

# NATIONAL Assessment Centre Services

1st Jan 2021

2

Date In: 28/01/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20001519/13	SAS e-filing		
Veh No: SBW 72805	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 24/01/20 1505	i-Motor Claim Form	MT/1082086-001	
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: GWJR 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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: ( ) Actions: ( )

( )

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NA2000934

## Invoice Preparation Checklist

	Am't (\$)	Am't (\$)
	Inc Bill	Add Bill
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) NI: Idno DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
ON*		
*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: Idno Mobile 30		

Invoice dated Fee Charged

Invoice dated Fee Charged

28/01/2021



## 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 16:04
Date Of Accident	24/01/2020 15:05
Exact Location Of Accident	YISHUN AVE 8 TWDS YISHUN AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBW7280S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN KHOON MENG
NRIC No	SXXXX226E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84688849
Alternative Phone No	OTHERS-84688849

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5057640744-06
Cover Note Number	

### Driver

Name of Driver	CHAN KHOON MENG
NRIC No	SXXXX226E
Date Of Birth	17/12/1970
Occupation	INDOOR
Date Of Driving Pass	20/09/1995
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84688849
Fax Number	
Contact Number	OTHERS-84688849
EMail Address	NOEMAIL

Address	BLK 401 ADMIRALTY LINK #05-08
Postcode	750401
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 - CHANGE/CROSS LANE
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?	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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GW2R
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)	



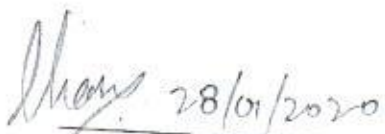
## SKETCH PLAN

### IMPORTANT NOTICE

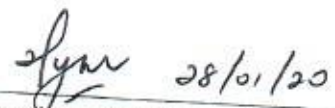
1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies 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.

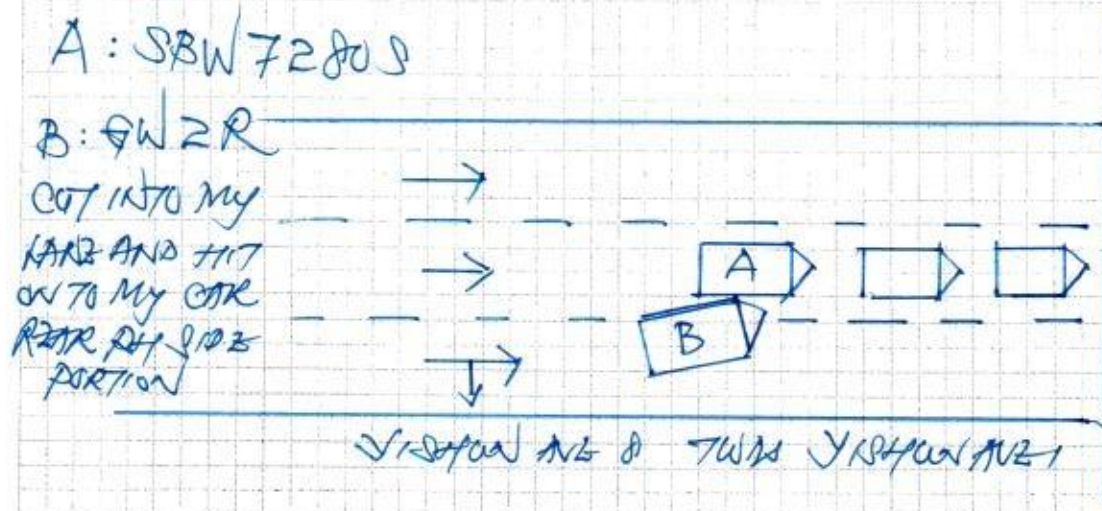
 28/01/2020  
Policyholder's Signature  
Date & Time:

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

 28/01/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my car along Yishun ave 8 in the centre lane. Suddenly car B cut into my lane and hit onto my car rear rightside. I have horn to warn car B driver before he hit me. I have car video and screen photos for evidence.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
Claim TP <input checked="" type="checkbox"/>
Claim OD / TP at other workshop

## DECLARATION

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

*May 28/01/2020*

Policyholder's Signature  
Date & Time:

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

*May 28/01/2020*

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

KINDA  
Saw - /ai

# HUP MOTOR TRADING & SERVICE

BLK 9004 TAMPINES STREET 93

#01-120 SINGAPORE 528838

TEL: 67840039 (24 hrs) HP: 98154655

Email: hupmotor@gmail.com

## Accident Information

1 Date of Accident : 24/01/2020 Time(base on 24hrs): 1505 hrs  
2 Location : JALAN ANG 8 TAWAN JALAN ANG 1  
3 Weather condition : Clear / Rain Road Surface : Dry / Wet  
4 Claiming under : Own Damage \_\_\_\_\_ Third Party YES Reporting Only \_\_\_\_\_  
5 Injuries : Yes / No Type Of Collision : POB TO S102 (TP HIT INJURED)  
6 Witness Name / Hp : VIDEO FOOTAGE & SCREEN PHOTO  
7 Police Report : Yes / No Which Station : \_\_\_\_\_

## VEHICLE A

Vehicle No : QBW 7280 S Model : TOYOTA COROLLA  
Policy Holder Name : CHAN KHOW MENG  
Policy I/C No. : S7046226Z Contact : 84888849  
Policy Address : BK 401, #05-08, ADMIRALTY LINK, S(750401)  
Policy No. : 50576407600-06 Cover : Comp / 3rd pty / Fire & Theft  
Insurance Company : N7UC No Of Pax 1 (including Driver)  
1) \_\_\_\_\_ Sex( Male / Female)  
2) \_\_\_\_\_ Sex(Male / Female)

## Driver Particulars

Name : AS ABNG NIRC S7046226Z DOB: 17/12/70  
Address : AS ABNG  
Pass Date: 20/9/95 Gender : Male / Female Occupation: Indoor / Outdoor  
Contact : HP \_\_\_\_\_ Office \_\_\_\_\_ Home \_\_\_\_\_  
Email \_\_\_\_\_ Relationship: Spouse/Children/Friend/Relative  
Employee/ Hirer/Parent/Sibling

VEHICLE B : GW2R Model: VAN Insurance : \_\_\_\_\_  
Driver Name : \_\_\_\_\_ I/C No. : \_\_\_\_\_  
Contact No. : \_\_\_\_\_

VEHICLE A SIGNATURE :

Chan



## 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:** 5057640744-06

**Cover :** Third Party

- |   |                          |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SBW72805</b>        |
| Chassis Number  | : AE1013041030           |
| 2. Name of Policyholder   | : <b>CHAN KHOON MENG</b> |
| 3. Effective Date of Insurance  | : <b>01 Feb 2019</b>     |
| 4. Expiry Date of Insurance   | : <b>31 Jan 2020</b>     |
| 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)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: <b>CHAN KHOON MENG</b>
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : M PLUS CONSULTANCY (00000571872)  
Date of Issue : 07 Jan 2019 11:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Accident MT/1082086

Policy No.	5057610744-00	Vehicle No.	SBW72805	GST Registr
Certificate No.				
Policyholder Name	CHAN KHOON MENG			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	84688849	Contact No.(Office)	0	Contact No.(
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	70%	NCD Entitlement(%)	50	Private Idio

### Accident Details

Report Date	29/01/2020 18:01	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/01/2020	Time of Accident hh:mm	15:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	VISHNU BAF & PUNE VISHNU AVE			

## Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen £
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00	
Third Party Excess	0.00	Outside Singapore TP Excess	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 401 #05-01	Address 2	ADMILARTY LINK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5057640744-06	

## OI Driver Info

Driver Name	Chan Khoon Meng	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	57046226E	Driver DOB
Register Date of Driver License	01/01/2000	Driver Age	49	Driving Exper
Contact No.(Mobile)	84688849	Contact No.(Office)	0	Contact No.(f
Address 1	BLK 401	Address 2	ADMILARTY LINK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	405-08			
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insure

### Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX		Insured Name	C
Contact No.(Mobile)	90048336		Contact No. (Home)	6
Email Address			Vehicle Number	5
Claim Description	SBW7280S / GW2R ON 24 Jan 2020			
Preferred Workshop	Insured Liability	Not at Fault		
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered			Received	
Report Taken By	29/01/2020 18:05		Claim Close Date	
	ROSLINDA		Workshop Repairer	

Print AK letter

Attachment

<https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do>



Accident No.

MT/10H2086

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

29/01/2020 00:00

Path

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No file chosen

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No file chosen

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No file chosen

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 18:05	NRIC/ Driving License	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 18:05	SAS	Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 18:05	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 18:05	Photos	Normal	P
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 18:04	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 18:04	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 18:04	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 18:04	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 18:04	Photos	Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 18:04	Photos	Normal	P

Video List

Uploaded By/Date	Folder Date	File Name	

Display in New Window

Scan and uploading