

NATIONAL Assessment Centre Services [wef 1 Jan 05] **MNA 20008621**

Date In: 21/12-09:30	Job description	Date & Time Completed	Done by
Ref No: NA/142000/11/124	SAS e-filing		
Veh No: JMS999R	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 18/12-13:20	i-Motor Claim Form	M71080813-001	21/12 09:45
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: Vch No: **4361XVOR** 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%. F: 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

NA 20008621	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	Est Bill	Add Bill
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Date 1:	6) TR: Re-inspection \$75		
Date 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac 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	20/01/2020 09:32
Date Of Accident	18/01/2020 13:20
Exact Location Of Accident	MONTEREY PARK CONDOMINIUM CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC5999R
Insured/Policyholder	
Name Of Registered Owner	KHOO SENG CHUAN
NRIC No	SXXXX027E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90887692
Alternative Phone No	OFFICE-90887692

Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR
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	5111593826
Cover Note Number	

Driver

Name of Driver	NG AI SIM
NRIC No	SXXXX550E
Date Of Birth	13/08/1971
Occupation	INDOOR
Date Of Driving Pass	17/08/2001
Driving Experience	18 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90889725
Fax Number	
Contact Number	OFFICE-90889725
Email Address	NOEMAIL

Address	BLK 549 JURONG WEST STREET 42 #06-215
Postcode	640549
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : KHOO TIAN TIAN ANGELA GENDER: : FEMALE
Passenger 2	NAME: : KHOO XUE NI NAKITA GENDER: : FEMALE

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	GBG1540R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 NG AI SIM
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMC5999R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name KHOO TIAN TIAN ANGELA
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMC5999R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name KHOO XUE NI NAKITA
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMC5999R
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.
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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:



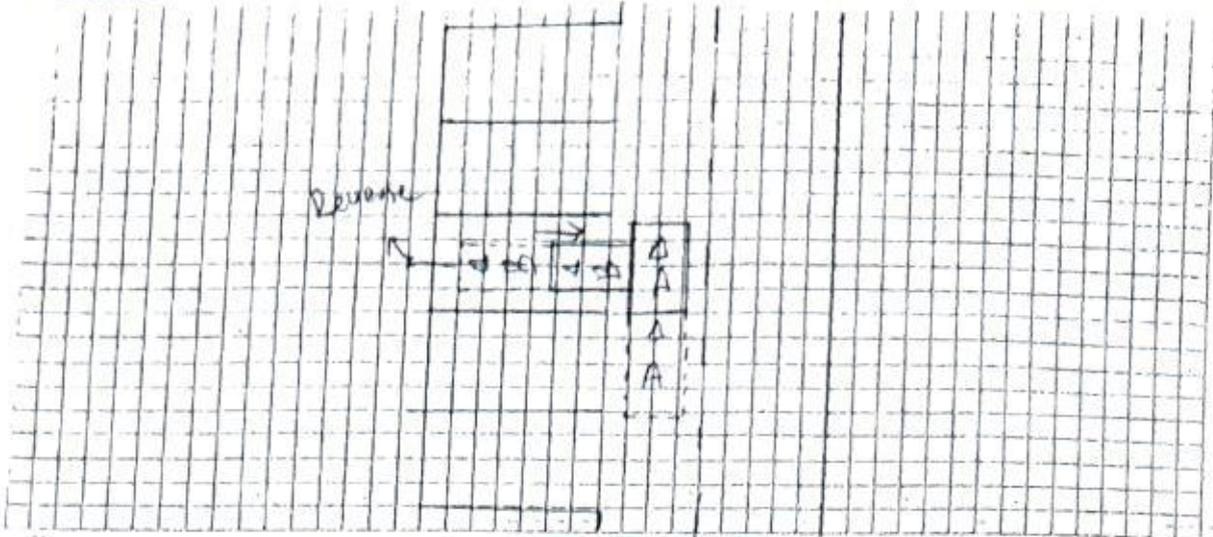
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

veh A: SML5999R veh B: 6B61540R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,
 I was driving my car (Veh A: SML5999R) going straight
 inside Monterey Park Condominium Car Park. A van (Veh B:
 6B61540R) reversed out from the parking lot and collided
 on the left portion of my car. We aligned and exchanged
 particulars, and the van driver also signed black and white
 that he was at fault for this accident

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 : 18/01/2020 Accident Time: 1320 (24-HR-Format)
 Accident Place : Monterey Park Condominium Carpark
 Vehicle Reg. No. (Car Plate No.) : SML 5999R
 Vehicle Make/Model : Nissan X-Trail
 Insurance Company : NIMC Policy No. _____
 Owner or Company Name / IC No. : Khoo Seng Chuan 86979027E
 Owner or Company Contact No. : 90887692 Owner's Hp _____ Company Tel _____ } spouse
 DRIVER'S Name / IC No. : Ng AL SIM 57178550E
 DRIVER'S Date Of Birth : 13/08/1971 DRIVER'S License Pass Date 17/08/2001
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 549 Jurong West St 42 # 06-215 (640549)
 DRIVER'S Contact No. / Alt No. : 1) 90889725 2) _____
 DRIVER'S Occupation : NA INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : XUENZKHOO@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): 03 - All female. Khoo Tian Tian
 Was there any video Captured by car camera: YES \ NO Injuries pending
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose Khoo Xue Ni
Ng Kaita

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>GBG 1540R</u>	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: _____

Hello, NAC_PAYA_UBI_800601

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[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) 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"/>	5111593826		KHOO SENG CHUAN	S6979027E	GPC	drive CLASSIC	SMC5999R	SMC5999R	04/08/2019	03/08/2020

Continue

Policy Information

Policy No.	5111593826	Policyholder Name	KHOO SENG CHUAN	Policyholder NRIC	S6979027E
Certificate No.					
Address	BLK 549 #06-215 JURONG WEST STREET 42 SINGAPORE 640549				
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N		
Policy Issue Date	02/05/2019	Effective Date	04/08/2019 00:00	Expiry Date	03/08/2020 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	HUA YANG CREDIT PTE LTD	Agent Tel.	64585111	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 549 #06-215	Address 2	JURONG WEST STREET 42	Address 3	SINGAPORE 640549
Address 4	Address Type		Singapore address	Post Code	640549
Unit No.	Related Policy Number		5111593826		

Insured Object: SMC5999R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Accident MT/1080813

Policy No.	511593826	Vehicle No.	SMCS999R	GST Registration No.	
Certificate No.					
Policyholder Name	KHOO SENG CHUAN		Policyholder NRIC	56979027E	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90887692	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private hire	No
↳ Accident Details					
Report Date	20/01/2020 09:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	18/01/2020	Time of Accident hh:mm	13:20	Country of Accident	Singapore
Reporting Centre		Orange Force		JCH No.	
Accident Location	MONTEREY PARK CONDOMINIUM CARPARK				
↳ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	1100.00	Total TP Excess Applicable			
↳ 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 549 A06-215	Address 2	JURONG WEST STREET 42	Address 3	SINGAPORE 640549
Address 4		Address Type	Singapore address	Post Code	640549
Unit No.		Related Policy Number	511593826		

↳ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NG AI SIM	Driver NRIC	SXXXX550E	Driver DOB	13/08/1971
Register Date of Driver License	17/08/2001	Driver Age	48	Driving Experience	18
Contact No.(Mobile)	90889725	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 549	Address 2	JURONG WEST STREET 42	Address 3	SINGAPORE 640549
Address 4		Address Type	Singapore address	Post Code	640549
Unit No.	06-215				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OO-MX	Insured Name	KHOO SENG CHUAN	Insured NRIC	56979027E
Contact No.(Mobile)	90887692	Contact No.(Home)	63161108	Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SMCS999R	TF Vehicle Number	GBG1540R
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMCS999R / GBG1540R ON 18 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	20/01/2020 09:45	Claim Close Date		Date Received	20/01/2020 00:00
Report Taken By	Jackson				

Print AIC letter

Save **Submit**

Attachment

Accident No.	MT/1080813	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/01/2020 09:47

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 09:47	NKIC/ Driving License	Y Normal	NRIC/ Driving License 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 09:47	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 09:46	SAS	Normal	SAS 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 09:46	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 09:46	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 09:46	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 09:46	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 09:46	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 09:46	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 09:46	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 09:46	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 09:46	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 09:46	Photos	Normal	Photos 2020-1-20	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 09:46	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 09:46	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 09:46	Photos	Normal	Photos 2020-1-20	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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