

NATIONAL Assessment Centre Services

Form NA-1001

Rev 1/03

Date In: 22/12/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20014259/13	SAS e-filing		
Veh No: SKC22225	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 21/12/20 1600	I-Motor Claim Form	23/12	NT/1114761 -001
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: SBR213T	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

Client's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non 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 Submission	22/12/2020 11:52 (SGT)
Date of Accident	21/12/2020 16:00 (SGT)
Exact Location of Accident	Telok Blangah Rd, Singapore
Additional Location Information	ALONG TELOK BLANGAH RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC2222S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA WEI ZHOU
NRIC No	SXXXX255C
Email Address	weizhou_10@hotmail.com
Mobile Phone No	(Phone) +65-97731314
Alternative Phone No	+65-97731314

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5073254177-05
Cover Note Number	-

DRIVER

Name of Driver	CHUA WEI ZHOU
NRIC No	SXXXX255C
Date Of Birth	15/10/1982
Occupation	Outdoor

Date Of Driving Pass	03/08/2004
Driving experience	16 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97731314
Alt. Phone Number	+65-97731314
Email Address	weizhou_10@hotmail.com
Address	3 CANBERRA DRIVE
Address complement	#10-05
Postcode	768102
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Dry

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SBR213J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG SIOK LOO
NRIC No	SXXXX685G
Contact Number	(Phone) +65-97910213
Address	-
Address complement	-
Postcode	-

Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person CHUA WEI ZHOU
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BACK & NECK
Injured person in which vehicle? SKC2222S
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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.

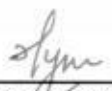
(collectively the "Purposes")

(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.


Policyholder's Signature / Date &
Time

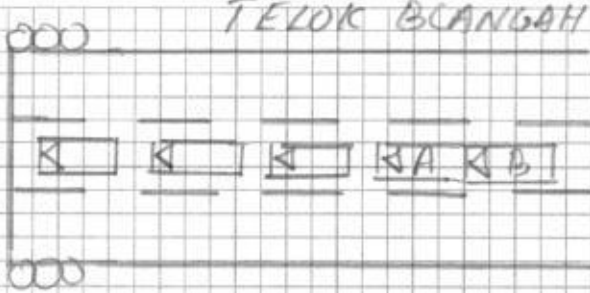

Driver's Signature (If driver is not the policyholder) / Date
& Time

 22/12/20
Witnessed by Reporting Centre
Personnel

Sketch Plan

A - SKC2222S
B - SBR213T

TEYOK BCANGAH RD



The sketch plan is drawn on a grid. It shows a horizontal road labeled 'TEYOK BCANGAH RD' at the top. On the left side of the road, there are two vehicles labeled 'A' and 'B'. Vehicle A is represented by a rectangle with 'SKC2222S' written next to it. Vehicle B is represented by a rectangle with 'SBR213T' written next to it. The vehicles are positioned as if they are stopped or moving along the road. There are also some small circles and lines indicating the road's boundaries and the vehicles' positions.

Describe Circumstances of the Accident

AT THE TRAFFIC LIGHT (RED), I WAS STATIONARY.
A CAR FROM THE BACK HIT ME FROM BEHIND.

Declaration

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



Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 21/11/20 (DD/MM/YYYY), TIME: 16:00 (HH:MM)

LOCATION: TELOK ALANGH RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKC2222S
b) INSURANCE COMPANY: NIC
c) POLICY NUMBER: 5073254177-05
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: HONDA VEZEL (A) 1.5
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: CHUA WEIZHOU (CAI WEIZHOU) (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8233255C CONTACT: 97731314
c) ADDRESS: 3 CANBERRA DR
H10-05 (768102)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: 15/10/1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 03/08/2004

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) NECK & BACK

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SBR213J MODEL: _____
b) DRIVER'S NAME: NG SIOK LOO
c) NRIC/FIN/PASSPORT: S1583685G CONTACT: 97910213

9. THIRD PARTY VEHICLE

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

Email = WEIZHOU_10@HOTMAIL.COM

fax =

VIDEO = yes, front only

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

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="22/12/2020 09:56"/>							
Vehicle No.(For Motor)	<input type="text" value="SKC2222S"/>	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"/>	5073254177-05		CHUA WEI ZHOU	S8233255C	GPC	drivo CLASSIC	SKC2222S	SKC2222S	21/08/2020	20/08/2021
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1114761

Policy No.	5073254177-05	Vehicle No.	SKC22225	GST Registration No.	
Certificate No.					
Policyholder Name	CHUA WEI ZHOU			Policyholder NRIC	S8233255C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97731314	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
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(%)	50	Private Hire	No
Accident Details					
Report Date	23/12/2020 15:15	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	21/12/2020	Time of Accident hh:mm	16:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TELOK BLANGAH RD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	600.00	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	BLK 467A #08-163	Address 2	ADMIRALTY DRIVE	Address 3	SINGAPORE 7514
Address 4		Address Type	Singapore address	Post Code	751467
Unit No.	08-163	Related Policy Number	5073254177-05		
OI Driver Info					
Driver Name	CHUA WEI ZHOU	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8233255C	Driver DOB	15/10/1982
Register Date of Driver License	03/08/2004	Driver Age	38	Driving Experience	16
Contact No.(Mobile)	97731314	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 467A	Address 2	ADMIRALTY DRIVE	Address 3	SINGAPORE 7514
Address 4		Address Type	Singapore address	Post Code	751467
Unit No.	#08-163				
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 checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	CHUA WEI ZHOU	Insured NRIC	
Contact No.(Mobile)	97731314	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OI Vehicle Number	SKC22225	TP Vehicle Number	
Claim Description	SKC22225 / SBR2133 ON 21 Dec 2020				
Preferred Workshop	Insured Liability	Not at Fault			
Workshop No.	Preferred	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	23/12/2020 15:18	Claim Close Date		Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.	MT/1114761	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

23/12/2020 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category *

Please Select

Confidential

NO

Urgency *

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2020 15:18	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2020-12-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2020 15:18	SAS		Normal	SAS 2020-12-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2020 15:18	Photos		Normal	Photos 2020-12-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2020 15:18	Photos		Normal	Photos 2020-12-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2020 15:18	Photos		Normal	Photos 2020-12-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2020 15:18	Photos		Normal	Photos 2020-12-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2020 15:18	Photos		Normal	Photos 2020-12-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2020 15:18	Photos		Normal	Photos 2020-12-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Dec 2020 15:18	Photos		Normal	Photos 2020-12-23

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
Display in New Window Scan and uploading				