

# NATIONAL Assessment Centre Services

Date In: 12/01/21	Job description	Date & Time Completed	Done by
Ref No. NA/INC21000576/13	SAS e-filing		
Veh No: SLH6649E	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 11/01/21 1915	i-Motor Claim Form	12/01	MT/1117144-001
OD <input checked="" type="radio"/> 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: SGW6665M	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% F: 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	Action

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) In 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		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tp 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: Idno 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	12/01/2021 18:02 (SGT)
Date of Accident	11/01/2021 19:15 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	SLIP RD TWDS CTE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH6649E
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEE BOON YONG
NRIC No	SXXXX554B
Email Address	sazzytutor@gmail.com
Mobile Phone No	(Phone) +65-97438882
Alternative Phone No	+65-97438882

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	VEZEL 1.5X HYBRID CVT ABS D/AIRBAG 2WD
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	5105004836-02
Cover Note Number	-

#### DRIVER

Name of Driver	NG CHENG CHENG(HUANG ZHENZHEN)
NRIC No	SXXXX316A
Date Of Birth	05/01/1975
Occupation	Indoor

Date Of Driving Pass .....	24/04/2000
Driving experience .....	20 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-94306730
Alt. Phone Number .....	-
Email Address .....	cdtngcc@nus.edu.sg
Address .....	BLK 20 CACTUS DRIVE
Address complement .....	#03-06
Postcode .....	809692
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SGW6665M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LEE JAEIL
NRIC No .....	SXXXX713H
Contact Number .....	(Phone) +65-97603421
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	NG CHENG CHENG(HUANG ZHENZHEN)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SLH6649E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## 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 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:

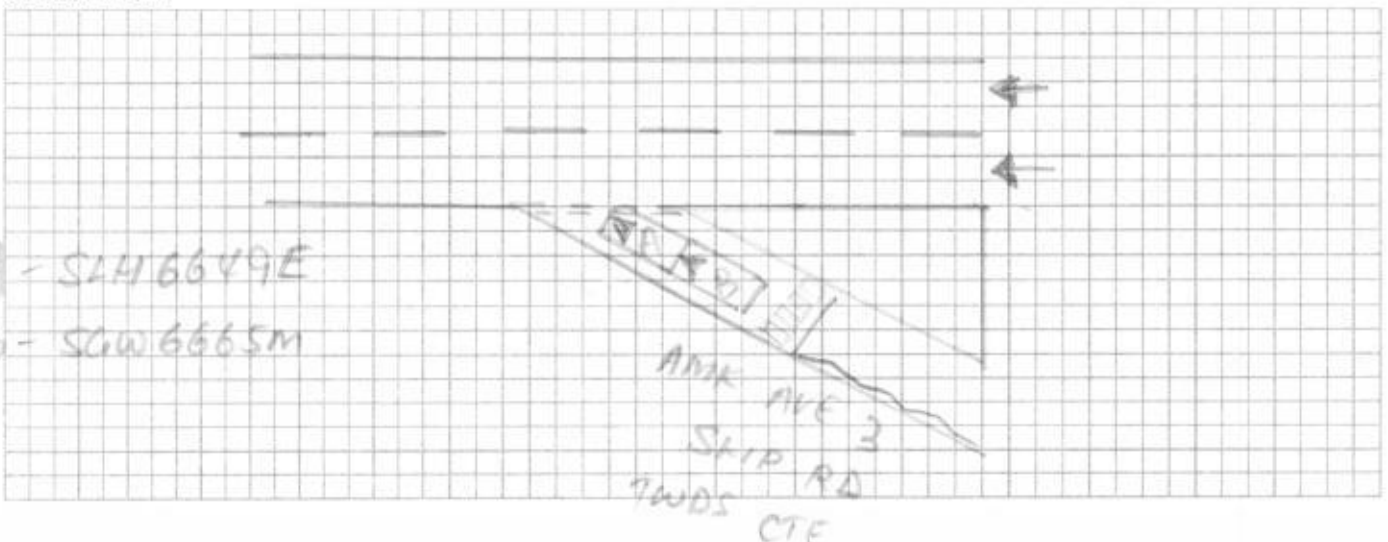
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

My veh was stationary at the giveaway line to give way  
for oncoming veh at Amk Ave 3 Slip road towards CRE.  
Suddenly veh B came from behind and hit onto my  
rear portion of my veh.

**Declaration**

We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

Chy 12 January 2021 (10:30 am)  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

shym 12/01/21  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: (11/01/21) (DD/MM/YYYY), TIME: (19:15) (HH:MM)

LOCATION: <sup>AUG 3</sup> AMK SLIP RD TWDS CTE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLH6649E  
b) INSURANCE COMPANY: NAUC  
c) POLICY NUMBER: 5105004836-02  
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: \_\_\_\_\_  
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: CHEE BOON YONG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97428882  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: NG CHENG CHENG (HUANG ZHENZHEN) (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7500316A CONTACT: 94306730  
c) ADDRESS: BLK 20 CACTUS DRIVE  
#03-06 (209692)

\*d) DATE OF BIRTH: (05/01/1975) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 24/04/2000

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

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

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) yes neck & back

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SGW 6665M MODEL: \_\_\_\_\_

b) DRIVER'S NAME: LEE JAEIL

c) NRIC/FIN/PASSPORT: S7968713H CONTACT: 97603421

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = sazzytutor@gmail.com

fax = cdtngee@nus.edu.sg

video = 67478378

Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.

Date of Accident

11/01/2021 19:15

Vehicle No.(For Motor)

SLH6649E

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105004836-02		CHEE BOON YONG	S7512554B	GPC	drivo CLASSIC	SLH6649E	SLH6649E	15/11/2020	14/11/2021

Continue



## Claim Handling

Accident MT/1117144

Policy No.	5105004836-02	Vehicle No.	SLH6649E	GST Registration No.	
Certificate No.					
Policyholder Name	CHEE BOON YONG			Policyholder NRIC	S75125548
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97438882	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	12/01/2021 19:41	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	11/01/2021	Time of Accident hh:mm	19:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ANG MO KIO AVE 3 SLIP RD TWDS CTE				

## ▼ 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	20 CACTUS DRIVE	Address 2	#03-06 GRANDE VISTA	Address 3	SINGAPORE 8096
Address 4		Address Type	Singapore address	Post Code	809692
Unit No.	03-06	Related Policy Number	5105004836-02		

## ▼ OI Driver Info

Driver Name	NG CHENG CHENG	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S7500316A	Driver DOB	05/01/1975
Register Date of Driver License	01/01/2000	Driver Age	46	Driving Experience	21
Contact No.(Mobile)	94306730	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	20 CACTUS DRIVE	Address 2	GRANDE VISTA	Address 3	SINGAPORE 8096
Address 4		Address Type	Singapore address	Post Code	809692
Unit No.	#03-06				
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
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## Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	CHEE BOON YONG	Insured NRIC		
Contact No.(Mobile)	97438882	Contact No.(Home)		Contact No.(Office)		
Email Address		OI Vehicle Number	SLH6649E	TP Vehicle Number		
Claim Description	SLH6649E / SGW6665M ON 11 Jan 2021				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Workshop No.		Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered		Claim Close Date	12/01/2021 19:46	Date Received		
Report Taken By		Workshop Repairer	ROSINDA	Total Loss but Repaired		

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1117144	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

12/01/2021 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

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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 12 Jan 2021 19:46	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 19:46	SAS		Normal	SAS 2021-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 19:46	Photos		Normal	Photos 2021-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 19:46	Photos		Normal	Photos 2021-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 19:46	Photos		Normal	Photos 2021-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 19:45	Photos		Normal	Photos 2021-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 19:45	Photos		Normal	Photos 2021-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 19:45	Photos		Normal	Photos 2021-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 19:45	Photos		Normal	Photos 2021-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 19:45	Photos		Normal	Photos 2021-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 19:45	Photos		Normal	Photos 2021-1-12

## Video List

Uploaded By/Date	Folder Date	File Name	?	Source
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	