

NATIONAL Assessment Centre Services

Date In: 05/09/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20009675/13	SAS e-filing		
Veh No. SCR5932A	E-mail (within 8hrs, A/C 2hrs)		
D.O.A. 04/09/20 1845	i-Motor Claim Form	MT/1102431-002	
OD : TP : <u>Reporting Only</u>	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: SUR4985T	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 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

NA2004684	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add Bi
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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: Idao DA + SMRT Survey \$160		
	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 (N'm INC) against INC \$20		
	9) N12: Idao 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	05/09/2020 15:18
Date Of Accident	04/09/2020 18:45
Exact Location Of Accident	ALONG DUNEARN RD OUTSIDE CALTEX DUNEARN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR5932A
Insured/Policyholder	
Name Of Registered Owner	CHONG TEOW SWEE
NRIC No	SXXXX734I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98172812
Alternative Phone No	OTHERS-92956222

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	REPORTING ONLY
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	5048659039-09
Cover Note Number	

Driver

Name of Driver	CHONG YIXUAN NATALIE
NRIC No	SXXXX282B
Date Of Birth	23/10/1996
Occupation	INDOOR
Date Of Driving Pass	26/10/2018
Driving Experience	1 YEAR AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92956222
Fax Number	
Contact Number	
EMail Address	NATALIECHONG96@GMAIL.COMA

Address	22 SIMEI STREET 1 #10-04
Postcode	529945
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	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?	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?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR4985T
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KONG JIA HUR, EDWIN
NRIC/Passport Number	SXXXX070Z
Contact Number	82226070
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCM338Y
Vehicle Make/Model/Colour	MERCEDES S350L
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JIN SEONG OK
NRIC/Passport Number	GXXXX024X
Contact Number	98275517
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

05 Sept 2020
12:46pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

05/09/2020
12:45 PM

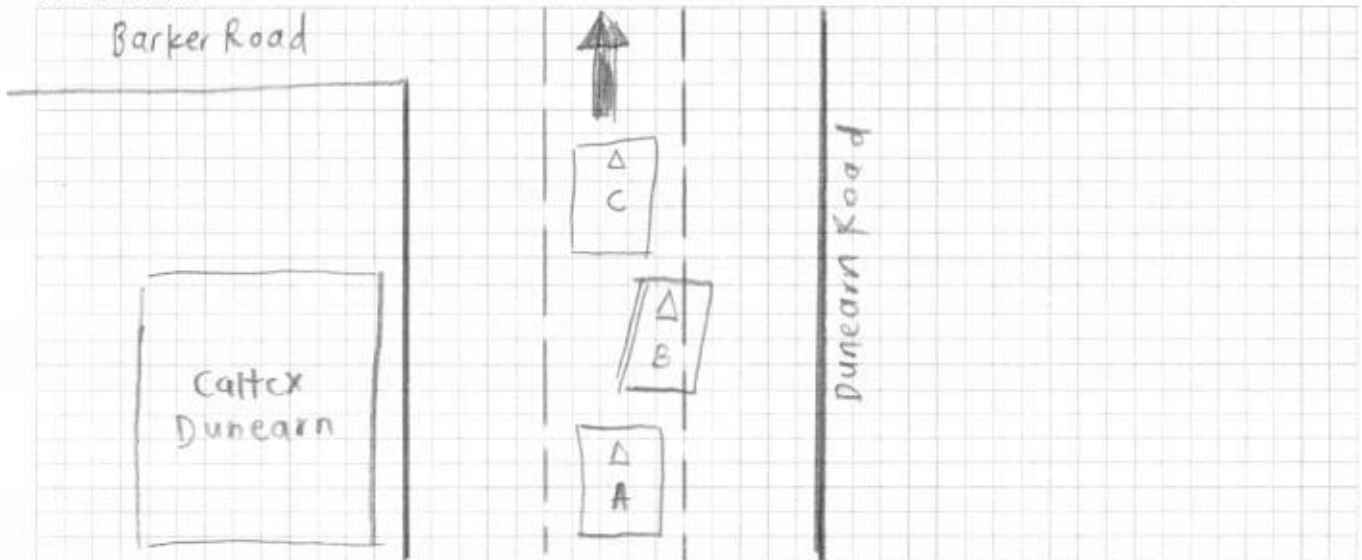
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

05/09/20

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along Dunearn Road. Traffic was heavy as it was during peak hour traffic. The car B was filtering to the first lane, we were on the second lane. As there was traffic, he stopped suddenly leaving me no time to react. My vehicle hit the rear left portion of vehicle B. Due to the impact, vehicle B surged forward and hit vehicle C as a result. End

End of Report

End.

DECLARATION

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

Policyholder's Signature
 Date & Time: 05 Sept 2020
 12:45pm

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 05/09/2020
 12:42 PM

Reporting Centre Personnel's Signature
 Name: *Shym* 05/09/20
 NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 04/09/2020 (DD/MM/YYYY), TIME: 18:45 (HH:MM)

LOCATION: Along Dunearn Rd outside Caltex Dunearn

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGR5932A
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Ahts
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE 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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 98172812
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chong Yixuan Natalie (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9642282B CONTACT: 92956222
c) ADDRESS: Blk 22 Jimei Street 1 #10-04
Singapore 329943

* d) DATE OF BIRTH: 23/10/1996 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Daughter

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 (2nd vehicle)

- a) VEHICLE NUMBER: SJR4985T MODEL: Toyota Ahts
b) DRIVER'S NAME: Kong Jia Hur, Edwin
c) NRIC/FIN/PASSPORT: S9146070Z CONTACT: 8222 6070

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SCM338Y MODEL: Mercedes S350L
e) DRIVER'S NAME: Jin Jeong Ok
f) NRIC/FIN/PASSPORT: G5527024X CONTACT: 98275517

Email = nataliechong96@gmail.com

fax =

VIDE.O = Yes, have not renewed.

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="05/09/2020 12:20"/>
Vehicle No.(For Motor)	<input type="text" value="SGR5932A"/>	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"/>	5048659039-09		CHONG TEOH SWEE	S00097341	GPC	drive CLASSIC	SGR5932A	SGR5932A	12/02/2020	11/02/2021

Claim Handling

Accident MT/1102437

Policy No.	5048659039-09	Vehicle No.	SGR5932A	GST Registration No.	
Certificate No.					
Policyholder Name	CHONG TEOW SWEE	Driver Type	drive CLASSIC	Policyholder NRIC	S00097341
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	98172812	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KFK	No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	07/09/2020 10:44	Accident Report Within 24 hrs	Yes	Accident Type	Chain Colls
Date of Accident	04/09/2020	Time of Accident hh:mm	18:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG DUNEARN RD OUTSIDE CALTEX DUNEARN				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	2,500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	3,100.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address					
Address 1	22 SIMEI STREET 1	Address 2	#10-04 MELVILLE PARK	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	529945
Unit No.		Related Policy Number	5048659039-09		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHONG YIXUAN NATALIE	Driver NRIC	S9642282B	Driver DOB	23/10/1991
Register Date of Driver License	26/10/2018	Driver Age	23	Driving Experience	1
Contact No.(Mobile)	92956222	Contact No.(Office)		Contact No.(Home)	
Address 1	22 SIMEI STREET 1	Address 2	#10-04 MELVILLE PARK	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	529945
Unit No.	10-04				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	CHONG TEOW SWEE	In	NF
Contact No.(Mobile)	98172812	Contact No.(Home)	NIL	Co	Ne
Email Address	chongteowswee@yahoo.com.sg	DI		TP	AL
Claim Description	SGR5932A / SJR4985T DN 4 Sept 2020				
Preferred Workshop		Insured Liability	Fully at Fault		
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	07/09/2020 11:29		De
Report Taken By	ROSINDA	Workshop Repairer			To
Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1102437	Claim No.	002
Last Doc. Received	Yes No	Upload Date	07/09/2020 00:00
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
		Urgency *	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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2020 11:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-9-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2020 11:29	SAS	Normal	SAS 2020-9-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2020 11:29	Photos	Normal	Photos 2020-9-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2020 11:29	Photos	Normal	Photos 2020-9-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2020 11:28	Photos	Normal	Photos 2020-9-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2020 11:28	Photos	Normal	Photos 2020-9-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2020 11:28	Photos	Normal	Photos 2020-9-7
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2020 11:28	Photos	Normal	Photos 2020-9-7

Video List

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