

# NATIONAL Assessment Centre Services.

(part 1 Jan'05)

NA 2005146

Date In: 6/17/20 - 16:56	Job description	Date & Time Completed	Done by
Ref No: NA 2000560724	SAS e-filing		
Veh No: F48690C	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 1/17/20 - 12:00	i-Motor Claim Form	NA 1092001-20V	6/17/20 17:05
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: F48690C	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:- (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

NA 2002909

## Invoice Preparation Checklist

- |   | Ant (\$)<br>In Bill | Ant (\$)<br>Add Bill |
|---|---------------------|----------------------|
| 1) AR : Accident Reporting (\$30);              |                     |                      |
| 2) DA : Damage Assessment (\$100); INC (\$80)   |                     |                      |
| 3) TF : Towing Fee \$40/\$45                    |                     |                      |
| 4) FT : Follow-Through Survey \$120             |                     |                      |
| 5) FT : Follow-Through Survey (Resurvey) \$30   |                     |                      |
| For claiming against JNC Only (wef 10 Jan 2005) |                     |                      |
| 6) TR : Re-inspection \$75                      |                     |                      |
| 7) N1 : Idac 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 (Non INC) against INC \$20        |                     |                      |
| 9) N12: Idac Mobile 30                          |                     |                      |

Invoice dated Fee Charged  
Invoice dated Fee Charged

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

## 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	06/05/2020 16:56
Date Of Accident	01/05/2020 12:00
Exact Location Of Accident	17 GEYLANG RD TWDS SIMS DR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY8690C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEAH KIAN TIONG
NRIC No	SXXXX111E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87386551
Alternative Phone No	OFFICE-87386551

### Vehicle Particulars

Manufacturer	DAELIM
Model	VL 125
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108936326-01
Cover Note Number	

### Driver

Name of Driver	CHEAH KIAN TIONG
NRIC No	SXXXX111E
Date Of Birth	24/06/1960
Occupation	OUTDOOR
Date Of Driving Pass	06/07/1987
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87386551
Fax Number	
Contact Number	OFFICE-87386551
Email Address	NOEMAIL

Address	BLK 527 HOUGANG AVENUE 6 #09-209
Postcode	530527
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?	
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	SKH7658J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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:

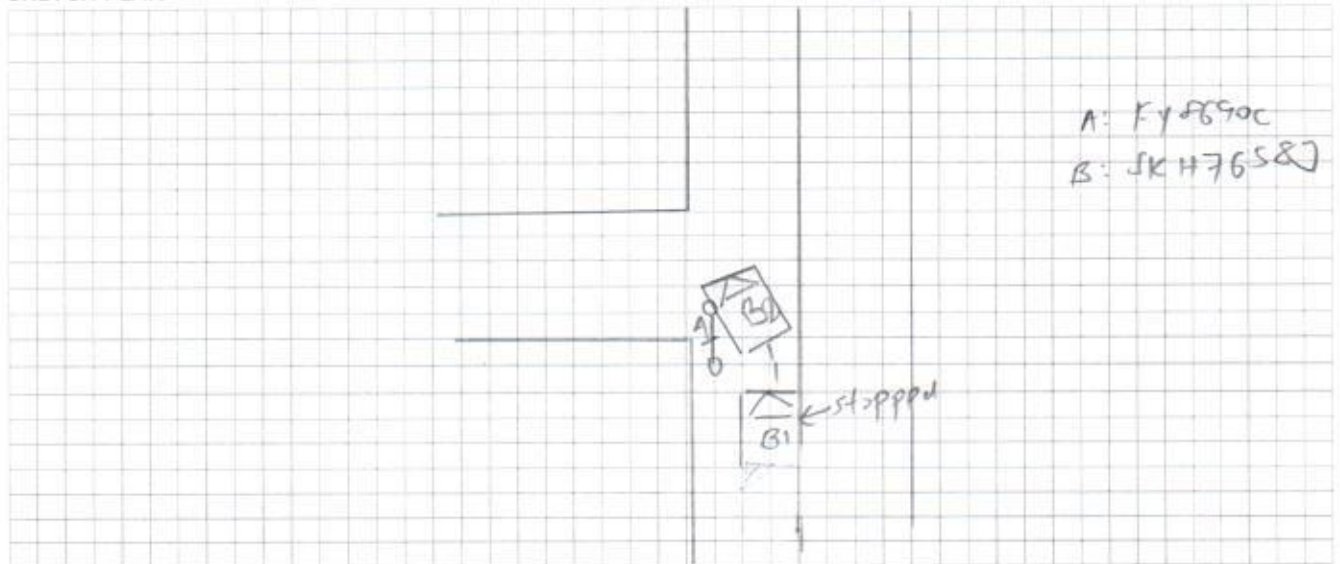
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On stated date and time, I was travelling along the  
 stated venue I noticed that vehicle B stopped along the  
 road. suddenly vehicle B turn on his vehicle indicator light  
 and make a left turn. vehicle B front left portion hit  
 against my vehicle front portion

## 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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: (1 / 5 / 20) (DD/MM/YYYY), TIME: (12:00) (HH:MM)

LOCATION: 17 hapiang rd fwrds Sims Dr

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F186906  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL:  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: private  
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: Cheah Iean Tiong (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S143311E CONTACT: 87386551  
c) ADDRESS:

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

### DRIVER

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

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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: 1KH7658J MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passengers  
(including driver)  
(1)

\* No of passengers  
(including driver)  
(1)

\* No of passengers  
(including driver)  
( )

Email = jinnycheah kt @ yahoo.com.sg

fax =

video = x

**NOTICE OF COMPLIANCE**

This is to confirm that CHEAH KIAN TIONG HP: 87386551 NRIC no. S1433111E, has reported to the Police on a non-injury traffic accident which occurred along LORONG 17 GEYLANG ROAD TOWARDS SIMS DRIVE on 01/05/2020 at about 1200hrs involving the following vehicles: FY8690C (Informant's vehicle) & SKH7658J belonging to CHEW SOON HENG S2611291E.

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with compliance under Sec 84(2) of the Road Traffic Act, Cap 276.

CHEAH KIAN TIONGDate: 01/05/2020S/D: 33Police Post/Unit: Hougang NPCName of Issuing Officer: SGT 3 T140453 ASHLEY TOH

HOUGANG NPC  
80 HOUGANG AVE 9  
SINGAPORE 538775  
TEL: 1800 1990993

Original            - to be issued to informant  
Duplicate        - to be retained at police post or unit

eBaoTech

GeneralClaim

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="01/05/2020 12:00"/>							
Vehicle No. (For Motor)	<input type="text" value="FY8690C"/>	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 type="radio"/>	S108936326-01		CHEAH KIAN TIONG	S1433111E	GMC	Third Party	FY8690C	FY8690C	16/04/2020	15/04/2021
<input type="button" value="Continue"/>										

## Claim Handling

Accident MT/1092201

Policy No.	5108936326-01	Vehicle No.	PY8690C	GST Registration No.	
Certificate No.					
Policyholder Name	CHEAH KIAN TJONG	Cover Type	Third Party	Policyholder NRIC	S1433111E
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	87386551	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPI	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

## ▼ Accident Details

Report Date	05/05/2020 09:59	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	01/05/2020	Time of Accident hh:mm	11:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF SIMS DR / SIMS CLOSE				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	Not Applicable
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess			
Additional Excess					
Total OD Excess Applicable	0.00	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 527 #09-209	Address 2	HOUGANG AVENUE 5	Address 3	SINGAPORE S30527
Address 4		Address Type	Singapore address	Post Code	S30527
Unit No.		Related Policy Number	5108936326-01		

## ▼ OT Driver Info

Driver Name	Unnamed driver Name	Driver Type	Driver NRIC	Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
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?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	CHEAH KIAN TJONG	Insured NRIC	S1433111E
Contact No.(Mobile)		Contact No.(Home)	63962733	Contact No.(Office)	
Email Address		OT Vehicle Number	PY8690C	TP Vehicle Number	SKH76587
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	PY8690C / SKH76587 ON 1 May 2020				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	06/05/2020 17:05	Claim Close Date		Date Received	06/05/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit














## Attachment

Accident No.	MT/1092201	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/05/2020 17:07

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## ▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?
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						(CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 06 May 2020 17:07	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-5-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 06 May 2020 17:06	SAS		Normal	SAS 2020-5-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 06 May 2020 17:06	Photos		Normal	Photos 2020-5-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 06 May 2020 17:06	Photos		Normal	Photos 2020-5-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 06 May 2020 17:06	Photos		Normal	Photos 2020-5-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 06 May 2020 17:06	Photos		Normal	Photos 2020-5-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 06 May 2020 17:05	Photos		Normal	Photos 2020-5-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 06 May 2020 17:05	Photos		Normal	Photos 2020-5-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 06 May 2020 17:05	Photos		Normal	Photos 2020-5-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 06 May 2020 17:05	Photos		Normal	Photos 2020-5-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 06 May 2020 17:05	Photos		Normal	Photos 2020-5-6	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 06 May 2020 17:05	Photos		Normal	Photos 2020-5-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 06 May 2020 17:05	Photos		Normal	Photos 2020-5-6	
Video List						
Uploaded By/Date		Folder Date	File Name		Source	Action