NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA 1191493V

Date In: 30/8/19 - 18:17	Job description	Date & Time Completed	Done by
Ref No: NA/INC 190154Y/24	SAS e-filing		
Veh No: SJB 0349178	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 29/8/19 - 17:55	i-Motor Claim Form	MY1060815-00V	30/8/19 18:27
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: SJM 3173Y 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

NA 190 66Y

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
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 : Idao 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 (Non INC) against INC	$20		
9) N12: Idao 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 witholding 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	30/08/2019 18:17
Date Of Accident	29/08/2019 17:55
Exact Location Of Accident	BLK 360B ADMIRALTY DR MULTISTORY CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBU3917B
Insured/Policyholder	
Name Of Registered Owner	CHIN ZHI HUI
NRIC No	S9348918G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82984910
Alternative Phone No	OFFICE-82984910
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC ESI 4M
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5107915396
Cover Note Number	
Driver	
Name of Driver	CHIN ZHI HUI
NRIC No	S9348918G
Date Of Birth	27/12/1993
Occupation	INDOOR
Date Of Driving Pass	25/10/2017
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82984910
Fax Number	
Contact Number	OFFICE-82984910
EMail Address	NOEMAIL

Address	BLK 360B ADMIRALTY DRIVE #14-52
Postcode	752360
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	SIDE SWIPE
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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM3175Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KENY GOH JIANG YI
NRIC/Passport Number	
Contact Number	93871651
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:

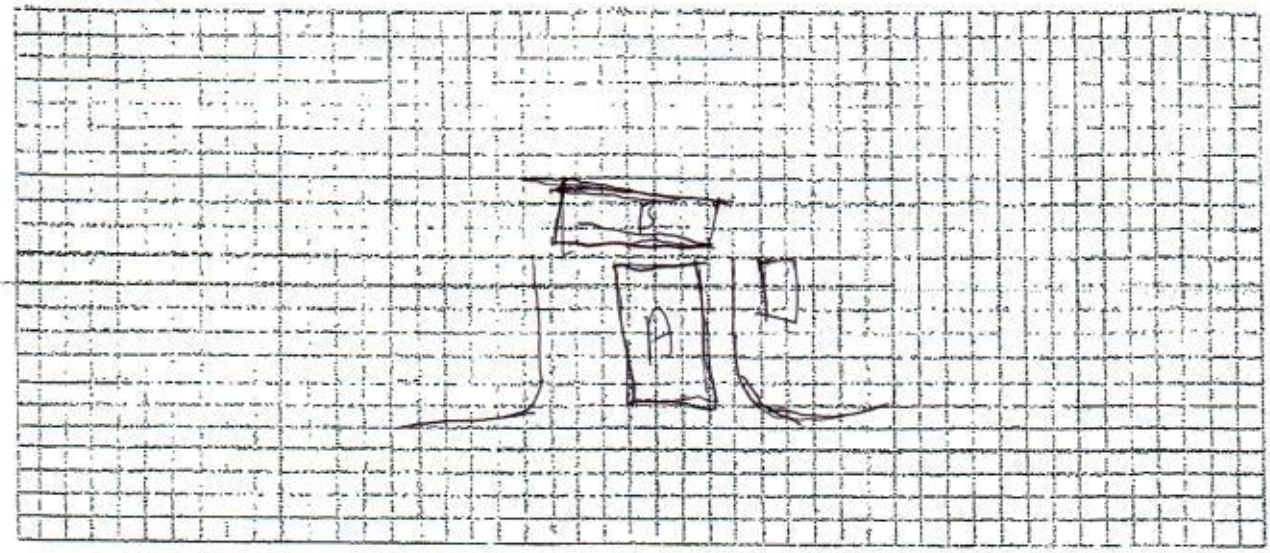
      (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

      (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

A: SBU3917B
B: SJM3175Y.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving vehicle SBU 3917B and turning right into the carpark. As I approached the gantry, I slowed down for the gantry to open, when the gantry opened the left was clear and I proceeded to enter. When I was moving, SJM 3175Y, was moving towards me with excessive speed and collided with my front bumper.

DECLARATION

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

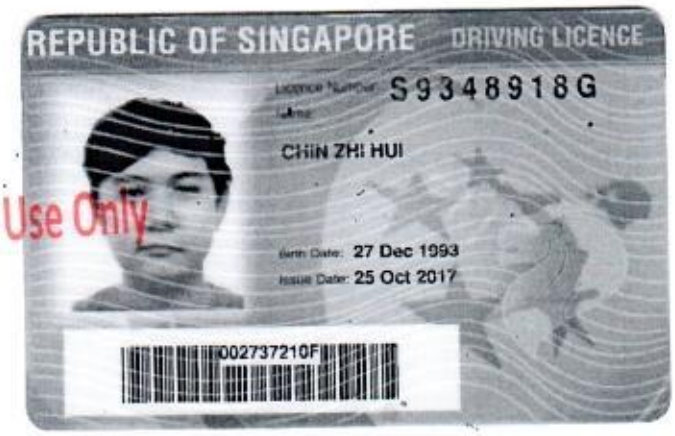
Policyholder's Signature Date & Time: 3	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

VEHICLE NO: SBU 3917 B MAKE & MODEL : Honda Civic ES1 4M

DATE OF ACCIDENT	29 / 08 / 2019
TIME OF ACCIDENT	5:55 AM / (PM)
LOCATION OF ACCIDENT	360B Admiralty Drive MSP
Exact Purpose use during accident	
NAME OF OWNER	Chin Zhi Hui
TELP NO	82984910
NRIC	S9348918G
CLAIM TYPE	OD / (THIRD PARTY) / Reporting Only
PRIVATE HIRE	YES / (NO)?
INSURANCE CO.	NTUC
TYPE OF CAVERAGE	Comprehensive / (Third Party) / Third Party Fire & Theft
POLICY NO.	5107915396.
NAME OF DRIVER	(As above) / If No:
NRIC	S9348918G Any passengers: 0.
DATE OF BIRTH	27 / 12 / 1993
OCCUPATION	Outdoor / (Indoor)
DATE OF DRIVING PASS	25 / 10 / 2017
GENDER	(Male) / Female
CONTAC NO.	82984910 Office: Home:
ADDRESS	Admiralty Drive 360B #14-52
DRIVER HAVE ANY OWN Vehicle	NO / If yes : Reg No:
RELATIONSHIP	Employee / If No: OWNER.
WEATHER CONDITION	(Clear) / Raining / Other :
ROAD SURFACE	(Dry) / Wet / Other :
ANY INJURIES	(No) If yes : Who?
CONTAC NO.	82984910
POLICE REPORT	(No) If yes : Where?
VEHICLE B NO.	SJM 3175Y Any Passenger : 0.
NAME	Kens Goh Jiong Yi
CONTAC NO.	9387 1651 video: YES.
VEHICLE C NO.	Any Passenger :
VEHICLE D NO.	Any Passenger :
VEHICLE E NO.	Any Passenger :
VEHICLE F NO.	Any Passenger :
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / Offering accident claims assistance?	YES / (NO)
PARTICULAR WORKSHOP	Sme Motor Pte Ltd
TELP NO	1 Kaki bukit ave 6 #02-15
CONTACT PERSON	Autobay @ kaki bukit
FAX NO.	Singapore 417883
	Telp : 67476186 (6 lines)
	Fax: 67442368

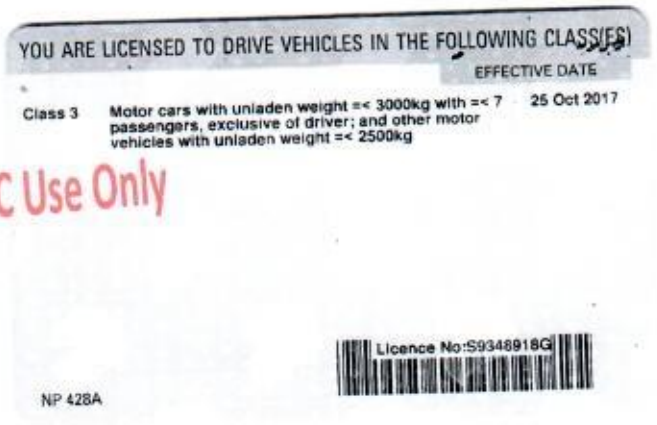

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9348918G

Name
CHIN ZHI HUI
陈 智 辉
Race
CHINESE
Date of birth
27-12-1993
Sex
M
Country of birth
SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE

S9348918G
CHIN ZHI HUI
Birth Date: 27 Dec 1993
Issue Date: 25 Oct 2017
002737210F


4327850
NRIC No. S9348918G
Date of issue
26-12-2008
APT BLK 360B ADMIRALTY DRIVE #14-52
SINGAPORE 752360
NRIC No: S9348918G Date: 07/10/2018


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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	25 Oct 2017

Licence No:S9348918G
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 29/08/2019 17:55
Vehicle No.(For Motor) SBU3917B
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5107915396		CHIN ZHI HUI	S9348918G	GPC	Third Party	SBU3917B	SBU3917B	03/03/2019	02/03/2020

Continue

Claim Handling

Exit

Accident MT/1060215

Policy No.	5107915396	Vehicle No.	SBU3917B	GST Registration No.	
Certificate No.					
Policyholder Name	CHIN ZHI HUI			Policyholder NRIC	S9348918G
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	30/08/2019 14:50	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	29/08/2019	Time of Accident hh:mm	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess					
Total OD Excess Applicable	0.00	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 360B #14-52	Address 2	ADMIRALTY DRIVE	Address 3	SUN BLISS
Address 4	SINGAPORE 752360	Address Type	Singapore address	Post Code	752360
Unit No.	14-52	Related Policy Number	5107915396		

OI Driver Info

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

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	CHIN ZHI HUI	Insured NRIC	S9348918G
Contact No.(Mobile)	82984910	Contact No.(Home)		Contact No.(Office)	
Email Address	DERRECK.CHIN@GMAIL.COM	OI Vehicle Number	SBU3917B	TP Vehicle Number	SJM3175Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SBU3917B / SJM3175Y ON 29 Aug 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Prefererd Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	30/08/2019 18:27	Claim Close Date		Date Received	30/08/2019 00:00
Report Taken By	Jackson				

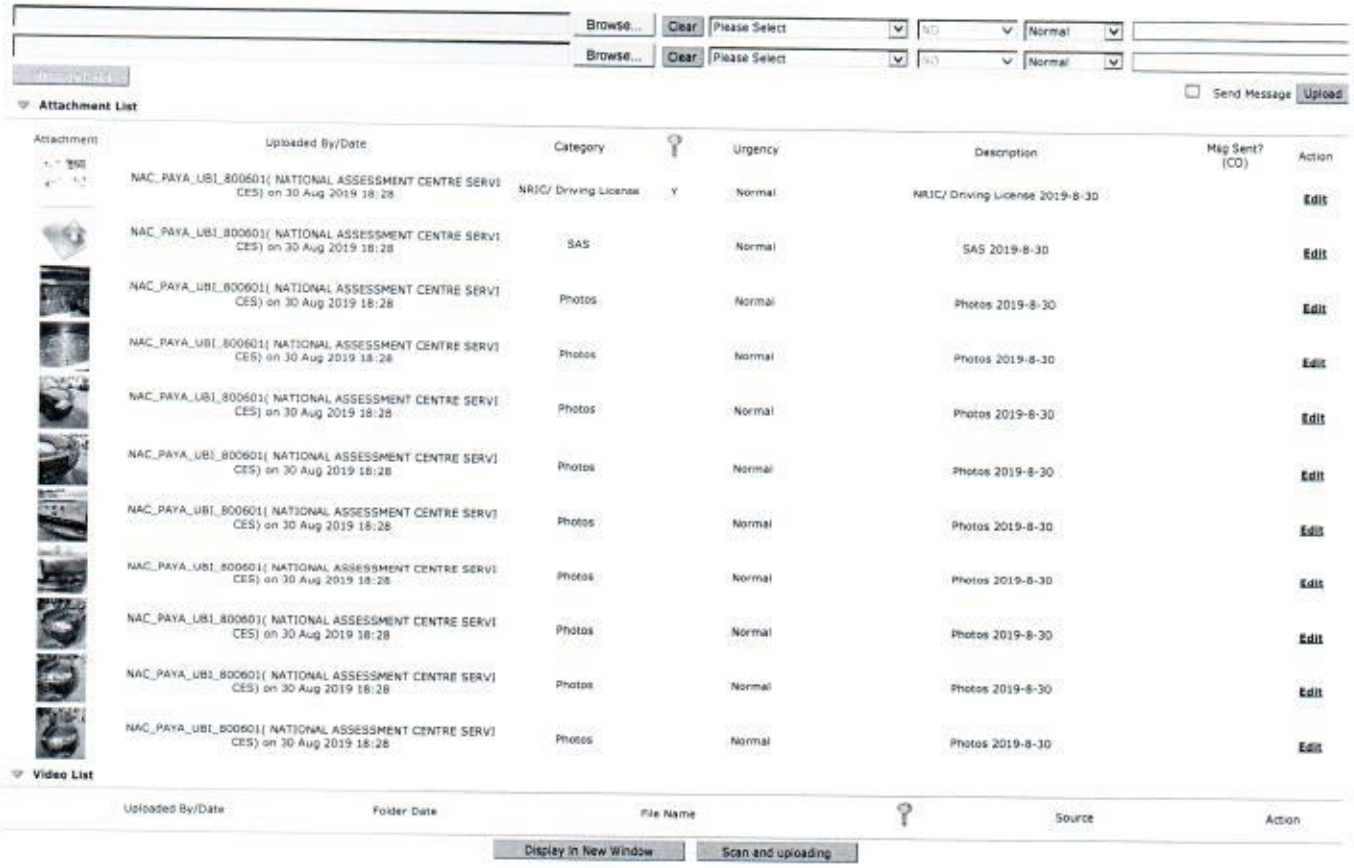
☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1060215	Claim No.	002
Last Doc. Received	◉ Yes ○ No	Upload Date	30/08/2019 18:28

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	


Browse...
Clear
Please Select
Normal
Browse...
Clear
Please Select
Normal
Send Message
Upload
Attachment List
Attachment
Uploaded By/Date
Category
Urgency
Description
Msg Sent? (CO)
Action
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Aug 2019 18:28
NRIC/ Driving License
Y
Normal
NRIC/ Driving License 2019-8-30
Edit
SAS
SAS 2019-8-30
Photos
Photos 2019-8-30
Video List
Uploaded By/Date
Folder Date
File Name
Source
Action
Display in New Window
Scan and uploading