

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MWA11909DM**

Date In: <b>12/1/19-17:19</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC 190239024</b>	SAS e-filing		
Veh No: <b>5J76659L</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>12/1/19-16:15</b>	i-Motor Claim Form	<b>12/1/19 13:29</b>	<b>12/1/19 13:29</b>
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: (

Tel:

Fax:

TP Particulars:

Veh No: **565958J**

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

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

(In Bill)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat 1:

Lat 2 / 3:

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: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD\*

\*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-n 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	12/07/2019 17:19
Date Of Accident	11/07/2019 16:15
Exact Location Of Accident	LIAT TOWER TAXI STAND
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJT6659L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO CHI CHIA, BRENDA (HE QIJIA, BRENDA)
NRIC No	S7912519I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96880011
Alternative Phone No	OFFICE-96880011
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	ODYSSEY 2.4L AT SR
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094909631-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	HO CHI CHIA, BRENDA (HE QIJIA)
NRIC No	S7912519I
Date Of Birth	25/04/1979
Occupation	INDOOR
Date Of Driving Pass	16/11/1999
Driving Experience	19 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96880011
Fax Number	
Contact Number	OFFICE-96880011
Email Address	NOEMAIL

Address	62 PUNGGOL WALK #16-27
Postcode	828781
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 - CHANGE/CROSS LANE
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

REFER TO STATEMENT.

#### 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	SGS9338J
Vehicle Make/Model/Colour	
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)	1



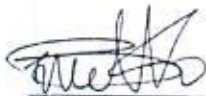
## SKETCH PLAN

### 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:

12/7/2019



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

12/7/2019

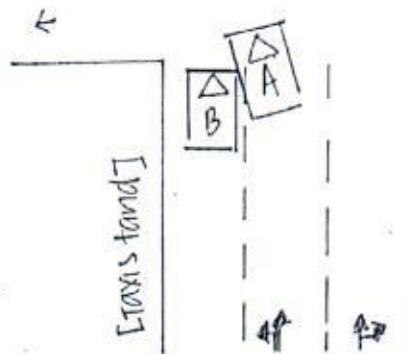


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

Vehicle A: SGT6659L

Vehicle B: S9S933BJ

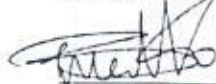


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning into Lat Tower, when I accidentally grazed onto vehicle 'B', S9S933BJ, front right right portion.

## DECLARATION

✓ We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time:

12/7/2019



Driver's Signature

(If driver is not the policyholder)

Date & Time:

12/7/2019



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 11, 07, 2019 (DD/MM/YYYY), TIME: 16:15 (HH:MM)

LOCATION: Liat Tower Taxi stand

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: JJT6659L  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private  
 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: Ho Chi Chia Brenda (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7912519L CONTACT: 9688 0011  
 c) ADDRESS: 62 Punggol Walk #16-27 S(628781)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 25, 04, 1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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: SES9338J MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

No of passenger  
 (including driver)  
(01)

No of passenger  
 (including driver)  
(01) male

No of passenger  
 (including driver)  
( )

email =

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7912519I**



Name

HO CHI CHIA, BRENDA  
(HE QIJIA)

何其佳

Race

CHINESE

For LKK/NAC Use Only

Date of birth

25-04-1979

Sex

F

Country of birth

SINGAPORE



4 8 5 9 4 3 2



NRIC No. **S7912519I**

For LKK/NAC Use Only

Date of Issue

11-04-2012

**62 PUNGGOL WALK #16-27**  
**SINGAPORE 828781**

NRIC No: **S7912519I**

Date: **11/01/2016**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 79125191**

Name:

**HO CHI CHIA, BRENDA  
(HE QIJIA, BRENDA)**

*For LKK/NAC Use Only*

Birth Date: **25 Apr 1979**

Issue Date: **05 Nov 2003**





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

PASS DATE

Class 3    Motor Cars and Motor Tractors the weight of    16 Nov 1999  
which unladen does not exceed 2500 kilograms

*For LKK/NAC Use Only*

NP 428A





eBaoTech

GeneralClaim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094909631-01		HO CHI CHIA, BRENDA (HE QIJIA, BRENDA)	S79125191	GPC	drive CLASSIC	SJT6659L	SJT6659L	26/10/2018	25/10/2019

## Claim Handling

Exit

Accident MT/1053023

Policy No.	S094909631-01	Vehicle No.	SJT6659L	GST Registration No.	
Certificate No.					
Policyholder Name	HO CHI CHIA, BRENDA (HE QJIA, BRENDA)	Cover Type	drive CLASSIC	Policyholder NRIC	S79125196
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	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Not available

## Accident Details

Report Date	12/07/2019 08:37	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	11/07/2019	Time of Accident hh:mm	16:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Along Liat Tower Taxi Stand				

## Excess

Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
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	62 PUNGOL WALK	Address 2	#16-27 A TREASURE TROVE	Address 3	SINGAPORE 828781
Address 4		Address Type	Singapore address	Post Code	828781
Unit No.	16-27	Related Policy Number	S094909631-01		

## OI Driver Info

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

Modification History

Claim 002 New

Claim Type *	CD-MK	Insured Name	HO CHI CHIA, BRENDA (HE QJIA)	Insured NRIC	S79125196
Contact No.(Mobile)	96880011	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SJT6659L	TP Vehicle Number	SGS9338J
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJT6659L / SGS9338J ON 11 Jul 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/07/2019 17:29	Claim Close Date		Date Received	12/07/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1053023	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/07/2019 17:31

















Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal	



Attachments (14)

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jul 2019 17:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-12		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jul 2019 17:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-12		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jul 2019 17:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-12		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jul 2019 17:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-12		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jul 2019 17:30	SAS	Normal	SAS 2019-7-12		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jul 2019 17:30	Photos	Normal	Photos 2019-7-12		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jul 2019 17:30	Photos	Normal	Photos 2019-7-12		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jul 2019 17:30	Photos	Normal	Photos 2019-7-12		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jul 2019 17:30	Photos	Normal	Photos 2019-7-12		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jul 2019 17:30	Photos	Normal	Photos 2019-7-12		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jul 2019 17:30	Photos	Normal	Photos 2019-7-12		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jul 2019 17:29	Photos	Normal	Photos 2019-7-12		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jul 2019 17:29	Photos	Normal	Photos 2019-7-12		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jul 2019 17:29	Photos	Normal	Photos 2019-7-12		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jul 2019 17:29	Photos	Normal	Photos 2019-7-12		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jul 2019 17:29	Photos	Normal	Photos 2019-7-12		<a href="#">Edit</a>
Video List						
Uploaded By/Date		Folder Date	File Name	Source	Action	
<div> <input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/> </div>						