

# NATIONAL Assessment Centre Services

(Ref: 1 Jan 2005)

MAA420038658

Date In: 31/03/2020	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MAA/TUC200047484	E-mail (within 8hrs, AIC 2hrs):		
Veh No: ER 64L	i-Motor Claim Form: M1/08858-002	01/04/2020	
D.O.A: 07/03/2020 00:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs)	09/4/	
OD: TP: Reporting Only	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: PROPERTY	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

MAA2002552	Invoice Preparation Checklist	Am't (\$) [In 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) 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)		
Car 1:	6) TR: Re-inspection \$75		
Car 2 & 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP:		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	31/03/2020 17:14
Date Of Accident	07/03/2020 00:00
Exact Location Of Accident	83 CLEMENCEAU AVENUE
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	ER64L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YONG HEAN CHUNG
NRIC No	SXXXX160H
Email Address	HEAN.YONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93692334
Alternative Phone No	OTHERS-93692334

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE-2.5 (A)
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	5098572336-01
Cover Note Number	

#### Driver

Name of Driver	YONG HEAN CHUNG
NRIC No	SXXXX160H
Date Of Birth	02/05/1959
Occupation	INDOOR
Date Of Driving Pass	29/05/1997
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93692334
Fax Number	
Contact Number	OTHERS-93692334
Email Address	HEAN.YONG@GMAIL.COM

Address	350MANDALAY ROAD #08-35
Postcode	308215
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	COLLIDED INTO PROPERTY
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

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



## 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.:

SKETCH PLAN

Unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am not aware of any accident until I received the notice. I don't usually go out @ the time of the reported accident @ 12:00 midnight.  
Please clarify.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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



# ACCIDENT STATEMENT

ACCIDENT DATE: (07/03/2024) (DD/MM/YYYY), TIME: ( ) (HH:MM)

LOCATION: 83 Cameronus

## 1. DETAILS OF VEHICLE

- VEHICLE NUMBER: E264L
- INSURANCE COMPANY: NHC
- POLICY NUMBER:
- POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- MAKE & MODEL:
- TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- PURPOSE OF USING AT ACCIDENT TIME:
- ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) ☒ YES ☐ NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- NAME: YONG HEAN CHUNG (MALE / FEMALE) ☒ MALE ☐ FEMALE
- NRIC/FIN/PASSPORT: S2675160H CONTACT: 93692334
- ADDRESS: 35, Mandalay Rd #08-35

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

## DRIVER

- NAME: (MALE / FEMALE)
- NRIC/FIN/PASSPORT: CONTACT:
- ADDRESS:

\* d) DATE OF BIRTH: (12/08/1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

- WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
- 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

- VEHICLE NUMBER: MODEL:
- DRIVER'S NAME:
- NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- VEHICLE NUMBER: MODEL:
- DRIVER'S NAME:
- NRIC/FIN/PASSPORT: CONTACT:

email = hean.yong@gmail.com  
VIDEO

Claim Handling

Accident MT/1088582

Policy No. 509572336-01

Certificate No.

Policyholder Name YONG HEAN CHUNG

Product Code PRIVATE CAR INSURANCE

Contact No.(Mobile): NIL

Email Address

KFK No No Yes

NCD Protection Yes

Vehicle No. ER64L

Cover Type 4th+ CLASSIC

Contact No.(Office)

Special Remark

TCA No No Yes

NCD Entitlement(%) 50

GST Registration No.

Policyholder NRIC S2675160H

Loading 0

Contact No.(Home)

eCode No

eCode Reason

Private Hire Not available

Accident Details

Report Date 17/03/2020 15:54

Accident Report Within 24 hrs Yes

Accident Type Collided into Property

Date of Accident 07/03/2020

Time of Accident (H:mm) 00:00

Country of Accident Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location 83 CLEMENCEAU AVENUE

Excess

Own damage Excess 500.00

Additional Excess 0

Windscreen Excess 100.00

Uninsured Driver Excess 0.00

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 No.

Modification History

GST Status Verified Yes

Policyholder Mailing Address

Address 1 35 MANDALAY ROAD

Address 2 #08-35

Address 3 SINGAPORE 308215

Address 4

Address Type Singapore address

Post Code 308215

Unit No.

Related Policy Number 509572336-01

OS Driver Info

Driver Name

Driver Type

Driver NRIC

Driver DOB

Unnamed driver Name

Driver Age

Driving Experience

Register Date of Driver License

Contact No.(Mobile)

Contact No.(Office)

Contact No.(Home)

Address 1

Address 2

Address 3

Address 4

Address Type Foreign address

Post Code

Unit No.

Does he own a Singapore Registered car? Yes No

Driver Vehicle No.

Driver Insurer Company

Modification History

Claim 002 New

Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Evaluation No. Evaluation

Insured Liability Partially at Fault

Preferred Workshop, Name unknown

OTA report Received

Date Registered

Report Taken By ROSLI WANAB

Print AK letter

Insured Name YONG HEAN CHUNG

Insured NRIC S2675160H

Contact No. (Home)

Contact No. (Office)

TP

Vehicle Number ER64L

Property Number

ER64L / PROPERTY ON 7 Mar 2020

Name of Preferred Workshop

Claim Close Date

Date Received 01/04/2020 00:00

Save Submit

Attachment

Accident No. MT/1088582

Claim No. 002

Last Doc. Received Yes No

Upload Date 01/04/2020 09:47

Path \*

Category \*

Confidential

Urgency \*

Description \*

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

Send Message Upload

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

Msg Sent? (CO)

Action

 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2020 09:47 Photos Normal Photos 2020-4-1 Edit

 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2020 09:47 Photos Normal Photos 2020-4-1 Edit

 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2020 09:47 Photos Normal Photos 2020-4-1 Edit

 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2020 09:47 Photos Normal Photos 2020-4-1 Edit

 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2020 09:47 Photos Normal Photos 2020-4-1 Edit

 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2020 09:46 Photos Normal Photos 2020-4-1 Edit

https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caselId=2702727&objectId=0&taskInstanceId=0&taskId=0&tabCode=BOX013&rea... 1/2

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2020 09:46	Photos	Normal	Photos 2020-4-1	<a href="#">Edit</a>	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2020 09:46	Photos	Normal	Photos 2020-4-1	<a href="#">Edit</a>	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2020 09:46	Photos	Normal	Photos 2020-4-1	<a href="#">Edit</a>	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2020 09:46	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-1	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2020 09:46	SAS	Normal	SAS 2020-4-1	<a href="#">Edit</a>	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2020 09:37	Photos	Normal	Photos 2020-4-1	<a href="#">Edit</a>	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2020 09:37	Photos	Normal	Photos 2020-4-1	<a href="#">Edit</a>	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2020 09:37	Photos	Normal	Photos 2020-4-1	<a href="#">Edit</a>	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2020 09:37	Photos	Normal	Photos 2020-4-1	<a href="#">Edit</a>	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2020 09:37	Photos	Normal	Photos 2020-4-1	<a href="#">Edit</a>	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2020 09:37	Photos	Normal	Photos 2020-4-1	<a href="#">Edit</a>	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2020 09:37	Photos	Normal	Photos 2020-4-1	<a href="#">Edit</a>	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2020 09:37	Photos	Normal	Photos 2020-4-1	<a href="#">Edit</a>	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2020 09:37	Photos	Normal	Photos 2020-4-1	<a href="#">Edit</a>	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2020 09:37	Photos	Normal	Photos 2020-4-1	<a href="#">Edit</a>	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Apr 2020 09:37	Photos	Normal	Photos 2020-4-1	<a href="#">Edit</a>	

Video List

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<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.

Date of Accident

07/03/2020 09:50

Vehicle No.(For Motor)

ER64L

Certificate Number

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"/>	5098572336-01		YONG HEAN CHUNG	S2675160H	GPC	drive CLASSIC	ER64L	ER64L	09/03/2019	08/03/2020

Continue