

NATIONAL Assessment Centre Services

(part 1 Jan 2021)

SN 0920 CA 0000

Date In: 26/12/20 15:05	Job description	Date & Time Completed	Done by
Ref No: NA1INC20014500164	SAS e-filing		
Veh No: SK2 5495 J	E-mail (within 3hrs, AIC 2hrs)		
TPA: 24/12/20 21:30	I-Motor Claim Form	MT/1115067 ⁰⁰¹	26/12/20 16:46
TP: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (modern Automotive)	File Ltd Tol: 67484422	Fax:
TP Particulars:	Veh No: SBS 6815 C	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 repolar.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()	

Contract: ()	Invoice: ()	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

NA2100776	Invoice: ()	Done by
Driver/Owner:	1) AR: Accident Reporting (\$30);	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) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2021)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*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: Idea Mobile \$0	
	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	26/12/2020 15:05 (SGT)
Date of Accident	24/12/2020 21:30 (SGT)
Exact Location of Accident	Paya Lebar Rd, Singapore
Additional Location Information	TURNING TO CIRCUIT LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ5485J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN REN JIE
NRIC No	SXXXX822J
Email Address	ELSIETAN5225@GMAIL.COM
Mobile Phone No	(Phone) +65-83837650
Alternative Phone No	+65-83837650

VEHICLE PARTICULARS

Manufacturer	Chevrolet
Model	Sonic
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?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5077390736-04
Cover Note Number	-

DRIVER

Name of Driver	CHEN REN JIE
NRIC No	SXXXX822J
Date Of Birth	17/05/1961
Occupation	Outdoor

Date Of Driving Pass	06/08/1979
Driving experience	41 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83837650
Alt. Phone Number	+65-83837650
Email Address	ELSIETAN5225@GMAIL.COM
Address	BLK 42 CIRCUIT RD #07-529
Address complement	-
Postcode	370042
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

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	SBS6815C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
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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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.
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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

Sketch Plan

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

Circuit Link

Witnessed by Reporting Centre Personnel

Paya Lebar Rd

A = SKZ 5485J

B = SBS 6815C

Describe Circumstances of the Accident

I was travelling along Paya Lebar Rd on the extreme right lane. While turning right into Circuit Link, suddenly a SBS bus came from my ~~right~~ left lane turning into circuit link and cut into my lane. hit onto my veh ~~reg~~ left front portion.

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



Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1489822J



Name



TAN LIANG CHER

陳念慈

Race

CHINESE

Date of Birth

17-05-1961

Country of Birth

SINGAPORE

Sex
F



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1489822J



Name



CHEN REN JIE

陳仁洁

Race

CHINESE

Date of birth

17-05-1961

Country/Place of birth

SINGAPORE

Sex
F

S1489822J

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Tan Liang Cher

Licence Number: S1489822J

Name: TAN LIANG CHER

Birth Date: 17 May 1961

Issue Date: 29 Aug 2011

Barcode: 001995309J



1326041

NRIC No: S1489822J



Blood Group: AB+
Date of issue: 05-10-1993

APT BLK 4
SINGAPORE J042

NRIC No: S1489822J

Date: 03/11/2014



6323462

NRIC No: S1489822J



Date of issue: 05-11-2019

Address:
APT BLK 42 CIRCUIT ROAD
#07-529
SINGAPORE 370042

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg 06 Aug 1979



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="26/12/2020 12:19"/>
Vehicle No.(For Motor)	<input type="text" value="SKZ5485J"/>	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"/>	5077390736-04		CHEN REN JIE	S1489822J	GPC	drivo PREMIUM	SKZ5485J	SKZ5485J	27/01/2020	26/01/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 12 / 20) (DD/MM/YYYY), TIME: (21 : 30) (HH:MM)

LOCATION: Paya Lebar Rd turning to circuit link.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SK2 5485 J.
b) INSURANCE COMPANY: INC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
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: Chen Ren Jie (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8383 7650
c) ADDRESS: _____

* 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: (____/____/____) (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: owner.

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: SBS 6815C. MODEL: _____
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: _____

Modern Automotive
pte Ltd

6748 4422

Email =

fax =

VIDEO = No

elsietan 5225

elsietan 5225@
mail.com

LKK Paya Ubi

From: LKK Paya Ubi <rspu@lkkauto.com>
Sent: Saturday, 26 December 2020 4:51 pm
To: 'ODsupport'
Subject: SKZ 5485J MT/1115067-001 OD-DRIVO PREMIUM
Attachments: SKZ5485J_24122020.pdf

Dear All,

Please find attached GIA Report has been submitted.

Name of Registered : CHEN REN JIE
NRIC No : SXXXX822J

Name of Driver : CHEN REN JIE
NRIC : SXXXX822J
Mobile No : 83837650

Own Damage Excess : \$600.00
Unnamed Driver Excess : N/A

Name of Workshop : MODERN AUTOMOTIVE PTE LTD
Contact No : 67484422

Best Regards,

SHAN HUI | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)