

# NATIONAL Assessment Centre Services

[ver 1 Jan 03]

MMA 119165111

Date In: 16/12/19 13:22	Job description	Date & Time Completed	Done by
Ref No: NA/IMC19022079/h4	SAS e-filing		
Veh No: SMH 625B	E-mail (within 3hrs, AIC 2hrs)		
DOA: 15/12/19 03:50	I-Motor Claim Form	MT/1075839-001	16/12/19 13:54
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLG 7109X	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: ( )

Remarks: (INC Ref: 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

MA1909276

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claimant against INC Only (ver 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QJ:		
	*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 (Inc 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 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	16/12/2019 13:22
Date Of Accident	15/12/2019 03:50
Exact Location Of Accident	RIVER VALLEY RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH625B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FRANCIS CHUA CHYE HEE
NRIC No	S7601977J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91883881
Alternative Phone No	OFFICE-91883881

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ACCENT 1.4 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106581725
Cover Note Number	

### Driver

Name of Driver	FRANCIS CHUA CHYE HEE
NRIC No	S7601977J
Date Of Birth	21/01/1976
Occupation	OUTDOOR
Date Of Driving Pass	15/11/2006
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91883881
Fax Number	
Contact Number	OFFICE-91883881
Email Address	NOEMAIL

Address	BLK 641B PUNGGOL DR #15-317
Postcode	822641
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 - HEAD TO REAR
Weather Conditions	HEAVY RAIN
Road Surface	WET

#### 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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191215/2016

#### 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	SLG7109X
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)

**DETAILS OF INJURED PERSON 1**

Name FRANCIS CHUA CHYE HEE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMH625B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



## 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.



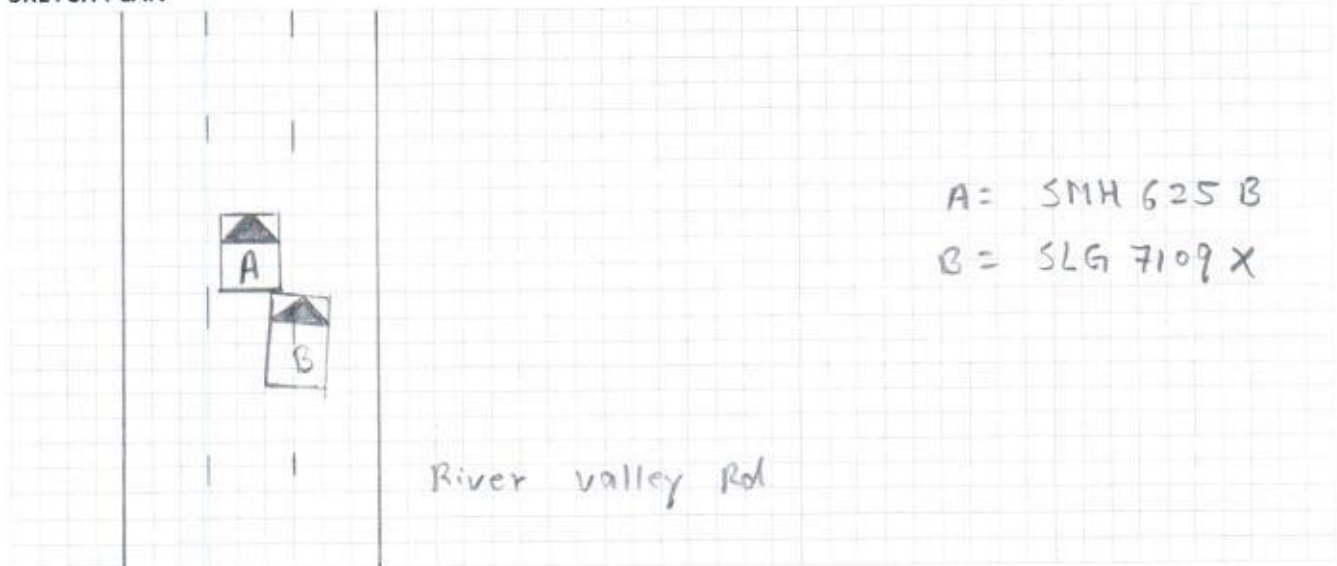
Policyholder's Signature  
Date & Time:

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



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

### SKETCH PLAN



A = SMH 625 B  
B = SLG 7109 X

River valley Rd

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20191215/2016

### 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.:





**SINGAPORE  
POLICE FORCE**



T/20191215/2016

1 of 3

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20191215/2016

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/12/2019 05:11	Vide Report No.:	Station Diary No.: 7
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**Informant's Particulars**

Name of Informant: FRANCIS CHUA CHYE HEE			Address: APT BLK 641B PUNGGOL DRIVE #15-317 SINGAPORE 822641		
ID Type / ID No.: NRIC NO / S7601977J			Contact No.: Home/Office: Mobile: 91883881		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 21/01/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident:				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/12/2019 03:50	Type of Location: Straight Road
Location: Along Road 1 RIVER VALLEY ROAD				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMH625B	Car	HYUNDAI	ACCENT (RB) 1.4 CVT	Red	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH625B	NTUC Income Insurance Co-Operative Limited	5106581725	10/01/2019	09/01/2020



**SINGAPORE  
POLICE FORCE**



T/20191215/2016

2 of 3

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20191215/2016

**CONTINUATION OF REPORT**

**Brief Details.**

On 15 December 2019 around 3.50am, I was queueing in a jam along River Valley Road at the centre lane of a three lane road and all the cars were moving slowly. Suddenly, I felt a jerk and I saw that a vehicle who was behind me came into contact with the rear right side of my vehicle and went off afterwards.

I am not able to chase after him or ask him to stop as I was stucked in the jam. I went down and check on my vehicle and found that part of my rear bumper have came out and there is a scratch throughout my rear driver side door panel.

I do not remember that person's carplate number as everything happened too fast but my dashcam was working at that point of time. However, I am not sure whether the dashcam have capture that person's carplate number. I would also like to inform that I am not injured from the collision. That's all.





**SINGAPORE  
POLICE FORCE**



T/20191215/2016

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

3 of 3

Report No. T/20191215/2016

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 LAI TECK YONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/12/2019 05:11

Officer In Charge Of Case:

TP / HRT /

Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL

Contact No.: 65476131

Classification Of Case:

Authentication Stamp

NP168



Signature:

SN 085

Singapore Police Force



T/20191216/2040

1 of 3

Report No. T/20191216/2040

**Case Summary Form (CSF For NP168)**

Manual NP168 Form Serial No T/20191215/2016

Report Number T/20191216/2040

Vide Report Number T/20191215/2016

Date/Time of Report Made 16/12/2019 11:34

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant FRANCIS CHUA CHYE HEE

ID Type / ID No. NRIC NO / S7601977J

Home/Office

Mobile 91883881

Email

Type of Accident Injury / Hit and Run

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 15/12/2019 04:00

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLG7109X	Car					0
SMH625B	Car	HYUNDAI	ACCENT (RB) 1.4 CVT	Red		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20191216/2040

2 of 3

Report No. T/20191216/2040

**Continuation of CSF For NP168**

Driver			
Name	FRANCIS CHUA CHYE HEE	ID No.	S7601977J
Related Vehicle	SMH625B (Car)	Contact No.	91883881
Hospital/Clinic	SINGHEALTH - PUNGGOL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	NIL

**Brief Facts.**

I wish to provide further information on the other party's vehicle registration plate number bearing SLG7109X.

I also wish to inform that I felt pain on my upper and lower back as such I went to see a doctor at Punggol Polyclinic and was given 2 days medical leave from 16/12/2019 to 17/12/2019.



T/20191216/2040

3 of 3

Report No. T/20191216/2040

## Continuation of CSF For NP168

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Case Sensitivity	No
Officer-In-Charge of Case	TP / HRT / MUHAMMAD KHAIRIL BIN KAMAL
Classification of Case	1) INJURY / HIT AND RUN

  
Purnagol APC  
21 Tebing Lane  
S (828837)  
Tel: 1800-604-9999



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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5106581725		FRANCIS CHUA CHYE HEE	S7601977J	GPC	drivo CLASSIC	SMH625B	SMH625B	10/01/2019	09/01/2020

## Claim Handling

## Accident MT/1075839

Policy No.	5106981725	Vehicle No.	SMH625B	GST Registration No.	
Certificate No.				Policyholder NRIC	S7601977J
Policyholder Name	FRANCIS CHUA CHYE HEE	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	91883881	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KTK	No Yes	NCD Entitlement(%)	50	Private Hire	Yes
NCD Protection	Yes				
<b>Accident Details</b>					
Report Date	16/12/2019 13:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/12/2019	Time of Accident hh:mm	03:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	RIVER VALLEY RD.				
<b>Excess</b>					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 641B #15-317	Address 2	PUNGGOL DRIVE	Address 3	SINGAPORE 822641
Address 4		Address Type	Singapore address	Post Code	822641
Unit No.		Related Policy Number	5112191924		
<b>OT Driver Info</b>					
Driver Name	Francis Chua Chye Hee (Car Taxi)	Driver Type	Main Driver	Driver DOB	21/01/1976
Unnamed driver Name		Driver NRIC	S7601977J	Driving Experience	13
Register Date of Driver License	15/11/2006	Driver Age	43	Contact No.(Home)	
Contact No.(Mobile)	91883881	Contact No.(Office)		Address 3	SINGAPORE 822641
Address 1	BLK 641B #15-317	Address 2	PUNGGOL DRIVE	Post Code	822641
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	No Yes		

Modification History













Claim 001 New

Claim Type *	OD-MX	Insured Name	FRANCIS CHUA CHYE HEE	Insured NRIC	S7601977J
Contact No.(Mobile)	91883881	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	francis_chyehes@hotmail.com	OT Vehicle Number	SMH625B	TP	
Claim Description	SMH625B / SLG7109X ON 15 Dec 2019			Vehicle Number	SLG7109X
Preferred Workshop	0	Insured Liability	Not at Fault	Name of Preferred Workshop	0
Repair Option	Preferred	Preferred Workshop, Name unknown			
Date Registered	16/12/2019 13:51	GIA report	Received	Claim Close Date	16/12/2019
Report Taken By	LIEW SHAN HUI				
Print AX letter					
Save Submit					

## Attachment

Accident No.	MT/1075839	Claim No.	001
Last Doc. Received	Yes No	Upload Date	16/12/2019 13:54
Path *		Category *	Confidential Urgency *
Choose File No file chosen		Clear	Please Select NO Normal
Choose File No file chosen		Clear	Please Select NO Normal
Choose File No file chosen		Clear	Please Select NO Normal
Choose File No file chosen		Clear	Please Select NO Normal
Choose File No file chosen		Clear	Please Select NO Normal
Choose File No file chosen		Clear	Please Select NO Normal
Message Read			
<b>Attachment List</b>			
Attachment	Uploaded By/Date	Category	Urgency Description
NAC_PAYA_USR_800601 NATIONAL ASSESSMENT CENTRE SERVICES) o	16 Dec 2019 13:54	NRIC/ Driving License	Normal NRIC/ Driving License 2019-12-16



	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 13:54	SAS	Normal	SAS 2019-12-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 13:54	Photos	Normal	Photos 2019-12-16
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 13:53	Photos	Normal	Photos 2019-12-16
Video List				
Uploaded By/Date	Folder Date	File Name		Source
<div>Display in New Window</div> <div>Scan and uploading</div>				