S1197834G	Driving Experience
Register Date of Driver License	14/05/1976	Driver Age	62	Contact No.(Home)
Contact No.(Mobile)	98207293	Contact No.(Office)	0	Address 3
Address 1	BLK 133	Address 2	LORONG AH SOO	Post Code
Address 4		Address Type	Singapore address	
Unit No.	#06-426			
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	

Modification History

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Finalisation ☒ Yes ☐ No Insured Liability ☐ Preferred ☒ Not at Fault Preferred Workshop, Name unknown ☐ GJA report ☒ Received

Date Registered

Report Taken By

OD-MX Insured Name CHUA HIAN LOO
 98207293 Contact No. (Home) 628295
 HLCHUA05@YAHOO.COM.SG OI Vehicle Number SDV1218U
 SDV1218U / SH6500S ON 11 Jun 2019

11/06/2019 18:14 Claim Close Date
 ROSLINDA Workshop Repairer

[Print AK letter](#)[Save](#) [Submit](#)**Attachment**

Accident No. MT/1048617 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 11/06/2019 00:00

Path *

[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](#)[Clear](#)[Clear](#)[Clear](#)[Clear](#)[Clear](#)

Category *

Confidential

[Please Select](#) NO[Please Select](#) NO[Please Select](#) NO[Please Select](#) NO[Please Select](#) NO[Please Select](#) NO**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:14	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:14	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:13	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name

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