

NATIONAL Assessment Centre Services. (ver 1 Jan 2005) *MUA409/18181*

Date In: <i>06/09/2009 11:30</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/MUA409/1579/17</i>	SAS e-filing		
Veh No: <i>EM 281</i>	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: <i>28/08/2009 20.25</i>	I-Motor Claim Form	<i>MUA409/1579/002</i>	<i>06/09/2009 11:54</i>
OID : 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: <i>SLH 6235R</i>	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 repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (Instructions)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

<i>MUA409/1579/002</i>	Work Done / Charges	Amount	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors' Comments:	5) PF: Follow-Through Survey (Resurvey) \$30		
Dat: 1:	For claiming against INC Only (ver 10 Jan 2005)		
2 / 3:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (Nil); TP (Non INC) against INC \$20		
	9) N12: Idao 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	06/09/2019 11:30
Date Of Accident	25/08/2019 20:25
Exact Location Of Accident	KJE TOWARDS ANG MO KIO NEAR LAMP POST 136
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EM28T
Insured/Policyholder	
Name Of Registered Owner	CHAN OI LIN
NRIC No	S0518453C
Email Address	EDITORIALCRITICS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97908828
Alternative Phone No	OTHERS-97908828

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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	5031793642-10
Cover Note Number	

Driver

Name of Driver	EDWIN THONG YEW HUA
NRIC No	S7924695F
Date Of Birth	17/08/1979
Occupation	OUTDOOR
Date Of Driving Pass	19/04/1999
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97908828
Fax Number	
Contact Number	OTHERS-97908828
Email Address	EDITORIALCRITICS@GMAIL.COM

Address	27 MOUNT FABER ROAD #07-07
Postcode	099200
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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)	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

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	SLH6235R
Vehicle Make/Model/Colour	HONDA FIT
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)	

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

KJE TOWARDS Ang Mo Kio LOMPOST 136



A) SLH 6235R
Honda Fit.

B) Mitsubishi
EM28T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along KJE Expressway towards Ang Mo Kio and collided with a car, SLH 6235R, in front of me. The front of his car did an emergency brake hence I could not stop in time I collided into the front of the car of me.

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.:

Claim Handling

Accident HT/1059574

Policy No.	SJ31793842-10	Vehicle No.	EM28T	GST Registration No.	
Certificate No.					
Policyholder Name	CHAN OI LIN	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S051943C
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	C
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
RFK	= No Yes	NCD Entitlement(%)	40	eCode Reason	Not available
NCD Protection	Yes			Private Hire	

Accident Details

Report Date	27/04/2019 10:18	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	25/04/2019	Time of Accident (h:mm)	20:30	Country of Accident	Singapore
Reporting Centre		Orange Force		SCM No.	
Accident Location	ALONG SLR TO CTE				

Total Excess Applicable

Excess Type	Per ACCIDENT	Windscreen Excess	0.00	Driver is Covered?	Not Applicable
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess			
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefit

GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address

Address 1	27 MOUNT FABER ROAD	Address 2	#07-07 MOUNT FABER LODGE	Address 3	SINGAPORE 099200
Address 4		Address Type	Singapore address	Post Code	099200
Unit No.		Related Policy Number	S031793842-10		

01 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		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop: Insured Liability: Fully at Fault: Date Reported: Received:

Report Taken By

Print As Letter

GD-MS Insured Name: CHAN OI LIN Insured NRIC: S051943C
 Contact No. (Home): Contact No. (Office): 83775568
 01 Vehicle Number: EM28T TP Vehicle Number: SJH6235R
 Name of Preferred Workshop:
 EM28T / SJH6235R ON 28-Aug-2019
 Date Closed: 06/09/2019 11:28 Date Received: 06/09/2019 00:00
 R0SL1 WAHUS

Save Submit

Attachment

Accident No.	HT/1059574	Claim No.	002		
Last Doc. Received	Yes No	Upload Date	06/09/2019 11:54		
Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen		Please Select *	NO	Normal	
Choose File No file chosen		Please Select *	NO	Normal	
Choose File No file chosen		Please Select *	NO	Normal	
Choose File No file chosen		Please Select *	NO	Normal	
Choose File No file chosen		Please Select *	NO	Normal	
Choose File No file chosen		Please Select *	NO	Normal	
Message Read		Please Select *	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (GD)
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 11:54	SAS	Normal	SAS 2019-9-6	
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 11:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-9-6	
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 11:54	Photos	Normal	Photos 2019-9-6	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 06 Sep 2019 11:34

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 06 Sep 2019 11:28

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 06 Sep 2019 11:28

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 06 Sep 2019 11:28

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 06 Sep 2019 11:28

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 06 Sep 2019 11:28

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 06 Sep 2019 11:28

Photos

Normal

Photos 2019-9-6

Photos

Normal

Photos 2019-9-6

Photos

Normal

Photos 2019-9-6

Photos

Normal

Photos 2019-9-6

Photos

Normal

Photos 2019-9-6

Photos

Normal

Photos 2019-9-6

Photos

Normal

Photos 2019-9-6

Video List

Uploaded By/Date

Folder Date

File Name

Source

Action

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 25/08/2019 (DD/MM/YYYY), TIME: 20:25 (HH:MM)

LOCATION: KJE Expressway, Lamp Post 136

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: EM28T
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mitsubishi Lancer
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: CHAN Oi Lin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S05184536 CONTACT: 97908828
 c) ADDRESS: 27 Mt. Faber Rd.
#07-07 S(099200)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Edwin Theng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S79246957 CONTACT: 97910979
 c) ADDRESS: 27 Mt. Faber Rd.
#07-07 S(099200)

* d) DATE OF BIRTH: 17/08/1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: N/A

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: SLH6235R MODEL: Honda Fit
 b) DRIVER'S NAME: Nil
 c) NRIC/FIN/PASSPORT: Nil CONTACT: Nil

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = Editorial Editorialcritics@gmail.com
 VIDEO

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="25/08/2019 11:08"/>
Vehicle No.(For Motor)	<input type="text" value="EM28T"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5031793642-10		CHAN OI LIN	S0518453C	GPC	Third Party, Fire & Theft	EM28T	EM28T	10/04/2019	09/04/2020
<input type="button" value="Continue"/>										