

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: <b>13/03/20</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC20003968/13</b>	SAS e-filing		
Veh No: <b>5KX 5096J</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>12/02/20</b> <b>4.3.15</b>	i-Motor Claim Form	<b>MT/1088152-001</b>	
OD / TP: <b>Reporting Only</b>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>SLT 6895Y</b>	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

<b>NA2002133</b>	<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		Est Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
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)			
	6) TR: Re-inspection \$75			
	7) N1: Idau DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N3: Courtesy Car / Tpt 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: Idau Mobile \$0			
	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	13/03/2020 12:46
Date Of Accident	12/03/2020 15:15
Exact Location Of Accident	JUNC OF MARINA BLVD & SHEARES AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKX5096J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEW YAN HONG
NRIC No	SXXXX776C
Email Address	ZHAORK@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97658843
Alternative Phone No	OTHERS-97658843
<b>Vehicle Particulars</b>	
Manufacturer	DAIHATSU
Model	TERIOS
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082561130-03
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHEW YAN HONG
NRIC No	SXXXX776C
Date Of Birth	15/12/1944
Occupation	OUTDOOR
Date Of Driving Pass	30/04/1970
Driving Experience	49 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97658843
Fax Number	
Contact Number	OTHERS-97658843
EMail Address	ZHAORK@YAHOO.COM.SG

Address	43 TOH TUCK PLACE
Postcode	596818
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	SIDE SWIPE
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	SLT6895Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN FARN HO
NRIC/Passport Number	SXXXX846G
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.
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)**

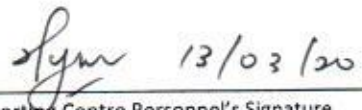
I understand, acknowledge, agree and consent that:

- (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:

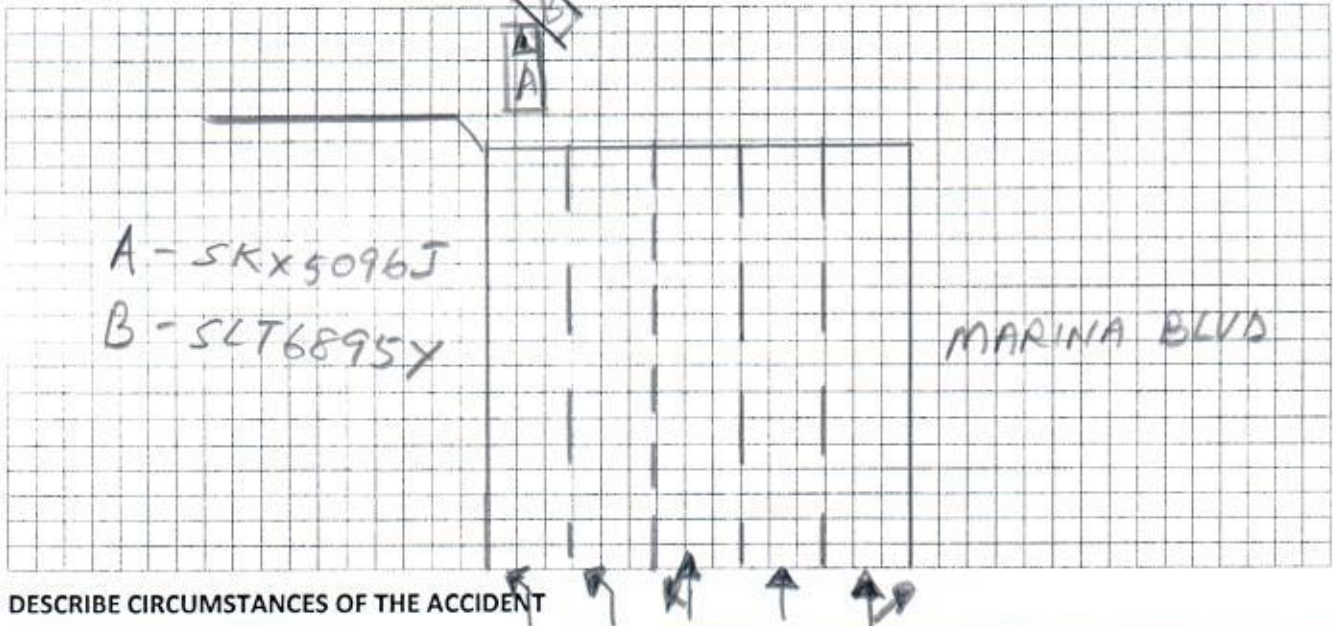
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SHEARES  
AVE

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 3.15pm on 12/03/20 I was driving down Marina Blvd extreme lane.

I ~~made off~~ drove straight on, and to my right other vehicle turned left.


My car (SKX5096J) was hit on the right front.

The other car (SLT6895Y) was hit on his left side.

There were no injuries.

DECLARATION

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

 13/03/2020  
Policyholder's Signature  
Date & Time: 1pm.

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

 12/03/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



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="12/03/2020 15:15"/>
Vehicle No.(For Motor)	<input type="text" value="SKX5096J"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5082561130-03		CHEW YAN HONG	S0224776C	GPC	drive CLASSIC	SKX5096J	SKX5096J	24/12/2019	23/12/2020

Continue

Claim Handling

Accident MT/1088152

Policy No.	5082561130-03	Vehicle No.	SKX5096J	GST Registration No.	
Certificate No.					
Policyholder Name	CHEW YAN HONG			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	97658843	Contact No.(Office)	0	Contact No.(Home)	
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 Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	
<b>▼ Accident Details</b>					
Report Date	13/03/2020 17:31	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	12/03/2020	Time of Accident hh:mm	15:15	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF MARINA BLVD & SHEARES AVE				
<b>▼ Total Excess Applicable</b>					
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 Covered?	
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
<b>▼ Benefits</b>					
<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	43 TOH TUCK PLACE	Address 2	SINGAPORE 596818	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5082561130-03		
<b>▼ OI Driver Info</b>					
Driver Name	CHEW YAN HONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S0224776C	Driver DOB	
Register Date of Driver License	30/04/1970	Driver Age	75	Driving Experience	
Contact No.(Mobile)	97658843	Contact No.(Office)	0	Contact No.(Home)	
Address 1	43 TOH TUCK PLACE	Address 2	SINGAPORE 596818	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
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	CHEW YAN HONG	Insured NRIC	
Contact No.(Mobile)	97658843	Contact No.(Home)	64690305	Contact No.(Office)	
Email Address	zhaork@yahoo.com.sg	OI Vehicle Number	SKX5096J	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKX5096J / SLT6895Y ON 12 Mar 2020				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	13/03/2020 17:38	Claim Close Date		Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

SaveSubmit

Attachment

▼

Accident No.

MT/1088152

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

13/03/2020 00:00

Path \*

Category \*

Confidential

Urgency

	Browse...	Clear	Please Select	▼	NO	▼	Normal
	Browse...	Clear	Please Select	▼	NO	▼	Normal
	Browse...	Clear	Please Select	▼	NO	▼	Normal
	Browse...	Clear	Please Select	▼	NO	▼	Normal
	Browse...	Clear	Please Select	▼	NO	▼	Normal
	Browse...	Clear	Please Select	▼	NO	▼	Normal

Reset

▼ Attachment List

Attachment	Uploaded By/Date	Category	🔑	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:37	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:37	SAS		Normal	SAS 2020-3-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:37	Photos		Normal	Photos 2020-3-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:36	Photos		Normal	Photos 2020-3-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:36	Photos		Normal	Photos 2020-3-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:36	Photos		Normal	Photos 2020-3-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:36	Photos		Normal	Photos 2020-3-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:36	Photos		Normal	Photos 2020-3-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2020 17:36	Photos		Normal	Photos 2020-3-13

▼ Video List

Uploaded By/Date	Folder Date	File Name	🔑	Source
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Display in New Window

Scan and uploading