

NATIONAL Assessment Centre Services (w/1 Jan 09) **MNA41908009**

Date In: 19/06/2019 15:29	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/190803/Y	SAS e-filing		
Veh No: SLY 7398L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/06/2019 22:45	i-Motor Claim Form	m11049711-00	19/06/2019
OD TP: <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		16:26
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksn		

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

TP Particulars: Veh No: **SLP 1863.L** 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:	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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:		1st Bill	Add. Bill
1/A/1904600	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$40)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditor's Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (w/ef 10 Jan 2019)		
Cat. 2/3:	6) TR: Re-inspection \$75		
1/1/1	7) NI: Idnu DA + SMRT Survey \$160		
	8) NTUC: Additional Services:		
	* N5: Courtesy Car / Tpl Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N1): TP (Non INC) against INC \$20		
	N12: Idnu Mobile \$0		
	Invoice date/	Fee Charged	
		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	19/06/2019 15:39
Date Of Accident	18/06/2019 22:45
Exact Location Of Accident	ALONG LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV7393L
Insured/Policyholder	
Name Of Registered Owner	CHIA WEN CHIEN CLEMENT
NRIC No	S9033721A
Email Address	CLEMENT.CHIAWC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91081293
Alternative Phone No	OFFICE-91081293
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106947812
Cover Note Number	
Driver	
Name of Driver	CHIA WEN CHIEN CLEMENT
NRIC No	S9033721A
Date Of Birth	13/09/1990
Occupation	INDOOR
Date Of Driving Pass	05/10/2009
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91081293
Fax Number	
Contact Number	OFFICE-91081293
EMail Address	CLEMENT.CHIAWC@GMAIL.COM

Address	BLK 8 KIM TIAN PLACE #22-55
Postcode	163008
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	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : FATHER 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	SLP1863L
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	RAYMOND
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

19/6/19 3:38pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

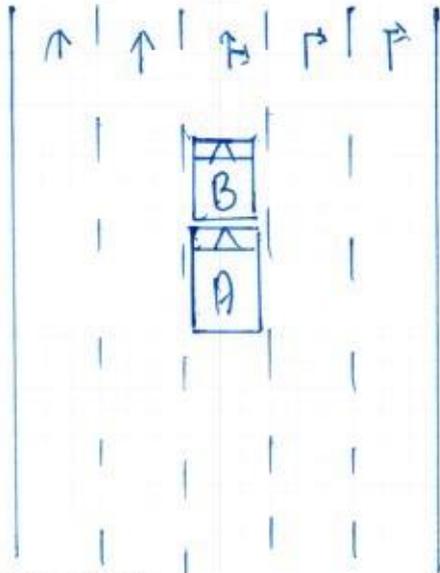
NRIC/FIN No.:

19/06/2019

Leah Jathor

SKETCH PLAN

A) SLV7393L
B) SLP1863L



LOWER DELTA ROAD B/F
JLN BUKIT MARAH

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the turnout of ATE on lower delta road, the rain was huge and surface of the floor was slippery and wet. My car was not able to break in time and touched the rear end of the next car.

DECLARATION

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

Policyholder's Signature
Date & Time: 19/6/19 3:45pm

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

Reporting Centre Personnel's Signature
Name: Rest Intan
NRIC/FIN No.: 19/06/2019

Claim Handling

Accident MT/1049711

Policy No.	SI06947812	Vehicle No.	SLV7393L	GST Registration No.	
Certificate No.					
Policyholder Name	CHIA WEN CHEN CLEMENT	Cover Type	DRIVE CLASSIC	Policyholder NRIC	S9033721A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90181293	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KFK	No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	19/06/2019 16:14	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/06/2019	Time of Accident hh:mm	22:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG LOWER DELTA ROAD				

Excess

Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	500.00		
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 B #22-55	Address 2	KIM TIAN PLACE	Address 3	SINGAPORE 163008
Address 4		Address Type	Singapore address	Post Code	163008
Unit No.		Related Policy Number	SI06947812		

GI Driver Info

Driver Name	CHIA WEN CHEN CLEMENT	Driver Type	Main Driver	Driver DOB	13/09/1990
Unnamed driver Name		Driver NRIC	S9033721A	Driving Experience	9
Register Date of Driver License	05/10/2009	Driver Age	28	Contact No.(Home)	
Contact No.(Mobile)	90181293	Contact No.(Office)		Address 3	SINGAPORE 163008
Address 1	BLK B #22-55	Address 2	KIM TIAN PLACE	Post Code	163008
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	SLV7393L	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No				

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No
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Modification History

Claim 001 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Insured Liability

Insured Name

Insured NRIC

Contact No. (Home)

Contact No. (Office)

TP Vehicle Number

Name of Preferred Workshop

OD-MX

Insured Name

CHIA WEN CHEN CLEMENT

Insured NRIC

S9033721A

Contact No. (Home)

90181293

Contact No. (Office)

62709819

TP Vehicle Number

SLV7393L

SLV7393L / SLP1863T ON 18 Jun 2019

SLV7393L

SLP1863T

SLV7393L / SLP1863T ON 18 Jun 2019

Claim Close Date

19/06/2019 16:25

Date Received

19/06/2019 00:00

Report Taken By

ROSLI WAHAB

Save Submit

Attachment

Accident No.

MT/1049711

Claim No.

001

Last Doc. Received

Yes No

Upload Date

19/06/2019 16:26

Category *	Confidential	Urgency *	Description *
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2019 16:26	Photos	Normal	Photos 2019-6-19	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2019 16:26	Photos	Normal	Photos 2019-6-19	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2019 16:26	Photos	Normal	Photos 2019-6-19	

Claim Handling(accident reporting Claim Task)



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2019 16:26	Photos	Normal	Photos 2019-6-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2019 16:26	Photos	Normal	Photos 2019-6-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2019 16:26	Photos	Normal	Photos 2019-6-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2019 16:26	Photos	Normal	Photos 2019-6-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2019 16:26	SAS	Normal	SAS 2019-6-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2019 16:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2019 16:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jun 2019 16:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-19

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (18/06/2019) (DD/MM/YYYY), TIME: (22:45) (HH:MM)

LOCATION: Lower Delta Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV7393L
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 51069478D
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mercedes Benz C180
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Going home
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: Chia Wen Chien, Clement (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S98321A CONTACT: 9018 1413
c) ADDRESS: 8 Kim Tian Place, #22-55, S(163028)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (13/09/1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 3

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: SLP1803T MODEL: Toyota Vios
b) DRIVER'S NAME: Mr. Raymond
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

DAD (M)

* No of passengers
(including driver)
(2)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = clement.chiawc@gmail.com
VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9033721A



Name

CHIA WEN CHIEN, CLEMENT

谢文坚

Race

CHINESE

Date of birth

13-09-1990

Sex

M

Country of birth

SINGAPORE

For LKK/NAC Use Only

3770383



NRIC No. S9033721A



Date of issue

17-09-2005

Address

APT BLK B KIM TIAN PLACE
#22-55
SINGAPORE 163008

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 9033721 A**

Name:

CHIA WEN CHIEN, CLEMENT

For LKK/NAC Use Only

Birth Date: **13 Sep 1990**

Issue Date: **05 Oct 2009**



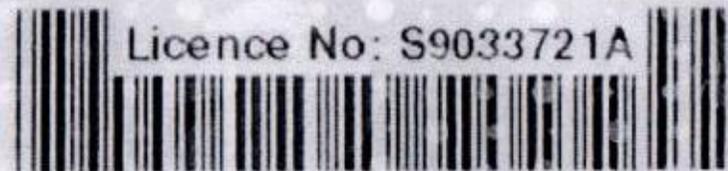
001791529D

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

PASS DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 05 Oct 2009

For LKK/NAC Use Only



NP 428A

Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5106947812		CHIA WEN CHIEN CLEMENT	S9033721A	GPC	drivo CLASSIC	SLV7393L	SLV7393L	21/01/2019	20/01/2020

Continue