

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

NA970CH0002

Date In: 17/12/2010	Job description	Date & Time Completed	Done by
Ref No: NA/INC2010427/24	SAS e-filing		
Veh No: YH1324B	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 19/12/2010 - 14:00	i-Motor Claim Form	NA/1113986-001	17/12/2010 10:55
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: NB723400	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:	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] ()		

Date/Time	Actions

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) Est. Bill	Am't (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-	
Sat. 1:	
Sat. 2 / 3:	



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 Submission	17/12/2020 10:20 (SGT)
Date of Accident	16/12/2020 14:00 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	before dairy farm exit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN1329B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	THE NEW CHARIS MISSION
Company Reg No	TXXXXX166B
Email Address	enquiry@newcharis.com.sg
Mobile Phone No	(Phone) +65-64833707
Alternative Phone No	(Office) +65-64833707

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fe83beosrdea
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5116584961
Cover Note Number	-

DRIVER

Name of Driver	TOH CHIN CHUAN
NRIC No	SXXXX378A
Date Of Birth	28/03/1957
Occupation	Outdoor



Date Of Driving Pass	20/06/2013
Driving experience	7 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87791772
Alt. Phone Number	-
Email Address	enquiry@newcharis.com.sg
Address	BLK 2D UPPER BOON KENG ROAD
Address complement	#21-656
Postcode	384002
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

PASSENGER 2

Name	-
Gender	Male

PASSENGER 3

Name	-
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	GBJ2340D
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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 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.
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.

Mailing Address

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

Location

11 Jalan Ubi, Block 1 #01-01
Kembangan-Chai Chee Community Hub

Singapore 409074

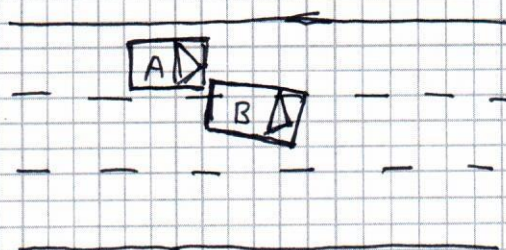
Policyholder's Signature / Date &

Time: office@tncm.org.sg

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = YN 1329 B

B = GBJ 2340 D.

BKE B4 Dairy Farm Exit

Describe Circumstances of the Accident

I was travelling along BKE B4 Dairy Farm Exit
on the extreme left lane, there was accident in front
my lane, All Veh filter to right lane, while filtering,
my Veh accidentally hit onto Veh B left rear portion.

Declaration

THE NEW CHARIS MISSION

We declare the foregoing particulars are true in every respect.

Mailing Address

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

Location

11 Jalan Ubi, Block 1 #01-01
Kembangan-Chai Chee Community Hub
Singapore 409074

Tel: 6788 2707 Fax: 6783 2658 / 6742 3326
Email: office@tncm.org.sg

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (16/12/20) (DD/MM/YYYY), TIME: (14:00) (HH:MM)

LOCATION: BKE B4 Dairy Farm Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YM1329B.
 b) INSURANCE COMPANY: IMC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mrt Fuso, Manual
 f) TYPE: (SALOON / 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 / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: The new charis Mission. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 64833707
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Toh Chru Chuan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 87791772.
 c) ADDRESS:

*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 After rain)
 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: GBJ 2340D. MODEL: Toyota Wace
 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:

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-Chai Chee Community Hub
 Singapore 409074
 Tel: 6483 3707 Fax: 6483 3658 / 6742 2326
 Email: office@ncm.org.sg

Email = enquiry@newcharis.com.sg

Fax =

Video = No.

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116584961	5116584961-000003	THE NEW CHARIS MISSION	T06SS0166B	GFM	Comprehensive	YN1329B	YN1329B	01/04/2020	31/03/2021

Policy Information

Policy No.	5116584961	Policyholder Name	THE NEW CHARIS MISSION	Policyholder NRIC	T06SS0166B
Certificate No.	5116584961-000003				
Address	P O BOX 305 THOMSON ROAD POST OFFICE SINGAPORE 915711				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	05/03/2020	Effective Date	01/04/2020 00:00	Expiry Date	31/03/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	672.05		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	LOO KAY SIONG	Agent Tel.	63379066	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	P O BOX 305	Address 2	THOMSON ROAD POST OFFICE	Address 3	SINGAPORE 915711
Address 4		Address Type	Singapore address	Post Code	915711
Unit No.		Related Policy Number	5116585477		

Insured Object: 5116584961-000003

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	22/09/2020 00:00	Basic Information Endorsement	000001287382000	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 22 Sep 2020, the Vehicle Type is amended from Standard Lorry with Hood/ Canopy to Standard Van for the following vehicle: VEHICLE NUMBER 1. YQ2626X

Certificate Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>					

Claim Handling

Accident MT/1113986

Policy No.	5116584961	Vehicle No.	YN1329B	GST Registration No.	
Certificate No.	5116584961-000003				
Policyholder Name	THE NEW CHARIS MISSION			Policyholder NRIC	T06SS0166B
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	64833707	Contact No.(Home)	0
Email Address		Special Remark		eCode	NC
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(%)	0	Private Hire	No
▼ Accident Details					
Report Date	17/12/2020 10:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	16/12/2020	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BKE				
▼ 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		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	P O BOX 305	Address 2	THOMSON ROAD POST OFFICE	Address 3	SINGAPORE 915711
Address 4		Address Type	Singapore address	Post Code	915711
Unit No.		Related Policy Number	5116585477		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	28/03/1957
Unnamed driver Name	TOH CHIN CHUAN	Driver NRIC	S2167378A	Driving Experience	7
Register Date of Driver License	20/06/2013	Driver Age	63	Contact No.(Home)	0
Contact No.(Mobile)	87791772	Contact No.(Office)	0	Address 3	KALLANG HEIGHTS
Address 1	BLK 2D	Address 2	UPPER BOON KENG ROAD	Post Code	384002
Address 4	SINGAPORE 384002	Address Type	Singapore address		
Unit No.	21-656				
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-MX	Insured Name	THE NEW CHARIS MISSION	Insured NRIC	T06SS0166B	
Contact No.(Mobile)	98780637	Contact No.(Home)		Contact No.(Office)	64833707	
Email Address	Kelyntay@tncm.org.sg	OI Vehicle Number	YN1329B	TP Vehicle Number	GBJ2340D	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	YN1329B / GBJ2340D ON 16 Dec 2020				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	17/12/2020 00:00	
Date Registered	17/12/2020 10:55	Claim Close Date				
Report Taken By	Jackson					
<input checked="" type="checkbox"/> Print AK letter						

Save Submit






Attachment

Accident No.	MT/1113986	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/12/2020 10:56			
Path *		Category *	Confidential	Urgency *	Description *	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

Message Read

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Dec 2020 10:56	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-17		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Dec 2020 10:56	SAS		Normal	SAS 2020-12-17		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Dec 2020 10:55	Photos		Normal	Photos 2020-12-17		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Dec 2020 10:55	Photos		Normal	Photos 2020-12-17		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Dec 2020 10:55	Photos		Normal	Photos 2020-12-17		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Dec 2020 10:55	Photos		Normal	Photos 2020-12-17		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Dec 2020 10:55	Photos		Normal	Photos 2020-12-17		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Dec 2020 10:55	Photos		Normal	Photos 2020-12-17		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Dec 2020 10:55	Photos		Normal	Photos 2020-12-17		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Dec 2020 10:55	Photos		Normal	Photos 2020-12-17		

Video List

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