

NATIONAL Assessment Centre Services. [part 1 Jan 09] MMA 120053282

Date In: 22/6/20 15:23	Job description	Date & Time Completed	Done by
Ref No: NA/Inc 2000 6519/h4	SAS e-filing		
Veh No: SME 5170 D	E-mail (within 3hrs, AIC 2hrs)		
ICIA: 22/6/20 12:30	I-Motor Claim Form	MT/1094962-001	22/6/20 15:43
UI: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / GW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SDH 2988 Y 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/Non-INC/OTW/OTL)	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

Customer Particulars: MA 200 3328	Invoice Particulars Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) All: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors Comments:	5) IPT: Follow-Through Survey (Resurvey) \$30		
	For claimant status: INC Only (wef 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	• 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: Idas 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	22/06/2020 15:23
Date Of Accident	22/06/2020 12:30
Exact Location Of Accident	BENCOOLER ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5170D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OW MARY
NRIC No	SXXXX177J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96869692
Alternative Phone No	OFFICE-96869692

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5104144797-01
Cover Note Number	

### Driver

Name of Driver	CHUA SHYONG YAO BRUCE (CAI XIONGYAO BRUCE)
NRIC No	SXXXX693E
Date Of Birth	26/04/1980
Occupation	OUTDOOR
Date Of Driving Pass	11/12/2017
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96869692
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	64 UPPER SERANGOON VIEW #06-02
Postcode	533886
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDH2988Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VINOD AACHI
NRIC/Passport Number	SXXXX108C
Contact Number	91391790
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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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:

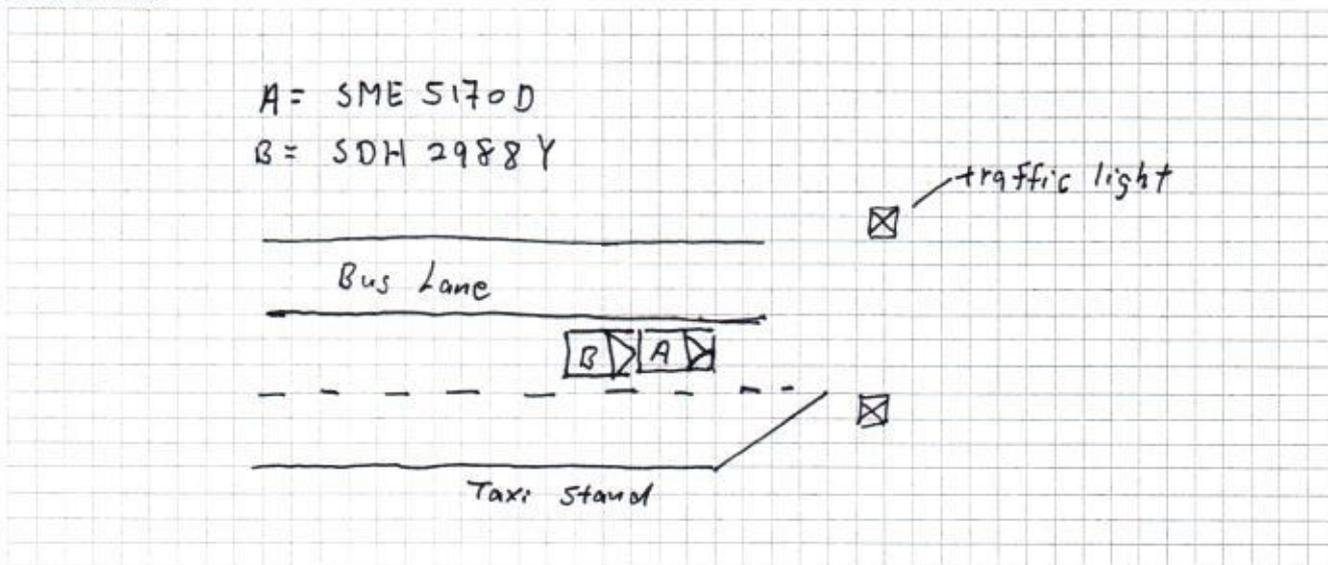
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

I was on the way along Bencoolen Street to pick a passenger. As there were cars in front of me, I stopped behind the car and waited although it is green light. After about 10-20 seconds later, a car crashed into me from behind. Carplate number SDH 2988Y.

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.:

Name: CHUA SHYONG YAO BRUCE

NRIC: S8013693E

**TEMPORARY PRIVATE HIRE CAR DRIVER'S VOCATIONAL LICENCE**

1. You have passed the vocational licence competency test and have been granted a Private Hire Car Driver's Vocational Licence (PDVL).

**PDVL Commencement Date:** 03 MAR 2020

2. You must display this Temporary PDVL in your car at all times while driving a chauffeured private hire car.

3. LTA will subsequently inform you to collect your Vocational Licence Card that will replace this Temporary PDVL. You must collect your Vocational Licence Card **within 6 months** of the PDVL Commencement Date and display it in your car thereafter. **Otherwise, your PDVL may be revoked.**

Kwan Mei Fong  
Assistant Registrar of Vehicles  
Land Transport Authority of Singapore



This Temporary PDVL is handed to you by \_\_\_\_\_ (centre officer name), \_\_\_\_\_  
(centre officer designation), of \_\_\_\_\_ (centre name).

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"/>	5104144797-01		OW MARY	S1358177J	GPC	drivo PREMIUM	SME5170D	SME5170D	01/10/2019	30/09/2020

Continue

# ACCIDENT STATEMENT

ACCIDENT DATE: 22/06/2020 (DD/MM/YYYY), TIME: 12:30 (HH:MM)

LOCATION: Bencaler street

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SME 51700  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5104144797-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Honda FIT  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: commercial use  
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: Ow Mary (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S13581771 CONTACT: 96869692  
c) ADDRESS: 64 Upper Serangoon View #06-02  
Kingsford Waterbay S(533886)

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

## DRIVER

- a) NAME: Chua Shyong Yao, Bruce (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8013693E CONTACT: 96869692  
c) ADDRESS: 64 Upper Serangoon View #06-02  
Kingsford Waterbay S(533886)

\*d) DATE OF BIRTH: 26/04/1980 (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: Mother & Son

## 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: SOH29884 MODEL: Audi  
b) DRIVER'S NAME: Vinod Archi  
c) NRIC/FIN/PASSPORT: S7085108C CONTACT: 91391790

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

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

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

Email = brucechuasg@gmail.com

fax =

VIDEO = Yes

## Claim Handling

Accident MT/1094962

Policy No.	5104144797-01	Vehicle No.	SME5170D	GST Registrati
Certificate No.				
Policyholder Name	OW MARY			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading
Contact No.(Mobile)	96869692	Contact No.(Office)		Contact No.(H
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

▼ Accident Details

Report Date	22/06/2020 15:39	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/06/2020	Time of Accident hh:mm	12:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BENCOOLER ST			

▼ 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 Cover
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	64 UPPER SERANGOON VIEW	Address 2	#06-02 KINGSFORD WATERBA	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5104144797-01	

▼ OI Driver Info

Driver Name	CHUA SHYONG YAO BRUCE (CAI XIONGYAO BRUCE)	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S8013693E	Driver DOB
Register Date of Driver License	11/12/2017	Driver Age	40	Driving Experi
Contact No.(Mobile)	96869692	Contact No.(Office)		Contact No.(Hi
Address 1	64 UPPER SERANGOON VIEW	Address 2	#06-02 KINGSFORD WATERBA	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	06-02			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

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 New

Claim Type *	OD-MX	Insured Name	OW
Contact No.(Mobile)	87812862	Contact No. (Home)	64
Email Address	BRUCECHUASG@GMAIL.COM	OI Vehicle Number	SM
Claim Description	SME5170D / SDH2988Y ON 22 Jun 2020		
Preferred Workshop	Insured Liability	Not at Fault	
SOA No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	22/06/2020 15:41	GIA report	Received
Report Taken By	LIEW SHAN HUI		
Claim Close Date			

Print AK letter

Save Submit

Attachment

Accident No.	MT/1094962	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/06/2020 15:43
Path *		Category *	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	22 Jun 2020 15:43	SAS		Normal	S
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	22 Jun 2020 15:43	NRIC/ Driving License	Y	Normal	NRIC/ Dri
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	22 Jun 2020 15:43	NRIC/ Driving License	Y	Normal	NRIC/ Dri
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	22 Jun 2020 15:42	Photos		Normal	Ph
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	22 Jun 2020 15:42	Photos		Normal	Ph
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	22 Jun 2020 15:42	Photos		Normal	Ph
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	22 Jun 2020 15:42	Photos		Normal	Ph
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NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	22 Jun 2020 15:42	Photos		Normal	Ph
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	22 Jun 2020 15:41	Photos		Normal	Ph
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	22 Jun 2020 15:41	Photos		Normal	Ph
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	22 Jun 2020 15:41	Photos		Normal	Ph
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	22 Jun 2020 15:41	Photos		Normal	Ph
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	22 Jun 2020 15:41	Photos		Normal	Ph
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	22 Jun 2020 15:41	Photos		Normal	Ph

Video List

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