

# NATIONAL Assessment Centre Services

Print & Jan 05 MHA 10007496

Date In: 21/12-17:45	Job description	Date & Time Completed	Done by
Ref No: HA/INC 120 28405 PM	SAS e-filing		
Veh No: 100 5190 E	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 23/12-20:20	i-Motor Claim Form	27/11/00-00 1	21/12 17:45
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: ( )	Fax: ( )
TP Particulars: Vch No: 5UC777 RM	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

<p>HA 221498</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Dat. 1:</p> <p>Dat. 2 / 3:</p>	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	Inc Bill	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 INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
OD:				
*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: 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	24/08/2020 17:45
Date Of Accident	23/08/2020 20:20
Exact Location Of Accident	PIE (TUAS) AFTER SERANGOON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ5190E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KWA CHIN PHENG SHERN
NRIC No	SXXXX402H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97286489
Alternative Phone No	OFFICE-97286489

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X A
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5118407305
Cover Note Number	

### Driver

Name of Driver	BEVER CHUA YU TING
NRIC No	TXXXX949H
Date Of Birth	10/10/2000
Occupation	INDOOR
Date Of Driving Pass	07/11/2019
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93395124
Fax Number	
Contact Number	OFFICE-93395124
Email Address	NOEMAIL

Address	BLK 137 POTONG PASIR AVENUE 3 #14-154
Postcode	350137
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### 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	SLK7878M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEMAS ONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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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:

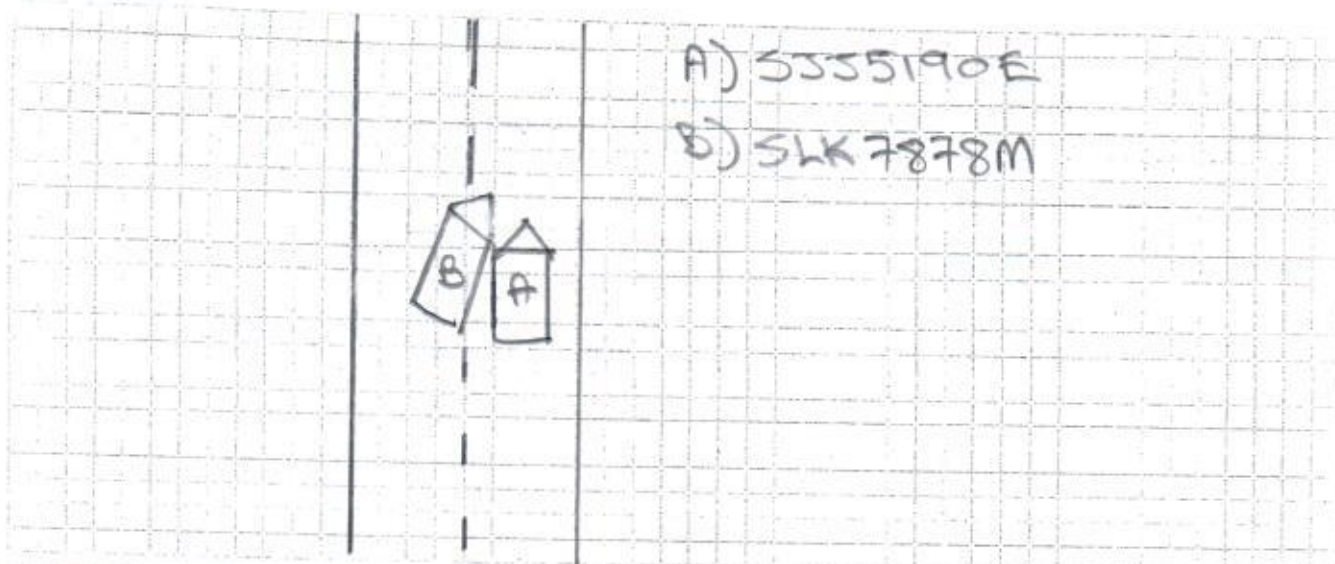


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE (TUAS) AFTER SERANGOON ROAD. SUDDENLY VEH B CUT INTO MY LANE AND HIT ONTO THE FRONT LEFT PORTION OF MY VEH. AFTER THE IMPACT, VEH B SPED OFF WITHOUT STOPPING. AFTER SOME DISTANCE, I SAW VEH B STOPPED AND WE EXCHANGE PARTICULARS.

## 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.:





# HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: SJ35190E MAKE/MODEL: TOYOTA AXIO  
DATE OF ACCIDENT: 23/08/2020 TIME: 20 HR 20 MIN PM  
LOCATION OF ACCIDENT: PIE (TUAS) AFTER SERANGGON ROAD  
EXACT PURPOSE USE DURING ACCIDENT: GOING FOR PRAYER

## CAR OWNER

NAME OF CAR OWNER: KWA CHIN PHEUG SHERU  
CONTACT NO: 9728 6484  
NRIC: S7110402H  
CLAIM TYPE: ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY  
INSURANCE COMPANY: NTUC  
TYPE OF COVERAGE: ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT  
POLICY NO: \_\_\_\_\_

## ACCIDENT DRIVER

NAME OF DRIVER: BEVER CHUA YU TIUG  
NRIC: T0035949H NO OF PASSENGER/S: 1 MALE  
DATE OF BIRTH: 10.10.2000  
OCCUPATION: OPERATION ASSISTANT ☐ OUTDOOR ☒ INDOOR  
DATE OF DRIVING PASS: 07/11/2019  
GENDER: ☒ MALE ☐ FEMALE  
CONTACT NO: 93395124  
ADDRESS: BLK 137 POTONG PASIR AVE 3 #14-15H S(350137)

DRIVER OWN ANY VEHICLE: NO IF YES- REGISTRATION NO: \_\_\_\_\_

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: MOTHER

WEATHER CONDITION: ☒ CLEAR ☐ RAINING OTHER: \_\_\_\_\_  
ROAD SURFACE: ☒ DRY ☐ WET OTHER: \_\_\_\_\_

ANY INJURIES: ☒ NO/ IF YES- NAME: \_\_\_\_\_

CONTACT NO: \_\_\_\_\_

POLICE REPORT: ☒ NO/ IF YES- LOCATION: \_\_\_\_\_

VIDEO FOOTAGE: ☒ NO/ YES

## 3RD PARTY INFO

VEHICLE B NO: SLK7878M NO OF PASSENGER/S: ☐ unknown

NAME: JEMAS a/c

CONTACT NO: \_\_\_\_\_

VEHICLE C NO: \_\_\_\_\_ NO OF PASSENGER/S: ☐

VEHICLE D NO: \_\_\_\_\_ NO OF PASSENGER/S: ☐

VEHICLE E NO: \_\_\_\_\_ NO OF PASSENGER/S: ☐

VEHICLE F NO: \_\_\_\_\_ NO OF PASSENGER/S: ☐

ANY WITNESS: \_\_\_\_\_

WITNESS CONTACT NO: \_\_\_\_\_