

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 15/10/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19018199/13	SAS e-filing		
Veh No: GBA2586J	E-mail (w/thin 8hrs, AIC 2hrs)		
D.O.A: 15/10/19 0815	i-Motor Claim Form	MT/1067041-001	
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: (HUP 800N Tel: Fax:)

TP Particulars: Veh No: 54597M 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
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1) Apply for Transport Allowance () / Courtesy Car ()		
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2) QC Check / Post Repair Inspection ()		
--	--	--

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

Date/Time	Actions

NA 1907884

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) RT: 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:-		
	ON*		
	*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: Idac Mobile 30		
	Invoice dated	Fee Charged	

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

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	15/10/2019 16:53
Date Of Accident	15/10/2019 08:15
Exact Location Of Accident	ALEXANDRA VIEW
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBA2586J
Insured/Policyholder	
Name Of Registered Owner	CHUPP ENGINEERING
Co Reg No	53167641B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96473627
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5050177695-08
Cover Note Number	
Driver	
Name of Driver	CHIA WOON KEE
NRIC No	S7566466D
Date Of Birth	14/07/1975
Occupation	OUTDOOR
Date Of Driving Pass	15/05/2001
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96473627
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 450A TAMPINES ST 42 #11-366
Postcode	521450
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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

PLS REFER TO THE ATTACHED 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	SGS97M
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)	

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.

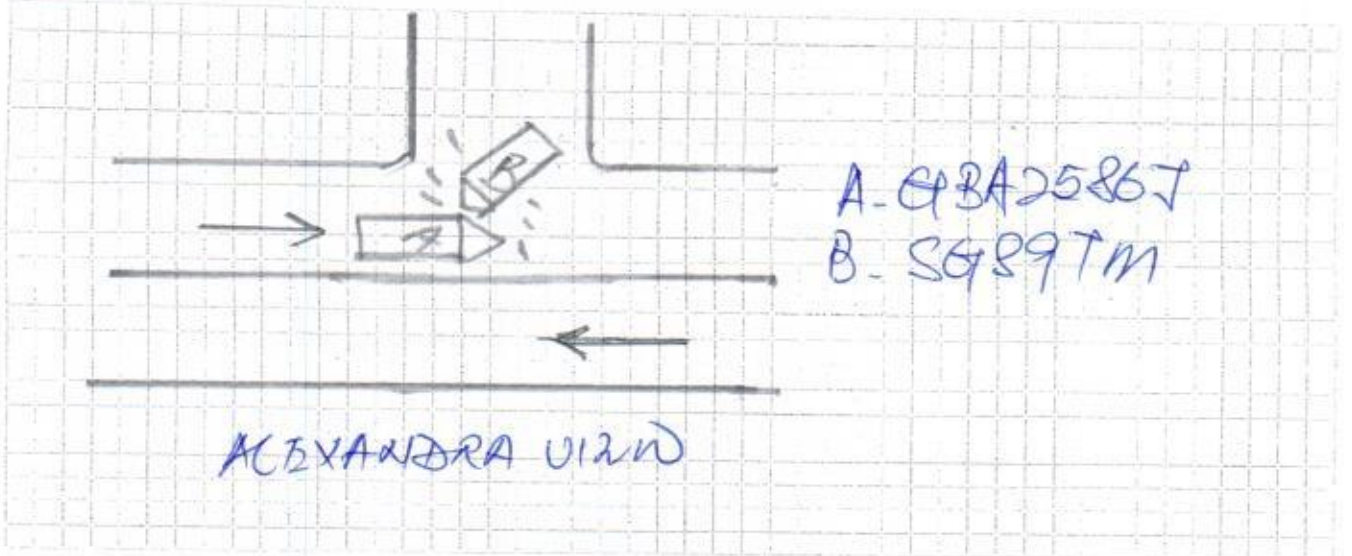
CHUPP ENGINEERING

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

I WAS TRAVELLING ALONG ALEXANDRA VIEW SUDDENLY
 UNIT B DROVE OUT FROM THE CONDO AND HIT ONTO
 MY UNIT LEFT PORTION

DECLARATION

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

CHUPP ENGINEERING

Policyholder's Signature


Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:

 15/10/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: G8A2586T MAKE/MODEL: TOYOTA SYNA
DATE OF ACCIDENT 15/00/2019 TIME 08 HR 15 MIN (AM) PM
LOCATION OF ACCIDENT ACERAXIDA URUN
EXACT PURPOSE USE DURING ACCIDENT WORKING

CAR OWNER

NAME OF CAR OWNER CHUPP KAGINBERIKH
CONTACT NO 96473627
NRIC 53167641B
CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY
INSURANCE COMPANY N7UC
TYPE OF COVERAGE ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT
POLICY NO 5050177695-08

ACCIDENT DRIVER

NAME OF DRIVER CHIA WOON KZE
NRIC 87566466D NO OF PASSENGER/S 0
DATE OF BIRTH 14-07-1975
OCCUPATION ☒ OUTDOOR ☐ INDOOR
DATE OF DRIVING PASS 15/05/2001
GENDER ☒ MALE ☐ FEMALE
CONTACT NO 96473627
ADDRESS BLK 450A CAMPULS STREET RD #11-366

DRIVER OWN ANY VEHICLE NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/SPOUSE

IF NOT:

STAFF

WEATHER CONDITION

☒ CLEAR

☐ RAINING

OTHER:

ROAD SURFACE

☒ DRY

☐ WET

OTHER:

ANY INJURIES

NO/ IF YES- NAME:

CONTACT NO

POLICE REPORT

☒ NO/ IF YES- LOCATION:

VIDEO FOOTAGE

☒ NO/ YES

3RD PARTY INFO

VEHICLE B NO

89897M

NO OF PASSENGER/S

NAME

CONTACT NO

VEHICLE C NO

NO OF PASSENGER/S

VEHICLE D NO

NO OF PASSENGER/S

VEHICLE E NO

NO OF PASSENGER/S

VEHICLE F NO

NO OF PASSENGER/S

ANY WITNESS

WITNESS CONTACT NO

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5050177695-08

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBA2586J**
Chassis Number : JTFAT35Y103000753
2. Name of Policyholder : CHUPP ENGINEERING
3. Effective Date of Insurance : 02 May 2019
4. Expiry Date of Insurance : 01 May 2020
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABWIN PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ABWIN PTE LTD (00000614234)

Date of Issue : 15 Apr 2019 17:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1067041

Policy No.	5050177695-08	Vehicle No.	GBA2586J	GST Registrat
Certificate No.				
Policyholder Name	CHUPP ENGINEERING			Policyholder T
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	96473627	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	15/10/2019 17:52	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/10/2019	Time of Accident hh:mm	08:15	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	ALEXANDRA VIEW			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cow
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	15/10/2019 17:55:01 System changed GST Registered from Yes to No 15/10/2019 17:55:01 System changed GST Registration No. from NA to null 15/10/2019 17:55:01 System changed GST Registration Date from 01/01/2015 to null		

Policyholder Mailing Address

Address 1	BLK 450A #11-366	Address 2	TAMPINES STREET 42	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5050177695-08	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	CHIA WOON KEE	Driver NRIC	S7566466D	Driver DOB
Register Date of Driver License	15/05/2001	Driver Age	44	Driving Exper
Contact No.(Mobile)	96473627	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 450A	Address 2	TAMPINES STREET 42	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#11-366			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insure

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	
Contact No.(Mobile)	96780202	Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	GBA2586J / SGS97M ON 15 Oct 2019		
Preferred Workshop		Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/10/2019 17:57	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment



Accident No. MT/1067041 Claim No. 001
Last Doc. Received ☒ Yes ☐ No Upload Date 15/10/2019 00:00

Choose File	No file chosen	Clear	Category *	Confid.
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Message Read				

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 17:57	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 17:57	SAS		Normal	?
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 17:57	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 17:57	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 17:57	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 17:57	Photos		Normal	PI
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 17:56	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 17:56	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 17:56	Photos		Normal	PI
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 17:56	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 17:56	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 17:56	Photos		Normal	PI

Video List

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