

# NATIONAL Assessment Centre Services. [ver 1 Jan 2003] MMA 120018982

Date In: 11/12/20 16:13	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA1 INC 2000 2372164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: STC 7136L	I-Motor Claim Form	MT/1083939-001	11/12/20 17:24
ICLA: 10/12/20 16:15	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: XE 3624 U.	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: ( )

Comments: (INC 10/11/20 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	Action

MMA 2001327		Invoice #	12001327	Amf (\$)	30.00	Ref Amf (\$)	
Comments Particulars:	1) AL: Accident Reporting (\$30);						
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)						
Contact No:	3) TP: Towing Fee \$40/\$45						
Damaged Portion:	4) PT: Follow-Through Survey \$120						
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30						
Auditors Comments:	For claiming against INC Only (ver 10 Jan 2003)						
	6) TR: Re-inspection \$75						
	7) NI: Idao DA + SMRT Survey \$160						
	8) NTUC Additional Services:						
	ON:						
	*N5: Courtesy Car / Tpt Allowance \$5						
	*N6: Repair Co-ordination \$10						
	*N7: Post Repair Inspection \$25						
	*N8: DV / Collect Excess Coordination \$5						
	TP (N11): TP (N11) INC against INC \$20						
	9) N12: Idao 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	11/02/2020 16:13
Date Of Accident	10/02/2020 16:15
Exact Location Of Accident	JURONG EAST ST 11 TWDS TOH GUAN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC7136L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA JUAY NGUAN
NRIC No	SXXXX872B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82485418
Alternative Phone No	OFFICE-82485418

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	5106890952
Cover Note Number	

### Driver

Name of Driver	CHUA JIN JUN
NRIC No	SXXXX537J
Date Of Birth	02/08/1995
Occupation	INDOOR
Date Of Driving Pass	27/01/2016
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82485418
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 693 JURONG WEST CENTRAL 1 #09-103
Postcode	640693
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET

#### 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE3624U
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

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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:

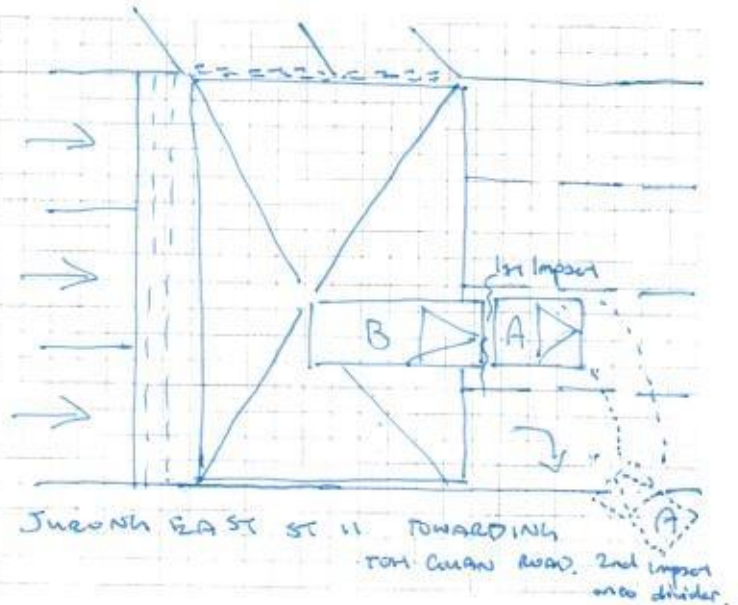
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN

Vehicle A  
- SSC 7136 L

Vehicle B  
- XE 3624 U



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/02/2020 at about 1613 Hrs, I was driving my car (SSC7136L) along Jurong East St 11, CP20 at the third right most lane and at that point of time it was raining very heavily and the road surface was very wet.

I then stop at the junction due to traffic light signal turn red. Subsequently, the traffic light was in my favour and I move off. After which I felt a strong impact from my rear which send my car flying. I tried to control my car but my brake and steering wheel loss control. I then hit onto the divider and crash into the railing and was stuck on the divider.

I then felt some strain on my neck, head and chest, due to the collision. I then came out of my car to make a check and discovered I was hit by a trailer (XE3624U) and manage to exchange particular with the said party. Due to the damage I call for police assistance and Traffic police come down to the scene vide

Vehicle A - SSC 7136 L

Vehicle B - XE 3624U.

## DECLARATION

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

2

*[Signature]*

*[Signature]*

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.:



<b>Vehicle No.</b>	SSC 7136 L	Model / Make	TOYOTA UOS
Date of Accident	10/02/20		
Time of Accident	1615	HRS	
Location of Accident	JURONG EAST ST 11	TOWARDS	TOH GUAN ROAD
Exact purpose use during accident	PRIVATE USE		
<b>Name of Owner</b>	CHUA JUAN NGUAN		
Telephone No.	H/P :	Home :	Office :
NRIC	51696872 B		
Address	BLK 693 JURONG WEST CENTRAL 1	#09-103	
Claim type	OD	THIRD PARTY	REPORTING ONLY (640693)
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
<b>Name of Driver</b>	As Above If No, CHUA JIN JUN		
NRIC	S9527537 J	Any Passengers :	NIL
Date of birth	02 AUG 1995		
Occupation	Outdoor / Indoor		
Driving License Pass Date	27 JAN 2016		
Gender	Male / Female		
Contact No.	H/P : 82485418	Home :	Office :
Address	BLK 693 JURONG WEST CENTRAL 1	#09-103	3(640693)
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state	SON
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
<b>Vehicle B No.</b>	X R 3624 U	Any Passengers :	
Name of Driver		Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
<b>Accident Portion</b>	REAR / FRONT / UNDER CARRIAGE		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		

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="10/02/2020 16:13"/>
Vehicle No.(For Motor)	<input type="text" value="SJC7136L"/>	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 checked="" type="radio"/>	5106890952		CHUA JUAY NGUAN	S1696872B	GPC	drivo CLASSIC	SJC7136L	SJC7136L	27/02/2019	26/02/2020



## Claim Handling

Accident MT/1083939

Policy No.	5106890952	Vehicle No.	SJC7136L	GST Registration No.	
Certificate No.					
Policyholder Name	CHUA JUAY NGUAN			Policyholder NRIC	S1696872B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	82485418	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<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(%)	40	Private Hire	No

## ▼ Accident Details

Report Date	11/02/2020 17:15	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/02/2020	Time of Accident hh:mm	16:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG EAST ST 11 TWDS TOH GUAN RD				

## ▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	600.00		
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 693 #09-103	Address 2	JURONG WEST CENTRAL 1	Address 3	SINGAPORE 640693
Address 4		Address Type	Singapore address	Post Code	640693
Unit No.		Related Policy Number	5106890952		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/08/1995
Unnamed driver Name	CHUA JIN JUN	Driver NRIC	SXXXX537	Driving Experience	4
Register Date of Driver License	27/01/2016	Driver Age	24	Contact No.(Home)	
Contact No.(Mobile)	82485418	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 693 #09-103	Address 2	JURONG WEST CENTRAL 1	Address 3	SINGAPORE 640693
Address 4		Address Type	Singapore address	Post Code	640693
Unit No.	09-103				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHUA JUAY NGUAN	Insured NRIC	S1696872B
Contact No.(Mobile)	83531949	Contact No.(Home)	65203559	Contact No.(Office)	
Email Address		OI Vehicle Number	SJC7136L	TP Vehicle Number	XE362
Claim Description	SJC7136L / XE3624U ON 10 Feb 2020				
Preferred Workshop	0	Insured Liability	Not at Fault	Name of Preferred Workshop	0
Request No.	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	11/02/2020 17:23
Report Taken By	JIEW SHAN HUI				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1083939	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/02/2020 17:24
Path *		Category *	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

## ▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M:
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) a	11 Feb 2020 17:24	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-11	





NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Feb 2020 17:24	SAS	Normal	SAS 2020-2-11
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Feb 2020 17:24	Photos	Normal	Photos 2020-2-11
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Feb 2020 17:24	Photos	Normal	Photos 2020-2-11
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NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Feb 2020 17:23	Photos	Normal	Photos 2020-2-11

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	