

NATIONAL Assessment Centre Services.

(Ref 1 Jan 00)

MAA208056

Date In: 16/09/2020 16:49	Job description	Date & Time Completed	Done by
Ref No: N/A, MUC200099517	SAS e-filing		
Veh No: SGA 82144	E-mail (Update status, A/C status)		
D.O.A: 15/09/2020 18:25	I-Motor Claims Form	MUC1103000-001	16/09/2020 17:31
OD: TP / Reporting Only	I-Motor W/O (Within OD limit, TP limit)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wreck / INC Assign Wreck / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMB 3083R	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 ()	
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO Refor of repair.		
() Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()		

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

Injury: _____

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damage Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	Forclaiming against INC Only (over 10 Jan 200)	
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + SMRT Survey	\$140
	8) NTUC Additional Services:	
	OR:	
	* NS: Courtesy Car / Tpl Allowance	\$3
	* NS: Repair Coordination	\$10
	* NT: Post Repair Inspection	\$25
	* NS: DV / Collect License Coordination	\$3
	TP (NI) / TP (NS) INC: replace V+G	\$10
	9) NI: Idea 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	16/09/2020 16:49
Date Of Accident	15/09/2020 18:25
Exact Location Of Accident	ALONG UPPER BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH8214Y
Insured/Policyholder	
Name Of Registered Owner	CHUA TZE SHERN (CAI ZHISHEN)
NRIC No	SXXXX849E
Email Address	ARENZIN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96663987
Alternative Phone No	OFFICE-97756530

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110362569-01
Cover Note Number	

Driver

Name of Driver	CHUA SIM KIONG
NRIC No	SXXXX385I
Date Of Birth	27/04/1949
Occupation	INDOOR
Date Of Driving Pass	18/06/1970
Driving Experience	50 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96663987
Fax Number	
Contact Number	OFFICE-97756530
Email Address	ARENZIN@YAHOO.COM

Address	BLK 17 DOVER CRESCENT #20-52
Postcode	130017
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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)	2
Passenger 1	NAME: : GRAND DAUGHTER GENDER: : FEMALE

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB3083B
Vehicle Make/Model/Colour	SBS BUS
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

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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:

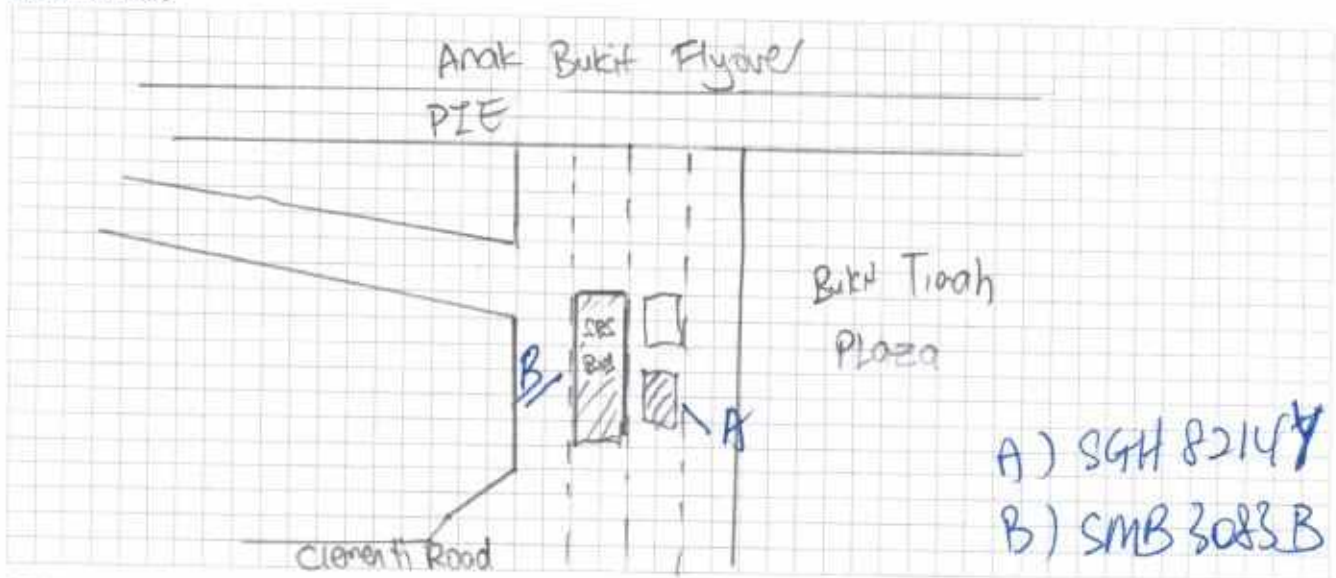
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



A) SGH 8214Y
B) SMB 3083B


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15 Sep 2020, at about 1824H, I was fetching the ^{Grand daughter} ~~tegg~~ and on my way home along upper bukit timah road. There was a jam and the road was parked. As we were inching along upper bukit timah road the bus PS2 (SMB3083B) turned slightly and the back of the bus pivoted and scratch the side mirror of my car (left side mirror) when my car was in my own lane.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 09 / 2020) (DD/MM/YYYY), TIME: (18 : 24) (HH:MM)

LOCATION: Along Upper Bukit Timah Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGH 8214 Y
 b) INSURANCE COMPANY: NTC Income
 c) POLICY NUMBER: 5110362589-01
 d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA CAMRY
 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: CHUA TIE SHERN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8012849E CONTACT: 9663917
 c) ADDRESS: BLK 17 DOVER CRESCENT #70-52
 S130017

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHUA SIM KIONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S80333851 CONTACT: 67756530
 c) ADDRESS: BLK 17 DOVER CRESCENT #70-52
 S130017

* d) DATE OF BIRTH: (27 / 04 / 1949) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

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: SMB 3043 B MODEL: SBS BUS
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: — CONTACT: —

9. THIRD PARTY VEHICLE

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

email = arenzin@yahoo.com

VIDEO

Claim Handling

Accident #1/1103000

Policy No.	5110302589-01	Vehicle No.	SGH82147	GST Registration No.	
Certificate No.					
Policyholder Name	CHUA TZE SHERN (CAI ZHISHEN)	Policyholder NRIC	S60126496		
Product Code	PRIVATE CAR (INSURANCE)	Cover Type	Drive CLASSIC	Leading	0
Contact No. (Mobile)	96663987	Contact No. (Office)	67755530	Contact No. (Home)	
Email Address		Special Remarks		eCode	No
KPI	No Yes	TCA	No Yes	eCode Reason	
BCO Protection	No	BCO Exemption(%)	10	Private Hire	No

Accident Details

Report Date	16/09/2020 17:11	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	15/09/2020	Time of Accident (hr:min)	18:25	Country of Accident	Singapore
Reporting Centre		Original Force		ICM No.	
Accident Location	ALONG UPIKE BUKIT TIMAH ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	800.00	TP Standard Excess	0.00	Driver's Covered?	Covered
VED OD Excess	0.00	VED TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	800.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 17 #01-52	Address 2	DOVER DRIVE	Address 3	DOVER VILLE
Address 4	SINGAPORE 130017	Address Type	Singapore address	Post Code	130017
Unit No.		Related Policy Number	5110302589-01		

GI Driver Info

Driver Name	Chua Sim Kiong	Driver Type	Named Driver	Driver DOB	27/04/1995
Unnamed driver Name		Driver NRIC	S00113831	Driving Experience	00
Register Date of Driver License	01/01/1988	Driver Age	31	Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SGH82147	Driver Insurer Company	MFC

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification history

Claim 001 OD-MX

None

Claim Type *	OD-MX	Insured Name	CHUA TZE SHERN (CAI ZHISHEN)	Insured NRIC	S60126496
Contact No. (Mobile)	96663987	Contact No. (Home)	67755530	Contact No. (Office)	
Email Address	prashin@yahoo.com	DI Vehicle Number	SGH82147	Vehicle Number	5110302589
Claim Description	SGH82147 / 5110302589 ON 15 Sept 2020				
Preferred Workshop		Preferred Liability	No at Fault		
Damage No. Evaluation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	16/09/2020 17:20	Date Received	16/09/2020 0
Report Taken By		Workshop Repair	ROSLI WAHAB	Total Loss Tot Reported	

Print All Items

Save Submit

Attachment

Accept No.	MT/1103000	Claim No.	OD1
Last Doc. Received	Yes No	Upload Date	16/09/2020 17:21
File *		Category *	
Choose File No file chosen		Confidential	Normal
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen		Description *	
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
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Choose File No file chosen			

Send M

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
NAC_PATA_001_R00601 (NATIONAL ASSESSMENT CENTRE SERVICES) a		Photos	Normal	Photos 2020-9-16	

16 Sep 2020 17:21

NAC_PATR_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
16 Sep 2020 17:21

Photos

Normal

Photos 2020-9-16

NAC_PATV_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
16 Sep 2020 17:21

Photos

Normal

Photos 2020-9-16

NAC_PATV_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
16 Sep 2020 17:21

Photos

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Photos 2020-9-16

NAC_PATV_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
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NAC_PATV_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
16 Sep 2020 17:21

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Photos 2020-9-16

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16 Sep 2020 17:21

Photos

Normal

Photos 2020-9-16

NAC_PATV_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
16 Sep 2020 17:21

NAC Driving License

Y

Normal

NAC Driving License 2020-9-16

NAC_PATV_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
16 Sep 2020 17:21

SAS

Normal

SAS 2020-9-16

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Zoom and uploading

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="15/09/2020 17:32"/>
Vehicle No.(For Motor)	<input type="text" value="SGH8214Y"/>	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 checked="" type="radio"/>	5110362569-01		CHUA TZE SHERN (CAI ZHISHEN)	S8012849E	GPC	drive CLASSIC	SGH8214Y	SGH8214Y	23/06/2020	22/06/2021