

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MA120003691**

Date In: 9/1/20-09:15	Job description	Date & Time Completed	Done by
Ref No: MA/INC20000570/4	SAS e-filing		
Veh No: SL28053M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 8/1/20-12:45	i-Motor Claim Form	MA1079939-001	9/1/20 09:28
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: SLV16646	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 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

NA2000414	Invoice Preparation Checklist		Amt (\$) Int Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
Driver/Owner:	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
Contact No:	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-			
	Q1:			
Auditors' Comments:-	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Dat 1:	TP (N11): TP (Non INC) against INC \$20			
Dat 2 / 3:	9) N12: Idac 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	09/01/2020 09:15
Date Of Accident	08/01/2020 12:45
Exact Location Of Accident	JLN ANAK BUKIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8053M
Insured/Policyholder	
Name Of Registered Owner	CHIN KUO QIANG
NRIC No	SXXXX771C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92301903
Alternative Phone No	OFFICE-92301903

Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3 1.6A
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110777328
Cover Note Number	

Driver

Name of Driver	CHIN KUO QIANG (CHEN GUOQIANG)
NRIC No	SXXXX771C
Date Of Birth	06/02/1977
Occupation	INDOOR
Date Of Driving Pass	09/06/2009
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92301903
Fax Number	
Contact Number	OFFICE-92301903
Email Address	NOEMAIL

Address	BLK 274A PUNGGOL PLACE #10-804
Postcode	821274
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	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?	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?	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	SKV1664G
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)	1

DETAILS OF INJURED PERSON 1

Name	CHIN KUO QIANG (CHEN GUOQIANG)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLQ8053M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

8  8/1/2020

Policyholder's Signature
Date & Time:

 8/1/2020

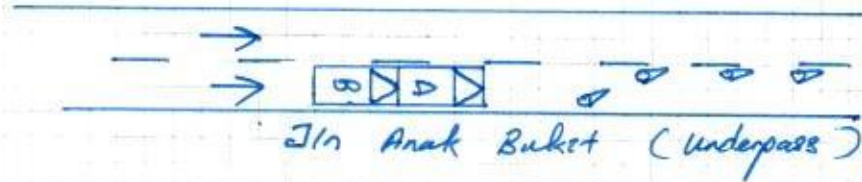
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

(A) SLQ 8053 M.

(B) SKV 1664 G.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/01/2020 at @ 1245 hrs, I was travelling in my vehicle (SLQ 8053 M) along Jln Anak Bukit towards Woodlands direction after the underpass on the right lane. I slow down and stopped due to road work ahead. Suddenly, a car (SKV 1664 G) from behind collided onto the rear portion of my vehicle.

DECLARATION

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

2 ll 8/1/2020

Policyholder's Signature
Date & Time:

ll 8/1/2020.

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

[Signature]

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

Vehicle No.	SLQ 8053 M		Model / Make	KIA Cerato K3
Date of Accident	08/01/2020			
Time of Accident	1245 HRS			
Location of Accident	Jln Anak Bukit (after underpass)			
Exact purpose use during accident	Private Used			
Name of Owner	Chen Kuo Qiang			
Telephone No.	H/P : 9230 1903	Home :	Office :	
NRIC	S7703771C			
Address	BLK 274A Punggol Place #10-804 (S) 821274			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	NFC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5110777328			
Name of Driver	As Above If No,			
NRIC	Any Passengers : N-A			
Date of birth	06/02/1977			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	09/06/2009			
Gender	Male	/	Female	
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state owner		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.	Chen Kuo Qiang (H/P: 9230 1903)			
Name And Contact No.				
Police Report	No,	If Yes, Where?		
Vehicle B No.	SKV 1664 G	Any Passengers : N-A		
Name of Driver	Contact No. :			
Vehicle C No.	Any Passengers :			
Vehicle D No.	Any Passengers :			
Vehicle E no.	Any Passengers :			
Vehicle F No.	Any Passengers :			
Vehicle G No.	Any Passengers :			
Witness Name	N.A.	Witness Contact : N-A		
Accident Portion	Rear Portion			
Camera Recorder	Yes/No			
Email Address	keith@ptclogistics.com.sg			
PARTICULAR WORKSHOP	Twincar			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Teng			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

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: S110777328

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SLQ8053M |
| Chassis Number | : KNAFX411MJ5729264 |
| 2. Name of Policyholder | : CHIN KUO QIANG |
| 3. Effective Date of Insurance | : 24 Jul 2019 |
| 4. Expiry Date of Insurance | : 23 Jul 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.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) Use for any purpose in connection with the Motor Trade.

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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHIN KUO QIANG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : TELESales-DIRECT MARKETING (00000601661)

Date of Issue : 02 Jul 2019 19:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[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="08/01/2020 12:45"/>							
Vehicle No.(For Motor)	<input type="text" value="SLQ8053M"/>	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"/>	5110777328		CHIN KUO QIANG	S7703771C	GPC	drive CLASSIC	SLQ8053M	SLQ8053M	24/07/2019	23/07/2020
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5110777328	Policyholder Name	CHIN KUO QIANG	Policyholder NRIC	S7703771C
Certificate No.					
Address	BLK 274A #10-804 PUNGGOL PLACE SINGAPORE 821274				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	02/07/2019	Effective Date	24/07/2019 00:00	Expiry Date	23/07/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	TELESALES-DIRECT MARKETINC	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 274A #10-804	Address 2	PUNGGOL PLACE	Address 3	SINGAPORE 821274
Address 4		Address Type	Singapore address	Post Code	821274
Unit No.		Related Policy Number	5110777328		

▶ Insured Object: SLQ8053M

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1079239

Policy No.	5110777328	Vehicle No.	SLQ8053M	GST Registration No.	
Certificate No.					
Policyholder Name	CHIN KUD QIANG			Policyholder NRIC	S7703771C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92301903	Contact No.(Office)	0	Contact No.(Home)	0
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(%)	20	Private Hire	No
Accident Details					
Report Date	09/01/2020 09:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/01/2020	Time of Accident hh:mm	12:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	3LN ANAK BUKIT				
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 Covered?	Covered
Additional Excess	0				
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					
Policyholder Mailing Address					
Address 1	BLK 274A # 10-804	Address 2	PUNGGOL PLACE	Address 3	SINGAPORE 821274
Address 4		Address Type	Singapore address	Post Code	821274
Unit No.		Related Policy Number	5110777328		
Q1 Driver Info					
Driver Name	CHIN KUD QIANG	Driver Type	Main Driver	Driver DOB	06/02/1977
Unnamed driver Name		Driver NRIC	S7703771C	Driving Experience	10
Register Date of Driver License	09/06/2009	Driver Age	42	Contact No.(Home)	0
Contact No.(Mobile)	92301903	Contact No.(Office)	0	Address 3	SINGAPORE 821274
Address 1	BLK 274A	Address 2	PUNGGOL PLACE	Post Code	821274
Address 4		Address Type	Singapore address		
Unit No.	10-804				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyzer 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	CHIN KUD QIANG	Insured NRIC	S7703771C
Contact No.(Mobile)	92301903	Contact No.(Home)	68927862	Contact No.(Office)	
Email Address	keith@potlogistics.com.sg	Q1 Vehicle Number	SLQ8053M	TP Vehicle Number	SKV1664G
Claimant Type	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLQ8053M / SKV1664G ON 8 Jan 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	09/01/2020 09:28	Claim Close Date		Date Received	09/01/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Q1

Accident No.	MT/1079239	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/01/2020 09:29
Path *		Category *	
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description	Msg Sent? (CO)	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Jan 2020 09:29	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-9		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Jan 2020 09:29	SAS		Normal	SAS 2020-1-9		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Jan 2020 09:28	Photos		Normal	Photos 2020-1-9		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Jan 2020 09:28	Photos		Normal	Photos 2020-1-9		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Jan 2020 09:28	Photos		Normal	Photos 2020-1-9		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Jan 2020 09:28	Photos		Normal	Photos 2020-1-9		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Jan 2020 09:28	Photos		Normal	Photos 2020-1-9		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Jan 2020 09:28	Photos		Normal	Photos 2020-1-9		

Video List

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