

NATIONAL Assessment Centre Services

Form 1001

Rev 1.0

Date In: 27/05/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20005953/13	SAS e-filing		
Veh No: SLA7468R	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 26/05/20 0830	I-Motor Claim Form	107/1092295-001	
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: (RYDER	Tel:	Fax:
TP Particulars:	Veh No: SLV9480E	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 () / Towel-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

NA2003042	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
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:	6) TR: Re-inspection \$75		
Date 1:	7) NI: Idao DA + SMRT Survey \$160		
Date 2/3:	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 \$0		
	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	27/05/2020 09:48
Date Of Accident	26/05/2020 08:30
Exact Location Of Accident	BEDOK RESERVOIR RD OUTSIDE BLK 601-610
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA7468R
Insured/Policyholder	
Name Of Registered Owner	CHARTWORTH ENTERPRISE SINGAPORE PTE LTD
Co Reg No	1XXXXX426K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97883198
Vehicle Particulars	
Manufacturer	TOYOTA
Model	AXIO
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5111616673
Cover Note Number	
Driver	
Name of Driver	NEO TECK HUAT
NRIC No	SXXXX430I
Date Of Birth	27/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	30/03/1977
Driving Experience	43 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97883198
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 150 BEDOK RESERVOIR ROAD #09-1711
Postcode	470150
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	SLV9480E
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)	

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**.
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: _____

 27/05/20
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

BEDOK RESERVOIR RD

A-SLA 7468R
B-SLV 9480E

CAR PARK

I WAS TRAVELLING ALONG BEDOK RESERVOIR ROAD. SUDDENLY VEHICLE B
SLV9480E EXIT FROM BLK BLK 601-610 CAR PARK AND HIT ONTO THE FRONT
LEFT SIDE OF MY VEHICLE.


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:	 27/05/20 _____ Reporting Centre Personnel's Signature Name: NRIC / FIN No.:
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Accident Reporting Draft

VEHICLE NO: SLA7468R

MODEL: TOYOTA AXIO

DATE OF ACCIDENT	26/5/2020		
TIME OF ACCIDENT	0830	HRS	AM/PM
LOCATION OF ACCIDENT	BEDOK RESERVOIR ROAD(OUTSIDE BLK 601-610)		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	CHARTWORTH ENTERPRISE SINGAPORE PTE LTD		
CONTACT NO.	97883198		
NRIC	198302426K		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P		
INSURANCE CO.	NTUC		
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: NEO TECK HUAT		
NRIC	S1201430I	ANY PASSENGER: 0	
DATE OF BIRTH			
OCCUPATION	OUTDOOR / INDOOR		
DATE OF DRIVING PASS			
GENDER	MALE / FEMALE		
CONTACT NO.	97883198	OFFICE:	HOME:
ADDRESS	24 SUNGEI KADUT STREET 4 SUNGEI KADUT INDUSTRIAL ESTATE S(729050)		
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.		
RELATIONSHIP	<u>EMPLOYEE</u> / IF NO:		
WEATHER CONDITION	<u>CLEAR</u> / RAINY/ OTHER: CLEAR		
ROAD SURFACE	<u>DRY</u> / WET/ OTHER: DRY		
ANY INJURIES	NO / IF YES:		
CONTACT NO.			
POLICE REPORT	NO / IF YES:		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	SLV9480E	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.	ANY PASSENGER:		
VEHICLE D NO.	ANY PASSENGER:		
VEHICLE E NO.	ANY PASSENGER:		
VEHICLE F NO.	ANY PASSENGER:		
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;">  <p>Ryder Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277</p> </div>		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

26/05/2020 08:30

Vehicle No.(For Motor)

SLA7468R

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"/>	5111616673	5111616673-000005	CHARTWORTH ENTERPRISE SINGAPORE PTE LTD	198302426K	GFM	drivo PREMIUM	SLA7468R	SLA7468R	05/08/2019	04/08/2020

Continue

Claim Handling

Accident MT/1093295

Policy No.	5111616673	Vehicle No.	SLA7468R	GST Registration No.	198302426K
Certificate No.	5111616673-000005				
Policyholder Name	CHARTWORTH ENTERPRISE SINGAPORE PTE LTD			Policyholder NRIC	198302426K
Product Code	FLEET MASTER INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	97883198	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
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	No

▼ Accident Details

Report Date	27/05/2020 16:02	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	26/05/2020	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK RESERVOIR RD OUTSIDE BLK 601-610				

▼ 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 Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	15/03/2004
GST Registration No.	198302426K	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	24 SUNGEE KADUT STREET 4	Address 2	SUNGEE KADUT INDUSTRIAL E	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	729050
Unit No.		Related Policy Number	5112734518		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NEO TECK HUAT	Driver NRIC	SXXXX430E	Driver DOB	27/05/1951
Register Date of Driver License	30/03/1977	Driver Age	63	Driving Experience	43
Contact No.(Mobile)	97883198	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 150	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS SM
Address 4	SINGAPORE 470150	Address Type	Singapore address	Post Code	470150
Unit No.	#09-1711				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	CHARTWORTH ENTERPRISE SINGAPORE PTE LTD	In Ns
Contact No.(Mobile)		Contact No. (Home)		Co Nc (C
Email Address		DI Vehicle Number	SLA7468R	TP Ve Nc
Claim Description	SLA7468R / SLV9480E ON 26 May 2020			Nz Pr W
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	
Date Registered	27/05/2020 16:08	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Report Taken By	ROSINDA	Claim Close Date		Dr Re
		Workshop Repairer		To bu Re

☒ Print AK letter

Save Submit

Attachment

▼

Accident No.	MT/1093295	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/05/2020 00:00
Path *			

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Category *	Confidential	Urgency *
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Website Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 16:08	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 16:08	SAS		Normal	SAS 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 16:08	Photos		Normal	Photos 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 16:07	Photos		Normal	Photos 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 16:07	Photos		Normal	Photos 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 16:07	Photos		Normal	Photos 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 16:07	Photos		Normal	Photos 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 16:07	Photos		Normal	Photos 2020-5-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2020 16:07	Photos		Normal	Photos 2020-5-27

Video List

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