

NATIONAL Assessment Centre Services. [part 1 Jan 03] : MMA 119088694.

Date In: 8/17/19 14:39	Job description	Date & Time Completed	Done by
Ref No: NA11MC19011992/64	SAS e-filing		
Veh No: SJW 9015J	E-mail (within 5hrs, AIC 2hrs)		
DDA: 616/19 17:35	I-Motor Claim Form	M711048332 ⁰⁰¹	8/17/19 16:18
OD: TP / Reporting Only	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/WRM		

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

TP Particulars: Vch No: SML 4369T. 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:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

DDA/TP: _____

Comments	AMOUNT (\$)	AMOUNT (\$)
NA1905051		
1) AR: Accident Reporting (\$30)		30.00
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) IT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (w/e 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idan DA + GMRT Survey	\$160	
8) NTUC Additional Services:		
OD:		
*N5: Courtesy Car / Tpl Allowance	\$5	
*N6: Repair Coordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TP (N11): TP (Non-INC) against INC	\$20	
9) N12: Idan Mobile	\$0	
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	08/07/2019 14:39
Date Of Accident	06/06/2019 17:35
Exact Location Of Accident	LOR 6 TOA PAYOH SLIP RD INTO PIE(CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW9015J
Insured/Policyholder	
Name Of Registered Owner	CHAI CHANG YI (CAI CHANGYI)
NRIC No	S8018690H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97872067
Alternative Phone No	OFFICE-97872067

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA 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	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	5063816343-05
Cover Note Number	-

Driver

Name of Driver	CHAI CHANG YI (CAI CHANGYI)
NRIC No	S8018690H
Date Of Birth	29/08/1980
Occupation	INDOOR
Date Of Driving Pass	27/08/2002
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97872067
Fax Number	
Contact Number	OFFICE-97872067
E-Mail Address	NOEMAIL

Address	BLK 143 POTONG PASIR AVE 2 #11-10
Postcode	350143
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	DRIZZLING
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?	
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: : UNKNOWN
	GENDER: : FEMALE

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 AT THE SLIP RD FROM LOR 6 TOA PAYOH BEFORE ENTER INTO PIE(CHANGI). WHEN NOTICED VEH B STARTED TO MOVE OUT, I FOLLOW TO MOVE AND CHECK ON MY RIGHT, WHEN TURN BACK MY VIEW, SUDDENLY VEH B STOP, I MANAGE TO STOP BUT CANNOT STOP IN TIME, AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION. AFTER THE INCIDENT, WE AGREE TO PRIVATE SETTLEMENT, WE HAVE SETTLE THIS MATTER ON 12 JUN 2019 AND WE BOTH ALSO SIGN THE PRIVATE SETTLEMENT FORM, AFTER THAT I STILL RECEIVED THE CLAIMS FROM OTHER PARTY. ATTACHED IS THE PRIVATE SETTLEMENT FORM.

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	SML4369T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TENG TIONG HUA
NRIC/Passport Number	S2188669F
Contact Number	98354010
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:

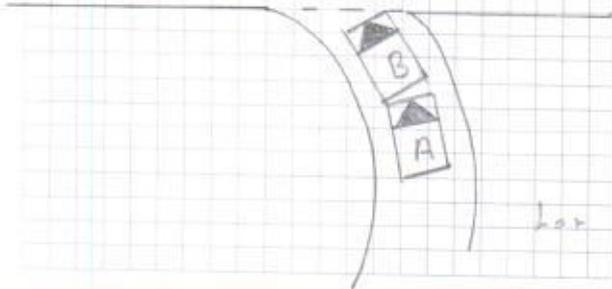
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

PIE (changit)



A = SJW 9015J
B = SML 4369T

Lor 5 Toq Payoh

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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.:

Private settlement for motor accidents

When involved in a motor accident, you are required to report accident (whether claiming under own policy or not) with accident vehicle (whether damage or not) to our reporting centres within 24 hours or the next working day after the accident. Failure to report or late reporting of accident will result in insured's NCD reduction, upon the next renewal of your motor policy.

You can choose to enter into a private settlement with the owner of the other car if there are no personal injuries and damages are minor. Under a private settlement, both parties agree to settle the matter amicably without suing each other. It is a legally binding agreement.

Income policyholders should send the signed form to Fax No. 6338 1500 or email attachment to motor@income.com.sg. Income will then take up the case on your behalf should the other party decide to lodge a claim subsequently. Your NCD will be protected even if we have to pay the claim.

Income collects, uses and discloses the information in this claim form for insurance and claims administration purposes. For more details about Income's Privacy Policy, please visit www.income.com.sg/others/privacy.asp

Private settlement

1. Details of Accident: 1735 hrs
 Date (dd/mm/yyyy) / Time: 06/06/2019 Location: Perth to AITC (Changi) from Tanjong Lor. 6.

2a. Motor-vehicle registration no. SJW 9015J driven by CHAI CHANG YI 5801864011 (Name & NRIC no)
 and owned by CHAI CHANG YI 5801864011 (Name & NRIC no).

2b. Motor-vehicle registration no. SML4369T driven by Teng Tiong Hua S2188669F (Name & NRIC no)
 and owned by Teng Tiong Hua S2188669F (Name & NRIC no).

3. There are no personal injuries or death involved.

4. The parties have agreed to settle this matter amicably as follows: *delete a) or b) as applicable.

*a. ~~Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.~~

*b. Without any admission of liability, (party paying compensation) has paid a sum of \$ 900.00 which (owner receiving compensation) hereby acknowledges receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

5. Both parties have not and will not make a police report of this accident.

6. We understand that the information collected on this private settlement form will be kept and used by Income for investigating and administering claims, fraud detection and underwriting future insurance applications.

Name (paying party): CHAI CHANG YI Tel: 97872067 Fax: _____
 NRIC / Passport no: 5801864011 Signature: 

Name (owner receiving compensation): Teng Tiong Hua Tel: 98354010 Fax: _____
 NRIC / Passport no: S 2188669F Signature: 

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8018690H



Name
CHAI CHANG YI
(CAI CHANGYI)
蔡常毅
Race
CHINESE
Date of birth
29-08-1980 M
Country of birth
MALAYSIA



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

S8018690H



CHAI CHANG YI
(CAI CHANGYI)

Birth Date: 29 Aug 1980
Issue Date: 09 Oct 2018



4758414



NRIC No. S8018690H

Date of issue
05-08-2011

Address
APT BLK 143 POTONG PASIR AVENUE 2
#11-10
SINGAPORE 350143

For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 27 Aug 2002

NP 428A



Licence No: S8018690H

Hello, NAC_PAYA_UBI_800601

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"/>	5063816343-05		CHAI CHANG YI (CAI CHANGYI)	S8018690H	GPC	drive CLASSIC	SJW9015J	SJW9015J	28/04/2019	27/04/2020

Continue

Claim Handling

Accident MT/1048332

Policy No.	5063816343-05	Vehicle No.	SJW9015J	GST Registration No.	
Certificate No.					
Policyholder Name	CHAI CHANG YI (CAI CHANGYI)	Cover Type	drive CLASSIC	Policyholder NRIC	S8018I
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No ▼
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	40	eCode Reason	
NCD Protection	No			Private Hire	Not av

Report Date	10/06/2019 16:19	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	06/06/2019	Time of Accident hh:mm	17:40	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	TOA PAYOH LOR 2 EXIT TOWARDS PIE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not App
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	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 143 #11-10	Address 2	POTONG PASIR AVENUE 2	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	35014
Unit No.		Related Policy Number	5063816343-05		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Address 4	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	CHAI CHANG YI (CAI CHANGYI)
Contact No.(Mobile)	97872067	Contact No. (Home)	62832274
Email Address	lotsmoretrash@hotmail.com	OI Vehicle Number	SJW9015J
Claim Description	SJW9015J / SML4369T ON 6 Jun 2019		
Preferred Workshop	Insured Liability	Fully at Fault	
Finalisation	Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	08/07/2019 16:17	Received	
Report Taken By	LJEW SHAN HUI	Claim Close Date	

Print AK letter

Attachment

Save Submit

Accident No.	MT/1048332	Claim No.	002
Last Doc. Received		Upload Date	

Yes No

08/07/2019 16:18

- Choose File No file chosen
- Message Read

Path *

Clear	Category *	Confidential	Urgency *
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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jul 2019 16:18	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jul 2019 16:18	SAS	Normal	SAS 2019-7-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jul 2019 16:18	Photos	Normal	Photos 2019-7-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jul 2019 16:18	Photos	Normal	Photos 2019-7-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jul 2019 16:17	Photos	Normal	Photos 2019-7-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jul 2019 16:17	Photos	Normal	Photos 2019-7-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jul 2019 16:17	Photos	Normal	Photos 2019-7-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jul 2019 16:17	Photos	Normal	Photos 2019-7-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jul 2019 16:17	Photos	Normal	Photos 2019-7-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jul 2019 16:17	Photos	Normal	Photos 2019-7-8

Video List

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