

# NATIONAL Assessment Centre Services.

[part 1 Jan 2001]

NA200/12488

Date In: 28/01/2020 18:26	Job description	Date & Time Completed	Done by
Ref No: N/A/200/150374	SAS e-filing		
Veh No: SLX 7862Y	E-mail (Update this, AIC this)		
D.O.A: 28/01/2020 12:30	I-Motor Claim Form	28/01/2020 18:55	
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/Whisp		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLX 3586M	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 ( )	

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )
1) Apply for Transport Allowance ( ) / Courtesy Car ( )
2) QC Check / Post Repair Inspection ( )
3) Upload Resurvey Photo [Repair Cost > \$9000] ( )

Injury:

NA200/069	1) ALT: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$120	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	• NS: Courtesy Car / Tpl Allowance \$3	
	• NG: Repair Coordination \$10	
	• NW: Post Repair Inspection \$25	
	• ND: DV / Collect Insurers Coordination \$5	
	TP (NI) / TP (Non INC) * at least ONE \$20	
	9) NT12: Idea 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	28/01/2020 18:36
Date Of Accident	26/01/2020 12:30
Exact Location Of Accident	ALONG SENGKANG EAST DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT7862Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA POH WAI GENTINI
NRIC No	SXXXX586B
Email Address	CPWAI87@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98472810
Alternative Phone No	OFFICE-98472810

Vehicle Particulars

Manufacturer	MAZDA
Model	3
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101387978-01
Cover Note Number	

Driver

Name of Driver	CHUA POH WAI GENTINI
NRIC No	SXXXX586B
Date Of Birth	30/05/1987
Occupation	INDOOR
Date Of Driving Pass	14/02/2012
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98472810
Fax Number	
Contact Number	OFFICE-98472810
EMail Address	CPWAI87@HOTMAIL.COM

Address	BLK 293C COMPASSVALE CRESCENT #09-43
Postcode	543293
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?	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)	2
Passenger 1	NAME: : SANDRA NEO 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

PLEASE REFER TO SKETCH PLAN

#### 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	SLX3586M
Vehicle Make/Model/Colour	KIA CERATO K3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MICHAEL
NRIC/Passport Number	
Contact Number	92997510
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SLE5725R
Vehicle Make/Model/Colour	HYUNDAI ELANTRA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SLE5725R
NRIC/Passport Number	
Contact Number	91919093
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: 28/01/2020  
09:10

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

MY vehicle was slowing down but couldn't stop in time  
hit onto vehicle SLX 3586 m back.  
Vehicle # SLX 3586 m roll forward and knock onto vehicle SLE 5728  
No casualties # in the accident  
No police report made.

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

Date &amp; Time:

NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (26/01/2020) (DD/MM/YYYY), TIME: (12:30) (HH/MM)

LOCATION: Seng Tang East Drive

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKT7862Y  
 b) INSURANCE COMPANY: MTC Income  
 c) POLICY NUMBER: 5101384948-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: MAZDA 3  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Travel  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: CHUA POH WAI, GENTIM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8155868 CONTACT: 98472810  
 c) ADDRESS: BLOCK 208C COMPAUVALE CRESCENT #09-43  
 SINGAPORE 543293

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: CHUA POH WAI, GENTIM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8155868 CONTACT: 98472810  
 c) ADDRESS: BLOCK 208C COMPAUVALE CRESCENT #09-43  
 SINGAPORE 543293

\* d) DATE OF BIRTH: (30/05/1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14 FEB 2012

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

## 6. WAS ANYBODY INJURED (YES/NO)

## 7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 9K SLX 3586M MODEL: KIA CERATO E3  
 b) DRIVER'S NAME: MICHAEL  
 c) NRIC/FIN/PASSPORT: CONTACT: 92997510

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 3LE5725R MODEL: Hyundai Elantra  
 b) DRIVER'S NAME: Mr. Ioh  
 c) NRIC/FIN/PASSPORT: CONTACT: 9191 9093

No of passengers  
 (including driver)  
 (2)

SANDRA NEO  
 FEMALE

No of passengers  
 (including driver)  
 ( )

No of passengers  
 (including driver)  
 ( )

Email: cpcwa187@hotmail.com

VIDEO

Claim Handling

Accident MT/1081872

Policy No.	5101387978-01	Vehicle No.	SKT7862Y	GST Registrati
Certificate No.				
Policyholder Name	CHUA POH WAI GENTINI			Policyholder Ni
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	98472810	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	40	Private Hire

Accident Details

Report Date	28/01/2020 18:51	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/01/2020	Time of Accident hh:mm	12:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG SENGKANG EAST DRIVE			

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 Cover
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 3 #06-354	Address 2	DOVER ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5101387978-01	

OI Driver Info

Driver Name	CHUA POH WAI GENTINI	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	58715586B	Driver DOB
Register Date of Driver License	14/02/2012	Driver Age	32	Driving Experi
Contact No.(Mobile)	98472810	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 3 #06-354	Address 2	DOVER ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SKT7862Y	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 New

Claim Type \*

OD-MX

Insured Name

CH

Contact No.(Mobile)

98472810

Contact No. (Home)

Email Address

cpwai87@hotmail.com

O1 Vehicle Number

SK

Claim Description

SKT7862Y / SLX3586M ON 26 Jan 2020

Preferred Workshop

Insured Liability

Fully at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Contact No. Finalisation

Yes

Date Registered

28/01/2020 18:53

Claim Close Date

Report Taken By

ROSLI WAHAB

Print AK letter



Save Submit

Attachment

Accident No. MT/1081872 Claim No. 001  
Last Doc. Received ☒ Yes ☐ No Upload Date 28/01/2020 18:55

Choose File	No file chosen	Clear	Category *	Confider
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Message Read		Clear	Please Select	NO
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 18:55	Photos	Normal	Ph
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 18:53	NRIC/ Driving License	Normal	NRIC/ Dri



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 28 Jan 2020 18:53

SAS

Normal

S

Video List

Uploaded By/Date	Folder Date	File Name	
		<div>Display in New Window</div>	<div>Scan and uploading</div>



Hello, NAC\_BUKIT\_MERAH\_800676

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

SKT7862Y

Date of Accident

26/01/2020 09:11

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"/>	5101387978-01		CHUA POH WAI GENTINI	S8715586B	GPC	drive CLASSIC	SKT7862Y	SKT7862Y	23/06/2019	22/06/2020

Continue