

NATIONAL Assessment Centre Services

Date In: 25/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21001161/13	SAS e-filing		
Veh No: SJ29314E	E-mail (within 8hrs, AIC 2hrs)		
D.OA: 23/01/21 1930	i-Motor Claim Form		
OD: (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: (Tel:	Fax:
TP Particulars:	Veh No: QX4516T	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	Actions
26/02/21	overlook, didn't create

Claimant's Particulars:	NA2101325	Invoice Preparation Checklist	Amc (\$) Int Bill	Amc (\$) Add Bill
Driver/Owner:		1) AR: Accident Reporting (\$30);		
Contact No:		2) DA: Damage Assessment (\$100); INC (\$50)		
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: Idao DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		OD*		
		*N5: Courtesy Car / Tpl Allowance \$5		
		*N6: Repair Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$5		
		TP (N11): TP (N11 INC) against INC \$20		
		9) N12: Idao Mobile 30		
		Invoice dated	Fee Charged	
		Invoice dated	Fee Charged	
Auditors' Comments:				
Dat. 1:				
Dat. 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	25/01/2021 16:14 (SGT)
Date of Accident	23/01/2021 19:30 (SGT)
Exact Location of Accident	Robinson Rd, Singapore
Additional Location Information	TWDS FINLAYSON GREEN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ9314E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEW KIM HEOK DOROTHY
NRIC No	SXXXX866J
Email Address	dchewkh@yahoo.com.sg
Mobile Phone No	(Phone) +65-91880617
Alternative Phone No	+65-91880617

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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	5120599872
Cover Note Number	-

DRIVER

Name of Driver	CHEW KIM HEOK DOROTHY
NRIC No	SXXXX866J
Date Of Birth	21/05/1960
Occupation	Indoor

Date Of Driving Pass	31/12/1984
Driving experience	36 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-91880617
Alt. Phone Number	+65-91880617
Email Address	dchewkh@yahoo.com.sg
Address	BLK 501 TAMPINES CENTRAL 1
Address complement	#04-251
Postcode	520501
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JIMMY CHEW
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210125/7007

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	GX4516T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAFU
Contact Number	(Phone) +65-67411094
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	CHEW KIM HEOK DOROTHY
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJZ9314E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

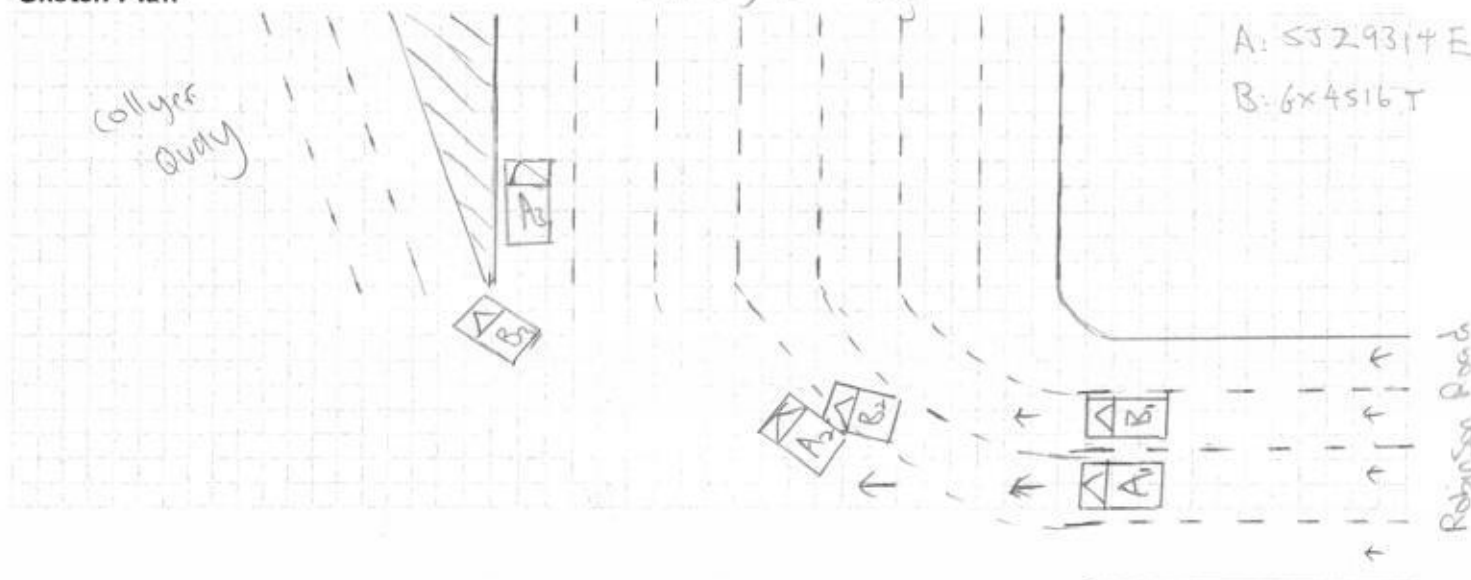
IMPORTANT NOTICE

- #### 8. Consent under the Personal Data Protection Act (PDPA)

(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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Witnessed by Reporting Centre
Personnel

Finlayson Green



Refer to Pol. W Report
7/2021 012517007

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

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

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20210125/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210125/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2021 11:43		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEW KIM HEOK DOROTHY			Address: 501 TAMPINES CENTRAL 1 #04-251 SINGAPORE 520501		
ID Type / ID No.: NRIC NO / S1452866J			Contact No.: Home/Office: Mobile: 91880617		
Nationality: SINGAPORE CITIZEN			Email: DCHEWKH@YAHOO.COM.SG		
Sex: Female	Age: 60	Date of Birth: 21/05/1960	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Civil Servant		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/01/2021 19:30	Type of Location: Y-Junction
Location: ROBINSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GX4516T	Van					0
SJZ9314E	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210125/7007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ9314E	NTUC Income Insurance Co-Operative Limited	5120599872	12/01/2021	11/01/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	JIMMY CHEW	ID No.	NIL	
Related Vehicle	SJZ9314E (Car)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Driver				
Name	CHEW KIM HEOK DOROTHY	ID No.	S1452866J	
Related Vehicle	SJZ9314E (Car)	Contact No.	91880617	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	03	Degree of	Slight	

Brief Details.

I was travelling along Robinson Road on the 3rd lane wanting to turn right towards Finlayson Green. After the traffic light turn green, in the process of travelling my own lane. Vehicle B (GX4516T) which is on the 2nd lane, decided to do a illegal left turn towards Collyer Quay whereby he can only travel towards Finlayson Green. This resulting in vehicle B collided onto my vehicle rear right hand portion.

My vehicle was badly damaged and i suffered injuries and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20210125/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210125/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
25/01/2021 11:43

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	23/01/2021	(DD/MM/YY)
Time of accident	1930	(HH:MM)
Exact location of accident	Along Robinson Road towards Finlayson Green	

DETAILS OF VEHICLE

Vehicle registration number	S329314E		
Vehicle make and model	Toyota Altis		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Chew Kim Heok Dorothy	Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	S1452866J		
Contact	9188 0617		
Address	Blk 501 Tampines Central 1 #04-251 S(520501)		

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number			
Contact			
Address			
Email address	dchawke@yahoo.com.sg		
Date of birth	21/05/1960		
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>	
Driving date pass	31/12/1984		

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>owner</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>2</u> (Inclusive of driver)

PASSENGER 1	
Name	<u>Jimmy Chew</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	GX 4516 T
Vehicle make model	
Name	Rafu
NRIC / Fin / Passport number	
Contact	67411094 / 90121096

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1

Name	chew Kim Heok Dorothy	
Injuries sustained	Body	
Which vehicle person in?	5329314E	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

INJURED PERSON 2

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 5

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 6

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="23/01/2021 19:30"/>
Vehicle No.(For Motor)	<input type="text" value="SJZ9314E"/>	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"/>	5120599872		CHEW KIM HEOK DOROTHY	S14528663	GPC	drivo CLASSIC	SJZ9314E	SJZ9314E	12/01/2021	11/01/2022