

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MHA 2005096

Date In: 17/1/20-10:00	Job description	Date & Time Completed	Done by
Ref No: MHA/NC20050713/24	SAS e-filing		
Veh No: SK43563A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 10/1/20-05:20	i-Motor Claim Form	M/129947-00V	17/1/20 15:13
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: JAC 61556

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

<p>Claimant's Particulars :-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>at 1:</p> <p>at 2 / 3:</p>	<p>Invoice Preparation Checklist</p>		<p>Ant (\$)</p> <p>1st Bill</p>	<p>Ant (\$)</p> <p>Add Bill</p>
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	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: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
<p>Q1*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile 30</p>				
<p>Invoice dated</p> <p>Invoice dated</p>		<p>Fee Charged</p> <p>Fee Charged</p>		

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	13/01/2020 10:02
Date Of Accident	10/01/2020 03:20
Exact Location Of Accident	WOODLANDS AVE 4 OPP BLK 888
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH3563A
Insured/Policyholder	
Name Of Registered Owner	CHUA CHOON SENG (CAI CHUNSHENG)
NRIC No	SXXXX207F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94689666
Alternative Phone No	OFFICE-94689666

Vehicle Particulars

Manufacturer	BMW
Model	320I A
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	5109277255
Cover Note Number	

Driver

Name of Driver	CHUA CHOON SENG (CAI CHUNSHENG)
NRIC No	SXXXX207F
Date Of Birth	09/01/1979
Occupation	INDOOR
Date Of Driving Pass	23/11/2012
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94689666
Fax Number	
Contact Number	OFFICE-94689666
Email Address	NOEMAIL

Address	BLK 784B WOODLANDS RISE #09-16
Postcode	732784
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	CHAIN COLLISION
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	3
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC6105G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	AH HUA
NRIC/Passport Number	
Contact Number	97329626
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC157B
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

KAMSANI

NRIC/Passport Number

Contact Number

94524599

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

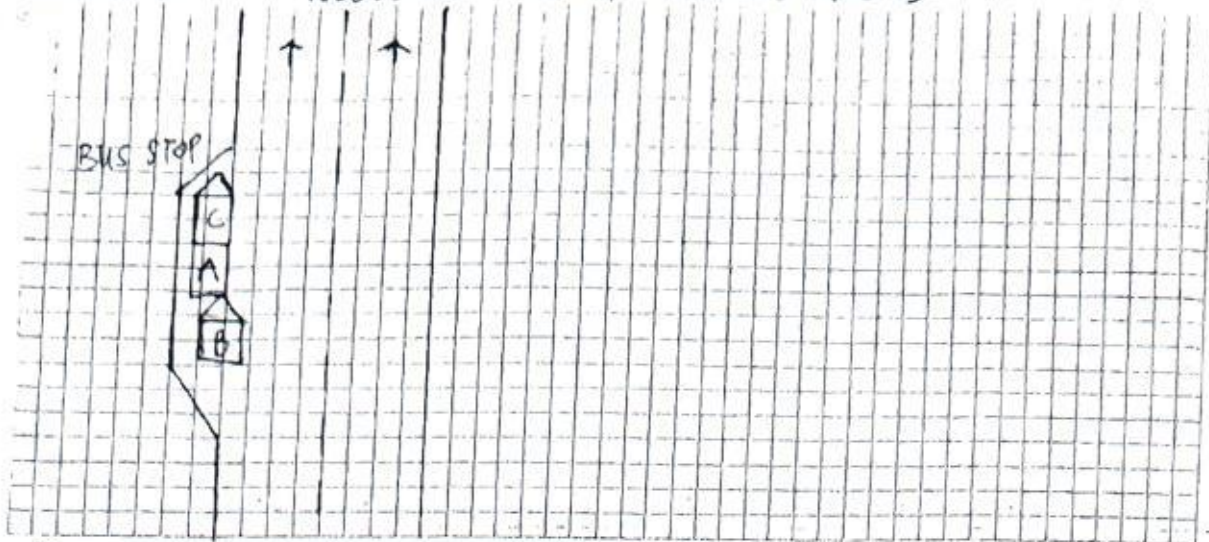
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

WOODLANDS AVE 4 TOWARDS AVE 5



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I park my car behind vehicle C bearing vehicle SHC 6105G with my hazard lights on. I alight from my car and cross the road to go to the toilet. After I cross the road, I heard a loud bang and saw a van bearing vehicle number PC 157B had hit onto my vehicle and causes my car to propel forward and hit onto vehicle C. We exchange particulars and file the necessary claims.

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.:

Date of Accident : 9/10/1/2020 Accident Time: 0320 (24-HR-Format)
Accident Place : WOODLANDS AVE 4 OPPOSITE BLOCK 888
Vehicle Reg. No. (Car Plate No.) : SKH 3563 A
Vehicle Make/Model : BMW 320i convertible.
Insurance Company : NTUC Policy No. _____
Owner or Company Name /IC No. : CHUA CHUAN SENG
Owner or Company Contact No. : 9468 9666 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : CHUA CHUAN SENG
DRIVER'S Date Of Birth : 09/1/1979 DRIVER'S License Pass Date 23/11/2012
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 784B WOODLANDS RISE #09-16 S(732784)
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : chappingan@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 1b injury
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: SHL 6105 G
Vehicle Make/Model: _____
Name Driver: AH HUA
IC No. Driver: _____
Driver's Contact & Add: 9732 9626

Vehicle Reg. No: PC 157B
Vehicle Make/Model: _____
Name Driver: KAMSANT
IC No. Driver: _____
Driver's Contact & Add: 9452 4599

eBaoTech

GeneralClaim

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="10/01/2020 03:20"/>							
Vehicle No. (For Motor)	<input type="text" value="SKH3563A"/>	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"/>	5109277255		CHUA CHOON SENG (CAJ CHUNSHENG)	57901207F	GPC	drive CLASSIC	SKH3563A	SKH3563A	03/05/2019	02/05/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1079497

Policy No.	5109277255	Vehicle No.	SKH3563A	GST Registration No.	
Certificate No.					
Policyholder Name	CHUA CHOON SENG (CAI CHUNSHENG)			Policyholder NRIC	S7901207F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		sCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	sCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available
Accident Details					
Report Date	10/01/2020 16:34	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	10/01/2020	Time of Accident (hh:mm)	03:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG WOODLANDS AVE 4				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess	1000				
Total OD Excess Applicable	1600.00	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 15 #07-153	Address 2	MARSELING LANE	Address 3	MARSELING GARDENS
Address 4	SINGAPORE 730015	Address Type	Singapore address	Post Code	730015
Unit No.		Related Policy Number	5109277255		
DI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	CHUA CHOON SENG (CAI CHUN)	Insured NRIC	S7901207F
Contact No.(Mobile)	94689666	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	chuapingan@gmail.com	DI Vehicle Number	SKH3563A	TP Vehicle Number	SHC6105G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKH3563A / SHC6105G ON 10 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	13/01/2020 10:13	Claim Close Date		Date Received	13/01/2020 00:00
Report Taken By	Jackson				
<input type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1079497	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/01/2020 10:14		
Path *					
	Browse...	Clear	Please Select	Confidential	Urgency *
	Browse...	Clear	Please Select	Normal	Normal
	Browse...	Clear	Please Select	Normal	Normal
	Browse...	Clear	Please Select	Normal	Normal
	Browse...	Clear	Please Select	Normal	Normal
	Browse...	Clear	Please Select	Normal	Normal
<input type="checkbox"/> Send Message					
Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?

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