

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA20004646**

Date In: <b>10/1/2005 12:45</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC20000884/24</b>	SAS e-filing		
Veh No: <b>5JW4576B</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>9/1/2005 12:35</b>	i-Motor Claim Form	<b>NA/1029535-001</b>	<b>10/1/2005 12:35</b>
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: **5JW4576B**

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

<b>NA20004646</b>	<b>Invoice Preparation Checklist</b>	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: 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*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	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	10/01/2020 17:42
Date Of Accident	09/01/2020 17:30
Exact Location Of Accident	COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW9936B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FOCUS RENTALS PTE LTD
Co Reg No	2XXXXX450G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5113975451
Cover Note Number	

### Driver

Name of Driver	CHEW WUI PEEN
NRIC No	SXXXX852G
Date Of Birth	04/09/1978
Occupation	OUTDOOR
Date Of Driving Pass	12/09/2002
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87547833
Fax Number	
Contact Number	OFFICE-87547833
E-Mail Address	NOEMAIL

Address	BLK 145 TAMPINES STREET 12 #06-338
Postcode	521145
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	
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	SJN3706K
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.



Policyholder's Signature  
Date & Time:

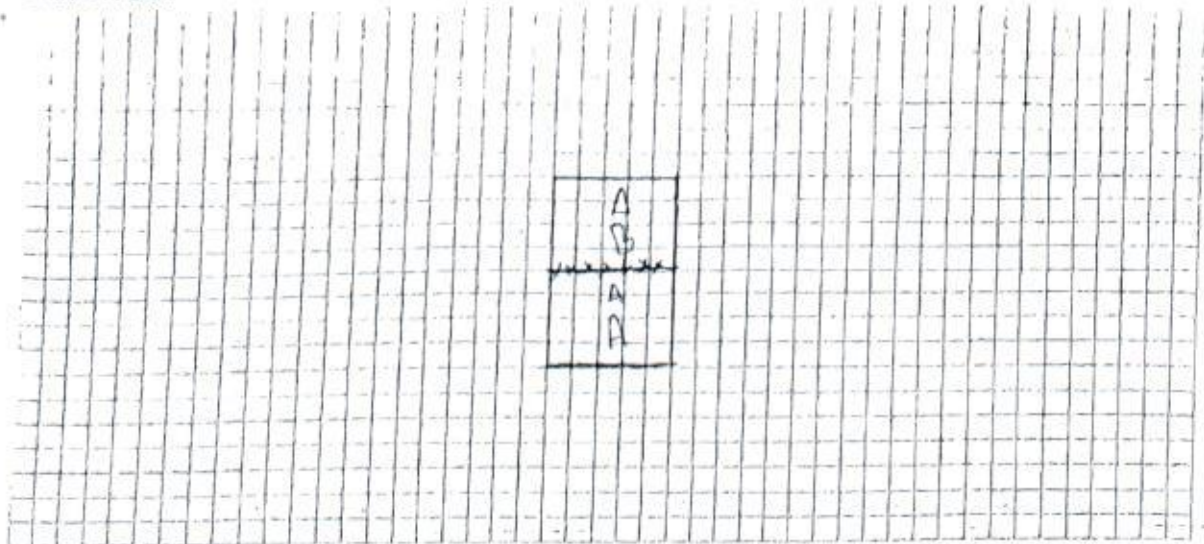


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,

I was driving Ven A: SJW 9936 B on lane 1

on , I could not brake in time and

collided onto the car in front Ven B: SJN 3706K rear end.

## DECLARATION

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



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

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



Date of Accident : 09/01/2020 Accident Time: 1730 (24-HR-Format)  
Accident Place : COMMONWEALTH AVE WEST  
Vehicle Reg. No. (Car Plate No.) : SJW 9936 B  
Vehicle Make/Model : TOYOTA ALTIS 1.6A  
Insurance Company : NTUC Policy No. \_\_\_\_\_  
Owner or Company Name / IC No. : Focus Rentals Pte Ltd  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : CHEW. WUI PEEN (ZHOU WEI PING)  
DRIVER'S Date Of Birth : 04/09/1978 DRIVER'S License Pass Date 12/09/2002  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: RENTAL  
DRIVER'S Address : BLK 145 TAMPINES ST 12 #06-338 (521145)  
DRIVER'S Contact No. / Alt No. : 1) 8754 7833 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR (OUTDOOR (eg. working inside or outside office)  
Email Address : ATZEN CHEW 8 @ GMAIL.COM  
Weather & Road Surface : CLEAR & DRY (RAINING & WET \ AFTER RAIN & WET  
Reporting Type : (Reporting Only) Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 01  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: (Private use) Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SJN 3706 K	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

eBaoTech

GeneralClaim

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"/>	5113975451	5113975451-000027	FOCUS RENTALS PTE. LTD.	201836450G	GFM	Third Party	SJW9936B	SJW9936B	26/12/2019	25/12/2020

Policy Information

Policy No.

5113975451

Policyholder Name

FOCUS RENTALS PTE. LTD.

Policyholder NRIC

201836450G

Certificate No.

5113975451-000027

Address

26 SIN MING LANE #05-114 MIDVIEW CITY SINGAPORE 573971

Product Name

FLEET MASTER INSURANCE

Plan

Group Policy Flag

N

Policy issue Date

21/12/2019

Effective Date

26/12/2019 00:00

Expiry Date

25/12/2020 23:59

Excess Type

Per Accident

All Claims Excess

Third Party Excess

1500

Own damage Excess

0

Windscreen Excess

0

Additional Excess

0

OS Premium

38248.94

Outside Singapore OD Excess

0

Outside Singapore TP Excess

1500

Young/Inexperience Driver Excess

Agent

TIMES INS BROKERS (MOTOR B

Agent Tel.

62528888

GST Flag

Y

Co-insurance Flag

No

Open Policy Info

Certificate Info

Policyholder Mailing Address

Address 1

26 SIN MING LANE

Address 2

#05-114 MIDVIEW CITY

Address 3

SINGAPORE 573971

Address 4

Address Type

Singapore address

Post Code

573971

Unit No.

03-02

Related Policy Number

5113975451

Insured Object: 5113975451-000027

Endorsements

Sequence

Date of Endorsement

Endorsement Type

Endorsement Number

Endorsement Status

Endorsement Content

Certificate Endorsements

Sequence

Date of Endorsement

Endorsement Type

Endorsement Number

Endorsement Status

Endorsement Content

Continue

Cancel

https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationInit.do?policyNo=511397545... 10/1/2020



## Claim Handling

Accident MT/1079535

Policy No.	5113975451	Vehicle No.	SJW99368	GST Registration No.	201836450G
Certificate No.	5113975451-000027				
Policyholder Name	FOCUS RENTALS PTE. LTD.			Policyholder NRIC	201836450G
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
JKK	<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	Yes
<b>Accident Details</b>					
Report Date	10/01/2020 17:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	09/01/2020	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	COMMONWEALTH AVE WEST				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
VED OD Excess	0.00	VED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable			

<b>Benefits</b>			
<b>GST Registered Information</b>			
GST Registered	Yes	GST Registration Date	01/02/2019
GST Registration No.	201836450G	GST Status Verified	Yes
Modification History			

<b>Policyholder Mailing Address</b>			
Address 1	26 SIN MING LANE	Address 2	#05-114 MIDVUEW CITY
Address 4		Address Type	Singapore address
Unit No.	03-02	Related Policy Number	5113975451
Address 3		Post Code	SINGAPORE 573971

<b>OT Driver Info</b>			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	CHEW WUI PEEN	Driver NRIC	SXXXX852G
Register Date of Driver License	12/09/2002	Driver Age	41
Contact No.(Mobile)	87547833	Contact No.(Office)	0
Address 1	BLK 145	Address 2	TAMPINES STREET 12
Address 4	SINGAPORE 521145	Address Type	Singapore address
Unit No.	06-338		
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	
		Driver Insurer Company	

<b>Declaration</b>			
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Modification History

Claim 001 **New**









Claim Type *	OD-MX	Insured Name	FOCUS RENTALS PTE. LTD.	Insured NRIC	201836450G
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+
Email Address		OT Vehicle Number	SJW99368	TP Vehicle Number	SJN3705K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJW99368 / SJN3705K ON 9 Jan 2020				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/01/2020 17:52	Claim Close Date		Date Received	10/01/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<b>Save Submit</b>					

## Attachment

Accident No.	MT/1079535	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/01/2020 17:54
Path *		Category *	
	Browse... Clear	Please Select	<input type="checkbox"/> Confidential <input checked="" type="checkbox"/> Normal
	Browse... Clear	Please Select	<input type="checkbox"/> Confidential <input checked="" type="checkbox"/> Normal
	Browse... Clear	Please Select	<input type="checkbox"/> Confidential <input checked="" type="checkbox"/> Normal
	Browse... Clear	Please Select	<input type="checkbox"/> Confidential <input checked="" type="checkbox"/> Normal
	Browse... Clear	Please Select	<input type="checkbox"/> Confidential <input checked="" type="checkbox"/> Normal
	Browse... Clear	Please Select	<input type="checkbox"/> Confidential <input checked="" type="checkbox"/> Normal

☐ Send Message

## Attachment List

Attachment	Uploaded By/Date	Category	?	urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Jan 2020 17:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Jan 2020 17:54	SAS		Normal	SAS 2020-1-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Jan 2020 17:54	Photos		Normal	Photos 2020-1-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Jan 2020 17:54	Photos		Normal	Photos 2020-1-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Jan 2020 17:54	Photos		Normal	Photos 2020-1-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Jan 2020 17:54	Photos		Normal	Photos 2020-1-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Jan 2020 17:52	Photos		Normal	Photos 2020-1-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Jan 2020 17:52	Photos		Normal	Photos 2020-1-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Jan 2020 17:52	Photos		Normal	Photos 2020-1-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Jan 2020 17:52	Photos		Normal	Photos 2020-1-10	

## Video List

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