

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MA12001476**

Date In: 21/12-14:17	Job description	Date & Time Completed	Done by
Ref No: NA/140222358721	SAS e-filing		
Veh No: E256717	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/12-10:35	i-Motor Claim Form	NA/1097474-001	21/12 14:21
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: JME22642	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

NA203791	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N12: Idac Mobile		
	9) N11: TP (Non INC) against INC \$20		
	9) N12: Idac 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	21/07/2020 14:17
Date Of Accident	21/07/2020 10:30
Exact Location Of Accident	BATTERY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EZ5671J
Insured/Policyholder	
Name Of Registered Owner	CHUM CHAN FAI
NRIC No	SXXXX112I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81250439
Alternative Phone No	OFFICE-81250439

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO HYBRID 1.5 CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5102370762-01
Cover Note Number	

Driver

Name of Driver	CHUM CHAN FAI
NRIC No	SXXXX112I
Date Of Birth	20/01/1953
Occupation	OUTDOOR
Date Of Driving Pass	11/04/1974
Driving Experience	46 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81250439
Fax Number	
Contact Number	OFFICE-81250439
Email Address	NOEMAIL

Address	BLK 315C ANCGORVALE ROAD #15-184
Postcode	543315
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	CHAIN COLLISION
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	3
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	SME2269Z
Vehicle Make/Model/Colour	TOYOTA NOAH
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBJ3687Y
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Vehicle Make/Model/Colour	NISSAN NV350
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)	

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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:

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

GBJ 36874



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,

I was travelling on battery Road with a Grab-car passenger on board. As the traffic ahead of me slow down, I followed suit. Suddenly I felt a great impact from the rear side. I alighted from my vehicle to realise that I was involved in a 3 car chain collision.

1st car - EE5671J	Driven by : Chum Chah Fai
2nd car - SME2269E	Driven by : Sam Mohamed Sami Bin Samud
3rd car - GBJ3687Y	Driven by : Sethupathy Prasanth

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.:

Date of Accident : 21/07/2020 Accident Time: 1030Hrs (24-HR-Format)
Accident Place : Battery Road
Vehicle Reg. No. (Car Plate No.) : EZ5671J
Vehicle Make/Model : Toyota Axio
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : Chum Chan Fai S00181121
Owner or Company Contact No. : 81250439 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Chum Chan Fai S00181121
DRIVER'S Date Of Birth : 20-01-1953 DRIVER'S License Pass Date _____
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : Blk 315C Anchorvale Road #15-184 554325
DRIVER'S Contact No. / Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 02 - male passenger.
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SME2269Z
Vehicle Make/Model: Toyota Noah
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

Vehicle Reg. No: GBJ3687Y
Vehicle Make/Model: Nissan NV350
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5102370762-01
The Policyholder	: CHUM CHAN FAI BLK 315C #15-184 ANCHORVALE ROAD SINGAPORE S43315

Period of Insurance	: 22 Sep 2019 To 21 Sep 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,371.67

Interest Insured

Cover Type	: drivo CLASSIC		
Primary Driver	: CHUM CHAN FAI		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: TOYOTA/COROLLA AXIO	Capacity	: 1500cc
Registration Number	: EZ5671J	Registration Year	: 2017
Chassis Number	: NKE1657140274	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$2,000	NCD Entitlement	: 50%
Excess (Section 2)	: S\$1,500	NCD Protection	: No
Windscreen Excess	: S\$100	Loyalty Discount	: 5%
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: N/A		

Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.
2) Section 1 clause 8 on Unnamed driver excess will not apply.

Endorsement Operative : N/A

Agency	: PRIME MOTOR & LEASING PTE LTD (00000572224)
Date of Issue	: 31 Aug 2019 17:33 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

eBaoTech

General/Claim

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="21/07/2020 10:30"/>							
Vehicle No. (For Motor)	<input type="text" value="EZ56713"/>	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"/>	S102370762-01		CHUM CHAN FAI	S00181121	GPC	drive CLASSIC	EZ56713	EZ56713	22/09/2019	21/09/2020
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5102370762-01	Policyholder Name	CHUM CHAN FAI	Policyholder NRIC	S00181121
Certificate No.					
Address	BLK 315C #15-184 ANCHORVALE ROAD SINGAPORE 543315				
Product Name	PRIVATE CAR INSURANCE	Plan			
Policy issue Date	31/08/2019	Effective Date	22/09/2019 00:00	Group Policy Flag	N
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	PRIME MOTOR & LEASING PTE L	Agent Tel.	67419292	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 315C #15-184	Address 2	ANCHORVALE ROAD	Address 3	SINGAPORE 543315
Address 4		Address Type	Singapore address	Post Code	543315
Unit No.		Related Policy Number	5102370762-01		

▶ Insured Object: EZ5671J

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1097474

Policy No.	S102370762-01	Vehicle No.	EZ5671J	GST Registration No.	
Certificate No.					
Policyholder Name	CHUM CHAN FAI			Policyholder NRIC	S00181121
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81250439	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	No	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details					
Report Date	21/07/2020 14:32	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	21/07/2020	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	BATTERY RD				
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		
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 315C #15-184	Address 2	ANCHORVALE ROAD	Address 3	SINGAPORE 543315
Address 4		Address Type	Singapore address	Post Code	543315
Unit No.		Related Policy Number	S102370762-01		
OI Driver Info					
Driver Name	CHUM CHAN FAI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S00181121	Driver DOB	20/01/1953
Register Date of Driver License	11/04/1974	Driver Age	67	Driving Experience	46
Contact No.(Mobile)	81250439	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 315C	Address 2	ANCHORVALE ROAD	Address 3	SINGAPORE 543315
Address 4		Address Type	Singapore address	Post Code	543315
Unit No.	15-184				
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		

Modification history:

Claim 001 **New**















Claim Type *	OD-MIX	Insured Name	CHUM CHAN FAI	Insured NRIC	S00181121
Contact No.(Mobile)	81250439	Contact No.(Home)	63157821	Contact No.(Office)	
Email Address	cdchum@yahoo.com.sg	O1 Vehicle Number	EZ5671J	TP Vehicle Number	SME2269Z
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	EZ5671J / SME2269Z ON 21 Jul 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/07/2020 14:34	Claim Close Date		Date Received	21/07/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1097474	Claim No.	001
Last Dec. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/07/2020 14:35
Path *	Category *	Confidential	Urgency *
Browse... Clear	Please Select	<input checked="" type="checkbox"/>	Normal
Browse... Clear	Please Select	<input type="checkbox"/>	Normal
Browse... Clear	Please Select	<input type="checkbox"/>	Normal
Browse... Clear	Please Select	<input type="checkbox"/>	Normal
Browse... Clear	Please Select	<input type="checkbox"/>	Normal
Browse... Clear	Please Select	<input type="checkbox"/>	Normal
Browse... Clear	Please Select	<input type="checkbox"/>	Normal

☐ Send Message

Attachment List							
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Jul 2020 14:35	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-7-21			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Jul 2020 14:35	SAS	Normal	SAS 2020-7-21			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Jul 2020 14:34	Photos	Normal	Photos 2020-7-21			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Jul 2020 14:34	Photos	Normal	Photos 2020-7-21			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Jul 2020 14:34	Photos	Normal	Photos 2020-7-21			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Jul 2020 14:34	Photos	Normal	Photos 2020-7-21			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Jul 2020 14:34	Photos	Normal	Photos 2020-7-21			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Jul 2020 14:34	Photos	Normal	Photos 2020-7-21			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Jul 2020 14:34	Photos	Normal	Photos 2020-7-21			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Jul 2020 14:34	Photos	Normal	Photos 2020-7-21			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Jul 2020 14:34	Photos	Normal	Photos 2020-7-21			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Jul 2020 14:34	Photos	Normal	Photos 2020-7-21			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Jul 2020 14:34	Photos	Normal	Photos 2020-7-21			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Jul 2020 14:34	Photos	Normal	Photos 2020-7-21			
Video List							
Uploaded By/Date	Folder Date	File Name	Source	Action			
		Display in New Window	Scan and uploading				