

NATIONAL Assessment Centre Services

Ref: J31022

Page 2

Date In: 14/02/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20002673/13	SAS e-filing		
Veh No: SMA141M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/02/20 0820	i-Motor Claim Form	MT/1084545-001	
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: SMM9022E	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

NA200/355	Invoice Preparation Checklist		Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: 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)			
Cal. 1:	6) TR: Re-inspection \$75			
Cal. 2/3:	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON:			
	*N5: Courtesy Car / Tp 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: Idao 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	14/02/2020 18:08
Date Of Accident	13/02/2020 08:20
Exact Location Of Accident	BALESTIER ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMP141M
Insured/Policyholder	
Name Of Registered Owner	TAN CHOON PUAY (CHEN CHUNPEI)
NRIC No	SXXXX115G
Email Address	CHOONPUAYCH2M@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81886296
Alternative Phone No	OTHERS-81886296
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	OTW TO WORK
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	5112085725
Cover Note Number	
Driver	
Name of Driver	TAN CHOON PUAY (CHEN CHUNPEI)
NRIC No	SXXXX115G
Date Of Birth	01/03/1976
Occupation	OUTDOOR
Date Of Driving Pass	28/03/2011
Driving Experience	8 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81886296
Fax Number	
Contact Number	OTHERS-81886296
EEmail Address	CHOONPUAYCH2M@GMAIL.COM

Address	BLK 93 WHAMPOA DRIVE #09-102
Postcode	320093
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM9022E
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JASON
NRIC/Passport Number	
Contact Number	94550150
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

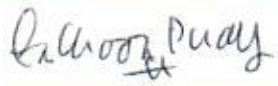
SKETCH PLAN

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**.
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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)**

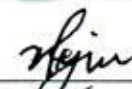
I understand, acknowledge, agree and consent that:

- (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.

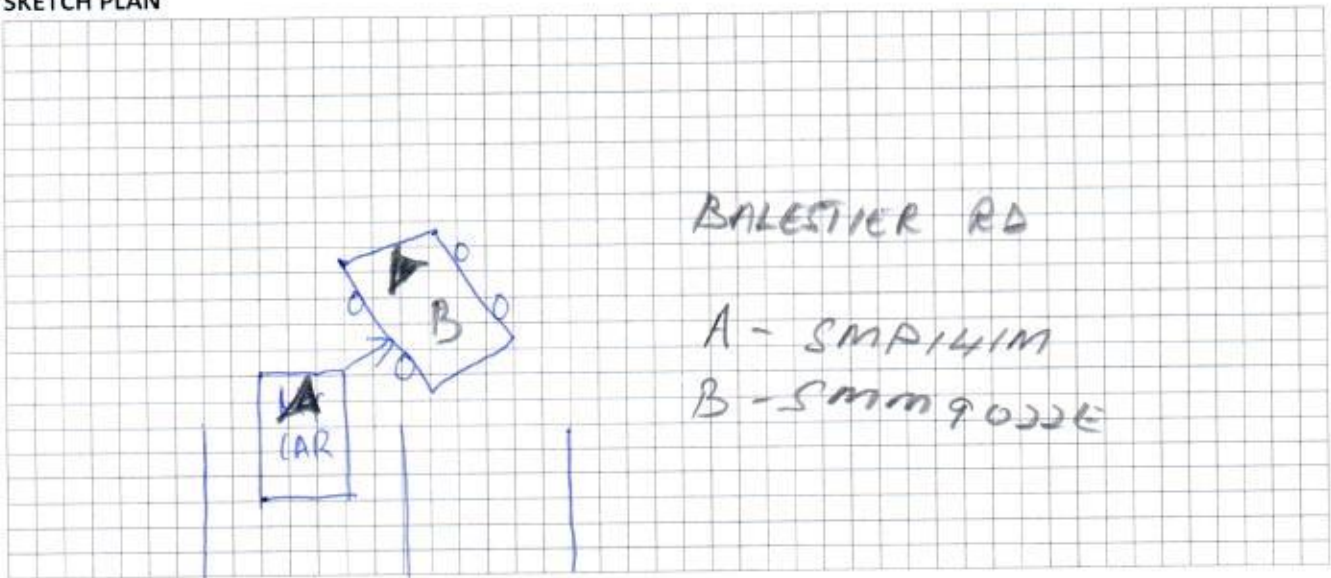

Policyholder's Signature
Date & Time: 13 FEB 20
1615

GIARMC SketchPlanForm_V3

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

 24/02/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13 Feb 20 at about 8.20 am, I was driving along Balestier Road on my way to work on the left most lane at about 20 Km/hr when a black Honda Vezel SMH 9022 E suddenly cut into my lane at a fast speed without signalling. His left side near to hind wheel knocked onto my front bumper and dislodged it.

DECLARATION

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

Ramona Puay
Policyholder's Signature
Date & Time: 13 FEB 20 1615

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

[Signature] 14/02/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 13/02/2020 (DD/MM/YYYY), TIME: 08:20 (HH:MM)

LOCATION: BALESTIER ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMP 141M
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5112085725
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: HONDA FIT
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING TO WORK
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: TAN CHHON PUAY (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7606115G CONTACT: 81886296
c) ADDRESS: BLOCK 93 WHAMPOA DRIVE #09-102
SINGAPORE 320093

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: 01/03/1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 8

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: SMM 9022 E MODEL: HONDA VEZEL
b) DRIVER'S NAME: JASON
c) NRIC/FIN/PASSPORT: _____ CONTACT: 94550150

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(2)

* No of passenger
(including driver)
()

13/02/20
waiting for
D/L ✓

Email = TAN CHHON PUAY @GMAIL.COM

fax =

VIDEO =

THE SCHEDULE

t Insurance
mation on the
act Income or

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5112085725
The Policyholder	: TAN CHOON PUAY (CHEN CHUNPEI) BLK 93 #09-102 WHAMPOA DRIVE WHAMPOA VIEW SINGAPORE 320093

Period of Insurance	: 05 Sep 2019 To 04 Sep 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,056.70

Interest Insured

Cover Type	: drivo CLASSIC		
Primary Driver	: TAN CHOON PUAY (CHEN CHUNPEI)		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: HONDA/FIT	Capacity	: 1400cc
Registration Number	: To Be Advised	Registration Year	: 2019
Chassis Number	: GK31351459	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 20%
Excess (Section 2)	: N/A	NCD Protection	: No
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: OCBC BANK LTD		

Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative : N/A

Agency	: S & M ALLIANCE PTE LTD (00000614373)
Date of Issue	: 03 Sep 2019 17:18 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Claim Handling

Accident MT/1084545

Policy No.	5112085725	Vehicle No.	SMP141M	GST Registrat
Certificate No.				
Policyholder Name	TAN CHOON PUAY (CHEN CHUNPEI)			Policyholder f
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	81886296	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	20	Private Hire
▼ Accident Details				
Report Date	17/02/2020 10:35	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/02/2020	Time of Accident hh:mm	08:20	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	BALESTIER ROAD			
▼ 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 Covi
Additional Excess	0.00			
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 93 #09-102	Address 2	WHAMPOA DRIVE	Address 3
Address 4	SINGAPORE 320093	Address Type	Singapore address	Post Code
Unit No.	09-102	Related Policy Number	5112085725	
▼ OI Driver Info				
Driver Name	TAN CHOON PUAY (CHEN CHUNPEI)	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S7606115G	Driving Experi
Register Date of Driver License	28/03/2011	Driver Age	43	Contact No.(I
Contact No.(Mobile)	81886296	Contact No.(Office)	0	Address 3
Address 1	BLK 93	Address 2	WHAMPOA DRIVE	Post Code
Address 4	SINGAPORE 320093	Address Type	Singapore address	
Unit No.	#09-102			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	81886296	Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	SMP141M / SMM9022E ON 13 Feb 2020		
Preferred Workshop		Insured Liability	Not at Fault
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	17/02/2020 10:52
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	ROSLINDA

Save

Submit

Attachment

Accident No.

MT/1084545

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

17/02/2020 00:00

Path *

Category *

Confid

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

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Please Select

NO

Clear

Please Select



NO

Clear

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:51	NRIC/ Driving License	Y	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:51	NRIC/ Driving License	Y	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:51	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:51	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:51	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:51	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:48	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:48	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:48	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:48	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:48	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2020 10:48	Photos		Normal	P

Video List

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