

NATIONAL Assessment Centre Services.

תשרי תשס"ז

MMA 120 100512

Date In:	Job description	Date & Time Completed	Done by
13 / 11 / 20 10:39	SAS e-filing		
Ref No MA / Inc 200,12479 / 64	E-mail (within 3hrs, A/C 2hrs)		
Vel No YJ 9797 B.	I-Motor Claim Form	13 / 11 / 20 14:00	13 / 11 / 20 12:15
DDA 11 / 11 / 20 19:30	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD - TP : Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Printed Wksp / INC Assign Wksp / QW: (Tol: Fax:)

TP Particulars: Vch No: CLN 774M 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 ()

[illegible]

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repoler.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

() Apply for Transit out Allowance () / Courtesy Car ()			
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2) OC Check / Post Repair Inspection	()		
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0) Upload Recovery Photo (Repair Cost > \$3000)	()				
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Date	Time	Latitude	Longitude	Remarks

[illegible]

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2) DA: Domingo Asensio (S100); INC (S10)			
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4) FT : Follow-Through Survey	\$120	
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5) PT: Follow-Through Survey (Resurvey)	350	
For complaints against INC Only (w/c 10 Jan 2003)		

6) TK: Re-inspection	573		
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NTUC Additional Services:-			
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Classified by (R/Rw-In-Charge):	<div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> <div style="display: inline-block; width: 100px; height: 1.2em; background-color: black;"></div> </div> <div style="display: inline-block; width: 100px; height: 1.2em; background-color: black;"></div> </div>	<div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> <div style="display: inline-block; width: 100px; height: 1.2em; background-color: black;"></div> </div> <div style="display: inline-block; width: 100px; height: 1.2em; background-color: black;"></div> </div>	<div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> <div style="display: inline-block; width: 100px; height: 1.2em; background-color: black;"></div> </div> <div style="display: inline-block; width: 100px; height: 1.2em; background-color: black;"></div> </div>
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*NG: Repair Co-ordination	310		
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Director's Comments:	NR: Post Report and Section	
	NR: DV / Collect Excess Coordination	33

TP (Nil) : TP (Gain INC) against INC	30	
Station Mobile	30	

3 / 3	Invoice dated	Fee Charged
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Invoice dated

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	13/11/2020 10:39
Date Of Accident	11/11/2020 19:30
Exact Location Of Accident	BLK 26A CHAI CHEE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YJ9797B
Insured/Policyholder	
Name Of Registered Owner	THE NEW CHARIS MISSION
Co Reg No	TXXXXX166B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64833707

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5116584961
Cover Note Number	

Driver

Name of Driver	TEE CHOON SIEN
NRIC No	SXXXX789C
Date Of Birth	26/03/1969
Occupation	OUTDOOR
Date Of Driving Pass	19/03/2020
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90215035
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 122 BEDOK NORTH ST 2 #06-110
Postcode	460122
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN 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	SLN7364M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LINDA
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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. 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.

THE NEW CHARIS MISSION

Mailing Address

Thomson Road Post Office
P.O. Box 305, Singapore 915711

Location


11 Jalan Ubi, Block 1 #01-01

Kembangan Community Hub

Singapore 409074

Tel: 6483 3707 Fax: 6483 3658 / 6742 2326

Email: office@tncm.org.sg


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


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

SKETCH PLAN



A = YJ 9797 B

B = SLN 7364M

Blk 26A Chai chee carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While reversing into a lot, My Lorry misjudged
hit onto a parked veh front ^{right} portion. I put a note
on the veh and I leave the scene.

DECLARATION

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

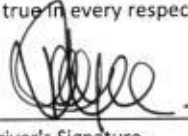
THE NEW CHARIS MISSION


Mailing Address

Thomson Road Post Office
P.O. Box 303, Singapore 115711

Location

11 Jalan Ubi, Block 1 #01-01
Kembangan Chai Chee Community Hub
Singapore 409074
Tel: 6483 3707 Fax: 6483 3658 / 6742 2326
Email: office@ncm.org.sg


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


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

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="13/11/2020 08:59"/>
Vehicle No.(For Motor)	<input type="text" value="YJ9797B"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116584961	5116584961-000002	THE NEW CHARIS MISSION	T06SS0166B	GFM	Comprehensive	YJ9797B	YJ9797B	01/04/2020	31/03/2021

19 30

char' chee
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carpark

a) VEHICLE NUMBER: 211AA SMH 5383R YJ 9797B

b) INSURANCE COMPANY: "CHINA" TAIPEI

b) INSURANCE COMPANY: "CHINA" TARPING

c) POLICY NUMBER: DMHC SA00001962000

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: 404000

e) MAKE & MODEL: HONDA FREDO Mit Fusso

f) TYPE: (SA/LOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME: Work

i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM)

IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

A) NAME: The new charis mission. (MALE / FEMALE)

b) NRIC / FIN / PASSPORT: _____ (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: _____ (MALE / FEMALE) _____

CLADDRESS: _____ CONTACT: 6483 3707

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

a) NAME: Tee Choon Sien. (MALE / FEMALE)

a) NAME: Tee Choon Sien. (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: _____ CONTACT: 90215035.

C) ADDRESS: _____ CONTACT: 90215035

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____)

6. WAS ANYBODY INJURED (YES / NO) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

7. U REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

a) VEHICLE NUMBER: S2N 7364 M. MODEL: _____

a) VEHICLE NUMBER: SLN 7364 M. MODEL: _____

b) DRIVER'S NAME: hinda MODEL: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

d) VEHICLE NUMBER: _____ MODEL: _____

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____ MODEL: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: ..

* No of passenger³
(including driver)
(4)

111
MMM

8. ~~4~~ No. of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Waiting Veh.

Email =

$$f_{ax} =$$

VIDEO = Mo.