

NATIONAL Assessment Centre Services [wef 1 Jan 05] **MAHARAJA**

Date In: 7/4/05-11:54	Job description	Date & Time Completed	Done by
Ref No: 49/INC 220000022	SAS e-filing		
Veh No: SJH 4632P	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 6/4/05-12:45	i-Motor Claim Form	6/7/05 09:44:00	7/4/05 12:04
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: **YH8382A** 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: ()

Remarks:	Date & Time Completed	Done by
(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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		In Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*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: Idno 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	07/04/2020 11:54
Date Of Accident	06/04/2020 12:45
Exact Location Of Accident	CTE TWDS CITY BEFORE BRADDELL RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH4632P
Insured/Policyholder	
Name Of Registered Owner	CHUA SIAH PENG DANNY
NRIC No	SXXXX761C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96945606
Alternative Phone No	OFFICE-96945606

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107172382-01
Cover Note Number	

Driver

Name of Driver	CHUA SIAH PENG, DANNY
NRIC No	SXXXX761C
Date Of Birth	15/02/1972
Occupation	OUTDOOR
Date Of Driving Pass	10/01/1997
Driving Experience	23 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96945606
Fax Number	
Contact Number	OFFICE-96945606
Email Address	NOEMAIL

Address	BLK 546 HOUGANG STREET 51 #04-208
Postcode	530546
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 - 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?	YES
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

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	YN8382A
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)	1

DETAILS OF INJURED PERSON 1

Name	CHUA SIAH PENG, DANNY
------	-----------------------

Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJH4632P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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.

X 

Policyholder's Signature
Date & Time:



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

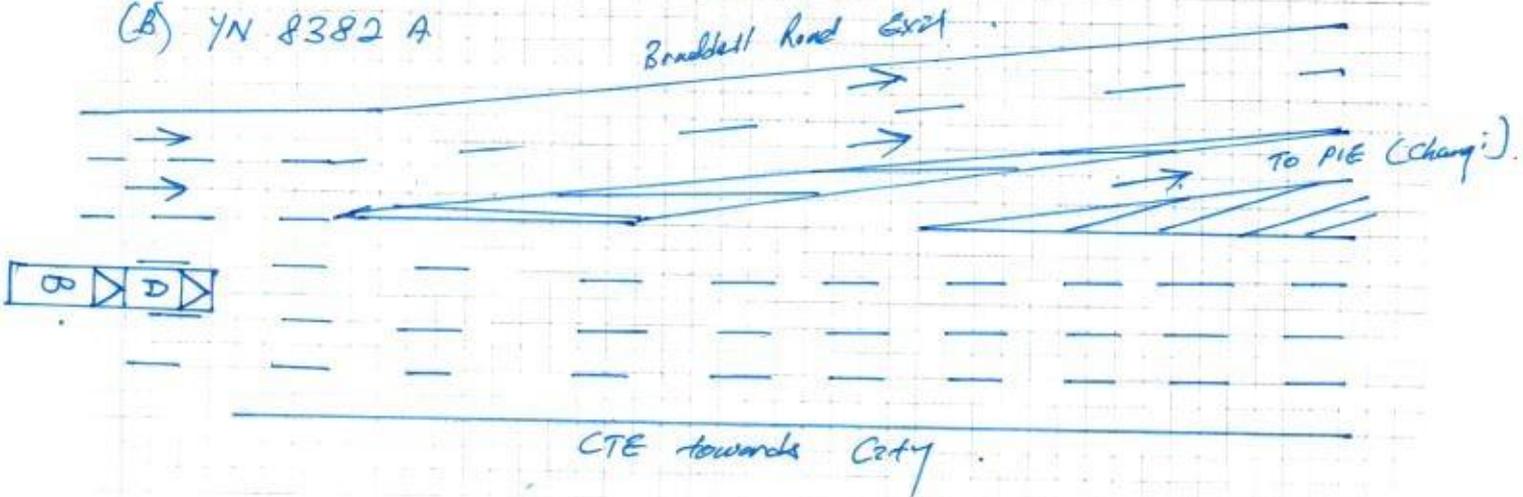


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

(A) SJH 4632 P.

(B) YN 8382 A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/04/2020 at @ 1245 hrs, I was traveling in my vehicle (SJH 4632P) along CTE towards City before Braddell Road exit on the 3rd lane from the right. An unknown registration vehicle on the 4th lane changed lane in front of me into my lane. I slow down and stopped. Suddenly, a van (YN 8382A) from behind collided onto the rear portion of my vehicle.

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:
NRIC/FIN No.:

Vehicle No.	8JH 4632 P	Model / Make	Toyota Vers.
Date of Accident	06/04/2020.		
Time of Accident	1245 HRS		
Location of Accident	CTE towards City before Braedell Road exit.		
Exact purpose use during accident	Chauffeur		
Name of Owner	CHUA SIAM PENG. DANNY.		
Telephone No.	H/P: 9694 5606	Home:	Office:
NRIC	S 7204761 C.		
Address	BLK 546 Hougang Rd 51 #04-208 (S) 530546.		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
Name of Driver	<u>As Above</u> If No,		
NRIC			Any Passengers: N.A.
Date of birth	15/02/1972.		
Occupation	<u>Outdoor</u>	/	Indoor
Driving License Pass Date	10/01/1997.		
Gender	<u>Male</u>	/	Female
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state <u>Owner</u> .	
Weather condition	<	<u>Raining</u>	Other
Road Surface	,	<u>Wet</u>	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	CHUA. SIAM PENG. DANNY (H/P: 9694 5606)		
Name And Contact No.			
Police Report	<u>No,</u>	If Yes, Where?	
Vehicle B No.	YN 8382 A.	Any Passengers:	N.A.
Name of Driver			Contact No.:
Vehicle C No.			Any Passengers:
Vehicle D No.			Any Passengers:
Vehicle E no.			Any Passengers:
Vehicle F No.			Any Passengers:
Vehicle G No.			Any Passengers:
Witness Name	N.A.	Witness Contact:	N.A.
Accident Portion	<u>Rear Portion</u> .		
Camera Recorder	Yes	<u>No</u>	
Email Address	dannychua15@yahoo-com-sg		
PARTICULAR WORKSHOP	<u>Twincar</u> .		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	<u>JOSEPH TAN</u> .		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107172382-01		CHUA SIAH PENG DANNY	S7204761C	GPC	drive CLASSIC	SJH4632P	SJH4632P	08/02/2020	07/02/2021

Continue

Policy Information

Policy No.	5107172382-01	Policyholder Name	CHUA SIAH PENG DANNY	Policyholder NRIC	S7204761C
Certificate No.					
Address	BLK 546 #04-208 HOUGANG STREET 51 SINGAPORE 530546				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	04/02/2020	Effective Date	08/02/2020 00:00	Expiry Date	07/02/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

Policyholder Mailing Address

Address 1	BLK 546 #04-208	Address 2	HOUGANG STREET 51	Address 3	SINGAPORE 530546
Address 4		Address Type	Singapore address	Post Code	530546
Unit No.		Related Policy Number	5107172382-01		

Insured Object: SJH4632P

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>				

Claim Handling

Accident MT/1090942

Policy No.	S107172382-01	Vehicle No.	SJH4632P	GST Registration No.	
Certificate No.					
Policyholder Name	CHUA SIAH PENG DANNY			Policyholder NRIC	S7204761C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96945606	Contact No.(Office)	0	Contact No.(Home)	0
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	Yes	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details					
Report Date	07/04/2020 12:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	05/04/2020	Time of Accident hh:mm	12:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTB TWOS CITY BEFORE BRADDELL RD EXIT				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 546 #04-208	Address 2	HOUANG STREET 51	Address 3	SINGAPORE 530546
Address 4		Address Type	Singapore address	Post Code	530546
Unit No.		Related Policy Number	S107172382-01		

DI Driver Info

Driver Name	CHUA SIAH PENG, DANNY	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7204761C	Driver DOB	15/02/1972
Register Date of Driver License	10/01/1997	Driver Age	48	Driving Experience	23
Contact No.(Mobile)	96945606	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 546	Address 2	HOUANG STREET 51	Address 3	SINGAPORE 530546
Address 4		Address Type	Singapore address	Post Code	530546
Unit No.	04-208				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CHUA SIAH PENG DANNY	Insured NRIC	S7204761C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	SJH4632P	TP Vehicle Number	YN8382A
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJH4632P / YN8382A ON 6 Apr 2020				
Preferred Workshop Contact No.		Inured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/04/2020 12:04	Claim Close Date		Date Received	07/04/2020 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1090942	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/04/2020 12:06

Path *	Category *	Confidential	Urgency *	Description *
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	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Apr 2020 12:06	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-4-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Apr 2020 12:06	SAS	Normal	SAS 2020-4-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Apr 2020 12:06	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Apr 2020 12:06	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Apr 2020 12:06	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Apr 2020 12:05	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Apr 2020 12:05	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Apr 2020 12:05	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Apr 2020 12:05	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Apr 2020 12:05	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Apr 2020 12:05	Photos	Normal	Photos 2020-4-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Apr 2020 12:05	Photos	Normal	Photos 2020-4-7	

Video List

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