

**NATIONAL Assessment Centre Services** (wef 1 Jan 2005)

Date In: <b>18/07/19</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC19012666/13</b>	SAS e-filing		
Veh No: <b>SLC26025</b>	E-mail (within 8hrs; AIC 2hrs)		
D.O.A: <b>17/07/19 1830</b>	i-Motor Claim Form	<b>MT/1054059-001</b>	
OD <b>(1P)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: **SBS6715H** 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**


**NA1905379 Invoice Preparation Checklist** Amt (\$) Amt (\$) Ist Bill Add Bill

**Claimant's Particulars :-** 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80)

**Driver/Owner:** 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120

**Contact No:** 5) iT: Follow-Through Survey (Resurvey) \$30  
For claiming against INC Only (wef 10 Jan 2005)

**Damaged Portion:** 6) TR: Re-inspection \$75 7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

**QC Checked by (Engr-In-Charge):** ON\* \*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

**Auditors' Comments :-** \*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

**Cat 1:** TP (N11): TP (Non INC) against INC \$20

**Cat 2 / 3:** 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 willful 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	18/07/2019 11:09
Date Of Accident	17/07/2019 18:30
Exact Location Of Accident	TAMPINES AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC2602S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA YIN KIT
NRIC No	S6841815A
Email Address	FION7693@YAHOO.CO.SG
Mobile Phone No	(LOCAL) +65-90688973
Alternative Phone No	OTHERS-90688973

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	5079727893-03
Cover Note Number	

### Driver

Name of Driver	CHUA YIN KIT
NRIC No	S6841815A
Date Of Birth	21/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	27/12/1997
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90688973
Fax Number	
Contact Number	OTHERS-90688973
Email Address	FION7693@YAHOO.CO.SG

Address	BLK 496C TAMPINES STREET 43 #06-253
Postcode	526496
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?	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: : LIM POUY GAIK GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK DIVISION HQ
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:G/20190717/7063

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS6715H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

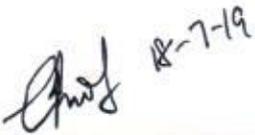
## SKETCH PLAN

### IMPORTANT NOTICE

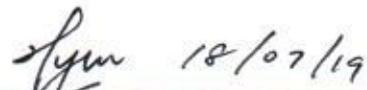
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material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

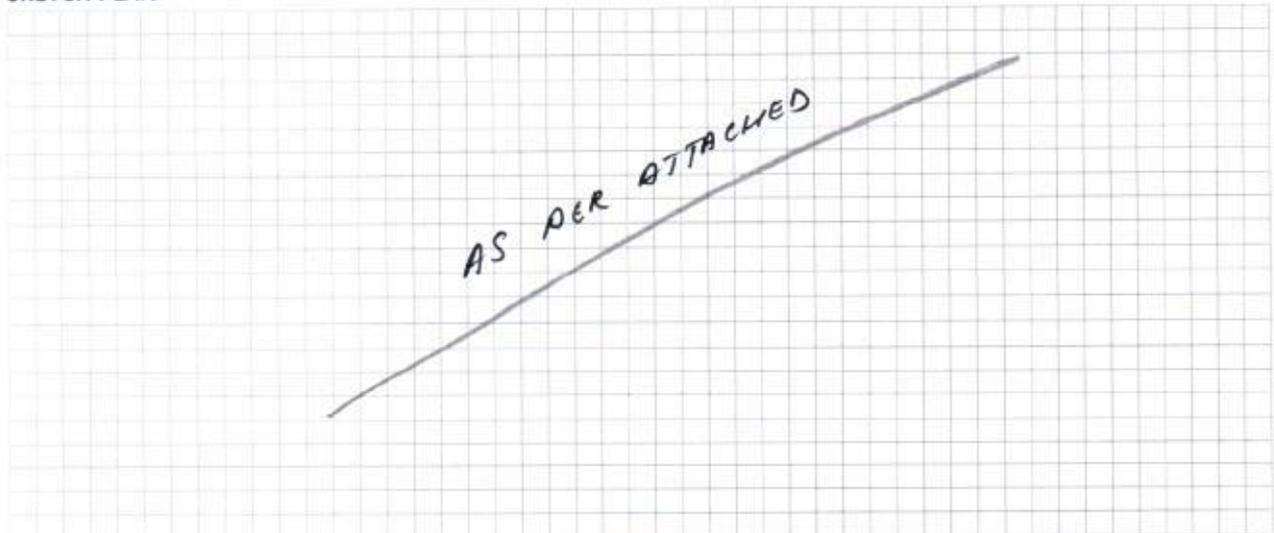
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

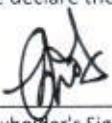


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: GPO190717/7063

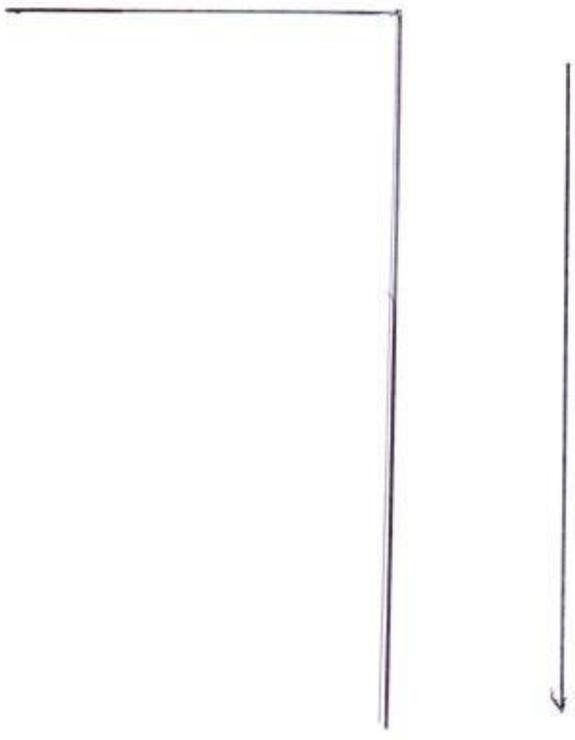
DECLARATION

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

 18-7-19  
Policyholder's Signature  
Date & Time:

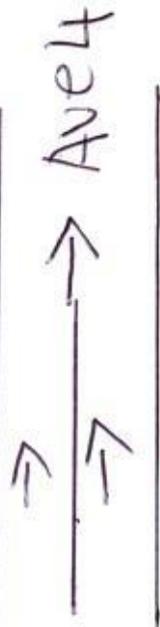
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 18/07/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

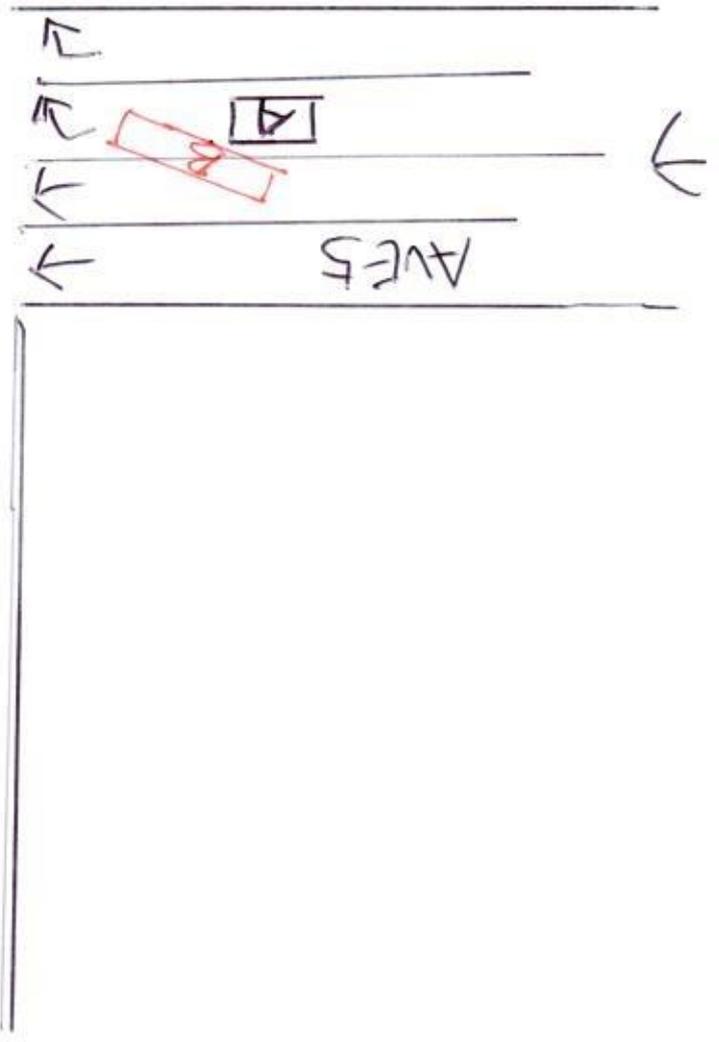


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AVE5

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(A) SL C 2602S  
(B) BUS SBS 6715H





**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. G/20190717/7063

tried to give away to the bus and stop our car moving but the spot was too tight. To our horror, the bus captain forcefully cut into our lane, and while doing so, the rear of the bus came into contact with our vehicle and damaged the side view mirror. As a result of the impact, the bus rear lamp was broken too (see picture of the debris attached).

Noticing that he has collided with our vehicle, the bus captain stopped the bus and turned on the hazard light. My husband signaled to him to alight from the bus. To our disbelief, he ignored us and drove off.

We are making this report to file an insurance claim against SBST.

<b>Subjects Involved</b>	
<b>Suspect</b>	
Person Name	unknown

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 17/07/2019 23:38
Classification Of Case:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6841815A



Name  
CHUA YIN KIT

蔡 仁 吉

For LKK/NAC Use Only

Race  
CHINESE

Date of Birth  
21-10-1968

Sex  
M

Country of Birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S6841815A

Name  
CHUA YIN KIT

For LKK/NAC Use Only

Birth Date: 21 Oct 1968

Issue Date: 21 Oct 2003




1522905




NRIC No. S6841815A

For LKK/NAC Use Only

Blood Group: O+    Date of Issue: 18-12-1993

APT BLK 496C TAMPINES STREET 43 #06-253  
SINGAPORE 526496

NRIC No: S6841815A    Date: 14-04-2001    No: 3994018

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	25 Sep 1986
Class 2A	Motorcycles between 201 cc and 400 cc	21 Mar 1995
Class 3	Motor Cycles and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Dec 1997

For LKK/NAC Use Only

NP 428A



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"/>	5079727893-03		CHUA YIN KIT	S6841815A	GPC	drive CLASSIC	SLC2602S	SLC2602S	06/05/2019	05/05/2020

Continue

**Claim Handling**

Accident MT/1054059

Policy No.	5079727893-03	Vehicle No.	SLC26025	GST Registration No.
Certificate No.				
Policyholder Name	CHUA YIN KIT			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	90688973	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	18/07/2019 18:26	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	17/07/2019	Time of Accident hh:mm	18:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TAMPINES AVE 5			

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess		TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable		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 496C #06-253	Address 2	TAMPINES STREET 43	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5079727893-03	

▼ **OI Driver Info**

Driver Name	CHUA YIN KIT	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S6841815A	Driver DOB
Register Date of Driver License	27/12/1997	Driver Age	50	Driving Experience
Contact No.(Mobile)	90688973	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 496C	Address 2	TAMPINES STREET 43	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#06-253			
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 +	OD-MX	Insured Name	CHUA Y
Contact No.(Mobile)	90688973	Contact No. (Home)	678915
Email Address	FIONA.LIM@HOWTEN.COM.SG	OI Vehicle Number	SLC260
Claim Description	SLC26025 / SBS6715H ON 17 Jul 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Benefit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	18/07/2019 18:32	GIA report	Received
		Claim Close Date	

Report Taken By

ROSLINDA Workshop Repairer

Print AK letter

Save Submit

Attachment

Accident No. MT/1054059 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 18/07/2019 00:00

Path *	Category *	Confidential
Choose File No file chosen	Please Select	NO
Choose File No file chosen	Please Select	NO
Choose File No file chosen	Please Select	NO
Choose File No file chosen	Please Select	NO
Choose File No file chosen	Please Select	NO
Choose File No file chosen	Please Select	NO
Choose File No file chosen	Please Select	NO
Message Read		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:30		NRIC/ Driving License	Normal	NRIC/ Driving l
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:30		SAS	Normal	SAS 2
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:30		Photos	Normal	Photos
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:30		Photos	Normal	Photos
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:30		Photos	Normal	Photos
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:29		Photos	Normal	Photos
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:29		Photos	Normal	Photos
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:29		Photos	Normal	Photos
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:29		Photos	Normal	Photos
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:29		Photos	Normal	Photos
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:29		Photos	Normal	Photos
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:29		Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name

Display in New Window Scan and uploading