NATIONAL Assessment Centre Services. NA420053436

Date In: 22/06/2020 17:25	Job description	Date & Time Completed	Done by
Ref No: NBA/MC20006548/4	SAS e-filing		
Veh No: SKL7559R	E-mail (Lhubs 8hrs, AIC 2hrs)		
D.O.A: 21/06/2020 15:45	I-Motor Claim Form	M7109498588901	22/06/2020 17:53
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/Wkshp		

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

TP Particulars: Veh No: SGS4826A 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 ( )

[illegible]

( ) 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: ( )

[illegible] ... Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury:

[illegible]

NA2003317

[illegible]

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

[illegible]

Sal. 1:

[illegible]		[illegible]
1) AR: Accident Reporting ($30); INC ($10)		
2) DA: Damage Assessment ($100); $40/$45		
3) TF: Towing Fee $120		
4) FT: Follow-Through Survey $30		
5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2003) $25		
6) TR: Re-Inspection $100		
7) NI: 1 day DA + SMRT Survey		
8) NTUC Additional Services:		
QRP $3		
*N5: Courtesy Car / Tpt Allowance $10		
*N6: Repair Coordination $25		
*N7: Post Repair Inspection $5		
*N8: DV / Collect Excess Coordination $20		
TP (N11): TP (Non INC) against INC $0		
9) N13: Max Mobile		
Invoice dated *Fee Charged*		
Invoice dated *Fee Charged*		

MNA4200534436 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 22/06/2020 17:25
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 witholding 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 availsble aforesaid.

ACCIDENT STATEMENT

Date Of Report	22/06/2020 17:25
Date Of Accident	21/06/2020 15:45
Exact Location Of Accident	BT BATOK CENTRAL OUTSIDE BT BATOK BUS INTERCHANGE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL7559R
Insured/Policyholder	
Name Of Registered Owner	ALDEN CHAN YEW MENG
NRIC No	SXXXX991A
Email Address	ZANECHAN35@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98305995
Alternative Phone No	OTHERS-97680066
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM-1.8 L (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106277226-01
Cover Note Number	
Driver	
Name of Driver	ZANE CHAN ZHIXIN
NRIC No	SXXXX114Z
Date Of Birth	18/11/1994
Occupation	INDOOR
Date Of Driving Pass	25/10/2017
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98305995
Fax Number	
Contact Number	OTHERS-97680066
EMail Address	ZANECHAN35@HOTMAIL.COM

Address	BLK 135 BUKIT BATOK WEST AVENUE 6 #08-491
Postcode	650135
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGS4826A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JESS TAY GUAT LENG
NRIC/Passport Number	SXXXX876Z
Contact Number	94359425
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLU5382L

Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NORMIN BIN SALAM
NRIC/Passport Number	SXXXX976C
Contact Number	87844833
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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: 22 Jun 20
1712 Hrs

Driver's Signature
(If driver is not the policyholder)
Date & Time: 22/06/2020
1715hrs

Reporting Centre Personnel's Signature
Name: ROSLI BIN MAT HAS
NRIC/FIN No.: 22/06/2020

SKETCH PLAN

BUKIT BATOK CENTRAL OUT BUKIT BATOK INTER CHANGE

A) SKL 755 91R
B) SGS 4826A
C) SLU 5382L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving towards home and was going at 50-60km/h, and did not notice the car in front of me and ~~was~~ ~~stopping~~ when I noticed it, I immediately brake but there was not enough distance and I crashed into car B, which moved forward and knocked into car C. Nobody was hurt.

DECLARATION

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

Policyholder's Signature
Date & Time: 22/6/2020 16:25

Driver's Signature
(If driver is not the policyholder)
Date & Time: 22/6/2020 16:53

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

22/06/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 06 / 2020) (DD/MM/YYYY), TIME: (15 : 47) (HH:MM)

LOCATION: Bukit Batok Central, outside ~~Bukit~~ Bukit Batok Bus Interchange

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKL 7559R
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: _____
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Toyota Alphard 2.5
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Driving Home
   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: Allen Chan (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1791991A CONTACT: 96305005
   c) ADDRESS: Bukit Batok West Ave 6 #08-401 Blk 135 S650135

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) (1)

3. DRIVER
   a) NAME: Zane Chan (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S9493114Z CONTACT: 97680066
   c) ADDRESS: Bukit Batok West Ave 6 Blk 135 #08-401 S650135
   *d) DATE OF BIRTH: (18 / 11 / 1994) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 25/10/2017
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Son
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS ~~Clear~~)
   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

* No of passenger (including driver) (__)

   a) VEHICLE NUMBER: SGS 4826A MODEL: _____
   b) DRIVER'S NAME: JESS TAY GUAT LENG
   c) NRIC/FIN/PASSPORT: S7322876Z CONTACT: 9435 9425
9. THIRD PARTY VEHICLE

* No of passenger (including driver) (__)

   d) VEHICLE NUMBER: SLH 5382L MODEL: _____
   e) DRIVER'S NAME: Normin Bin Salam
   f) NRIC/FIN/PASSPORT: S1656976C CONTACT: 8784 4833

email = zanechan135@hotmail.com

VIDEO

Claim Handling

Accident MT/1094998

Policy No.	5108277226-01	Vehicle No.	SKL7559R	GST Registration No.	
Certificate No.					
Policyholder Name	ALDEN CHAN YEW MENG				
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Policyholder NRIC	S1791991A
Contact No.(Mobile)	98305995	Contact No.(Office)		Loading	0
Email Address	zanechan35@hotmail.com	Special Remark		Contact No.(Home)	
KFK	No Yes	TCA	No Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	10	eCode Reason	
				Private Hire	No

Accident Details

Report Date	22/06/2020 17:43	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	21/06/2020	Time of Accident hh:mm	15:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BT BATOK CENTRAL OUTSIDE BT BATOK BUS INTERCHANGE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
FIED OD Excess	0.00	FIED TP Excess	0.00	Driver is Covered?	Covered
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	22/06/2020 17:48:26 System changed GST Status Verified from No to Yes.		

Policyholder Mailing Address

Address 1	BLK 135 #08-401	Address 2	BUKIT BATOK WEST AVENUE 6	Address 3	SINGAPORE 650135
Address 4		Address Type	Singapore address	Post Code	650135
Unit No.	08-401	Related Policy Number	5108277226-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ZANE CHAN ZHIQIN	Driver NRIC	SXXXXX114Z	Driver DOB	18/11/1999
Regular Date of Driver License	25/10/2017	Driver Age	20	Driving Experience	2
Contact No.(Mobile)	91680068	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 135 # 08-401	Address 2	BUKIT BATOK WEST AVENUE 6	Address 3	SINGAPORE 650135
Address 4		Address Type	Foreign address	Post Code	650135
Unit No.	#08-401				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SKL7559R	Driver Insurer Company	NTUC
Occupation					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *			CO-MX	Insured Name	ALDEN CHAN YEW MENG
Contact No.(Mobile)			98305995	Contact No. (Home)	65872066
Email Address				OI Vehicle Number	SKL7559R
Claim Description			SKL7559R / SGS4826A ON 21 Jun 2020		
Preferred Workshop		Insured Liability	Fully at Fault		
Reinstat No Limitation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered			22/06/2020 17:51	Claim Close Date	
Report Taken By			KOSLI WAHAB		

Insured NRIC: S1791991A
Contact No. (Office):
TP Vehicle Number: SGS4826A
Name of Preferred Workshop:
Date Received: 22/06/2020 00

Print AK letter

Save Submit

Attachment

Accident No.	MT/1094998	Claim No.	001
Last Doc. Received	Yes No	Upload Date	22/06/2020 17:53

Path *		Category *	Confidential	Urgency *	Description *
Choose File DSCN1633.JPG	Clear	Please Select	NO	Normal	
Choose File DSCN1634.JPG	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Send Ne

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Send? (CGI)
	NAC_BUKIT_MERAH_B0067((NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 17:53	Photos	Normal	Photos 2020-6-22	

					
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 17:53	Photos		Normal	Photos 2020-6-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 17:53	Photos		Normal	Photos 2020-6-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 17:53	Photos		Normal	Photos 2020-6-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 17:53	Photos		Normal	Photos 2020-6-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 17:53	Photos		Normal	Photos 2020-6-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 17:52	Photos		Normal	Photos 2020-6-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 17:52	Photos		Normal	Photos 2020-6-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 17:52	Photos		Normal	Photos 2020-6-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 17:52	Photos		Normal	Photos 2020-6-22
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 17:52	Photos		Normal	Photos 2020-6-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 17:51	Photos		Normal	Photos 2020-6-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 17:51	Photos		Normal	Photos 2020-6-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 17:51	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 17:51	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 17:51	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jun 2020 17:51	SAS		Normal	SAS 2020-6-22

Video List

Uploaded By/Date	Folder Data	File Name		Source

Display in New Window | Scan and uploading

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SKL7559R

Date of Accident 21/06/2020 17:16

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
◉	5106277226-01		ALDEN CHAN YEW MENG	S1791991A	GPC	drivo CLASSIC	SKL7559R	SKL7559R	13/12/2019	12/12/2020

Continue