

# NATIONAL Assessment Centre Services.

Ref: JAN001

MAN 9142241

Date In: 26/10/2019 17:24	Job description	Date & Time Completed	Done by
Ref No: NA/MC901908314	SAS e-filing		
Veh No: SD6 8198A	E-mail (3/4th 3hrs, AIC 2hrs)		
D.O.A: 26/10/2019 09:20	I-Motor Claims Form	M711068730-00	26/10/2019 12:50
OID: 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/VKSP		

Preferred Wkep / INC Assign Wkep / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SD6 8198A	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: ( )

Removal of Insurance Co. ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date/Time	Action

NA/MC908020

Claimant's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Auditor's Comments:	For claiming against INC Only (ref 10 Jan 2005)	
Ref: 1:	6) TR: Re-inspection	\$75
Ref: 2:	7) NI: Idas DA + EMRT 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 (NI) / TP (Non INC) against INC	\$20
	9) NI2: Idas 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	26/10/2019 17:24
Date Of Accident	24/10/2019 09:20
Exact Location Of Accident	ALONG SCOTTS RD TOWARDS ORCHARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDL8198A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHOO KHECK CHONG
NRIC No	S0048574H
Email Address	JOHNSONCHOO1908@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92747335
Alternative Phone No	OTHERS-92747335
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	LATIO
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5087756595-02
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHOO KHECK CHONG
NRIC No	S0048574H
Date Of Birth	14/11/1953
Occupation	OUTDOOR
Date Of Driving Pass	29/09/1976
Driving Experience	43 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92747335
Fax Number	
Contact Number	OTHERS-92747335
EEmail Address	JOHNSONCHOO1908@GMAIL.COM

Address	BLK 9 EUNOS CRESCENT #04-2687
Postcode	400009
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?	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

ON THE 24/10/2019 AT ABOUT 09:20HRS I WAS AT SCOTTS ROAD AND TRAVELLING TOWARDS ORCHARD ROAD. SUDDENLY A TAXI SHA9598H CAME FROM THE LEFT OVER TOOK ME AND SWITCH INTO MY LANE AND DAMAGE (DENTED) THE FRONT RIGHT SIDE OF MY CAR SDL9198A THAT ALL.

#### 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	SHA9598H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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

A) SDC 8198A

B) STA 9598H

The sketch plan is drawn on a grid. It shows a road with four lanes, indicated by vertical lines. In the center, there are two vehicles labeled 'A' and 'B'. Vehicle 'A' is a car, and vehicle 'B' is a truck. They are positioned in the second lane from the left. To the right of the road, there is a dashed line and a solid line, indicating a boundary or a change in road type. The text 'Along SONG ROAD' and 'TOWARDS ORCHARD ROAD' is written in the top right corner.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO SUMMARY

A large blue checkmark is drawn across the text area, indicating that the circumstances of the accident are described in the summary.

DECLARATION

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

26/10/19 5:35pm

Policyholder's Signature  
Date & Time:

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

26/10/2019

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

## ACCIDENT STATEMENT

ACCIDENT DATE: (24/10/19) (DD/MM/YYYY), TIME: (09:20) (HH:MM)

LOCATION: SCOTTS ROAD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDA 8198A  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: NISSAN LITIO  
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: CHOO KHECK CHONG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S 004857441 CONTACT: 92747335  
c) ADDRESS: Blk 9 Eunos Cres #04-2687 (S) 400009

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

#### DRIVER

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

\* d) DATE OF BIRTH: (14/11/1953) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: SHA 9598H MODEL: TOYOTA  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

Email =

VIDEO

Claim Handling

Accident MT/1068730

Policy No.	5087756595-02	Vehicle No.	SDL8198A	GST Registrati
Certificate No.				
Policyholder Name	CHOO KHECK CHONG			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	92747225	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire
✔ Accident Details				
Report Date	26/10/2019 17:48	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/10/2019	Time of Accident hh:mm	09:20	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG SCOTTS RD TOWARDS ORCHARD ROAD			
✔ Excess				
Own damage Excess	0.00	Additional Excess	0	Windscreen Ex
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00	
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	BLK 9 #04-2687	Address 2	EUNOS CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-2687	Related Policy Number	5087756595-02	
✔ OI Driver Info				
Driver Name	CHOO KHECK CHONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S0048574H	Driver DOB
Register Date of Driver License	01/04/1984	Driver Age	65	Driving Experi
Contact No.(Mobile)	92747225	Contact No.(Office)		Contact No.(H
Address 1	BLK 9 #04-2687	Address 2	EUNOS CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-2687			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SDL8198A	Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Modification History				

Claim 001 New

Claim Type *	OD-MX	Insured Name	CH
Contact No.(Mobile)	93108438	Contact No. (Home)	68
Email Address		OI Vehicle Number	SD
Claim Description	SDL8198A / SHD9598H ON 24 Oct 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			26/10/2019 17:50
			ROSLI WAHAB
✔ Print AK letter			

Save Submit

Attachment

Accident No. MT/1068730

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 26/10/2019 17:50

Path \*

Category \*

Confider

Choose File No file chosen

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Choose File No file chosen

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NO

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NO

NO

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2019 17:50	Photos		Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2019 17:50	Photos		Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2019 17:50	Photos		Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2019 17:50	Photos		Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2019 17:50	Photos		Normal	Phc
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2019 17:50	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Oct 2019 17:50	SAS		Normal	Sr

Video List

Uploaded By/Date	Folder Date	File Name	?
<div>Display in New Window</div> <div>Scan and uploading</div>			

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.

Date of Accident

24/10/2019 17:20

Vehicle No.(For Motor)

SDL8198A

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"/>	5087756595-02		CHOO KHECK CHONG	S0048574H	GPC	Third Party, Fire & Theft	SDL8198A	SDL8198A	07/02/2019	06/02/2020

Continue