

NATIONAL Assessment Centre Services. [Print & Jav 003] 5909211 T0008

Date In: 29/01/2021 12:20	Job description	Date & Time Completed	Done by
Ref No NA/INC 210013 95/114	SAS e-illing		
Veh No 569 5498 D	E-mail (within 2hrs, AIC 2hrs)		
IP A 25/01/2021 16:30	I-Motor Claims Form	MT/1119206-001	29/01/2021 12:39
OT: TP: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: () Tel: Fax: ()

TP Particulars: Vch No: 68K 6203K INC () / Non-INC () Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: () Date: Time: ()

Confirmed by: ()

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 repolter.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Damage: ()

MA 2101213

Driver/Owner:	1) AR: Accident Reporting (\$30)	30
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$40)
Damaged Portion:	3) TP: Towing Fee	\$40/\$43
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-Inspection	\$75
	7) NI: Idas DA + EMRT Survey	\$160
	8) NTUC Additional Services:-	
	OD:	
	*NS: Courtesy Car / Tpt Allowance	\$3
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$23
	*N8: DV / Collect Excess Coordination	\$3
	*N9: DV / Collect Excess Coordination	\$20
	TP (N11): TP (N11 INC) against INC	\$0
	9) N12: Idas Mobile	
	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	29/01/2021 12:20 (SGT)
Date of Accident	28/01/2021 16:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	SLIP ROAD OF PIE EXIT LOYANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGG5798D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO AH MOY
NRIC No	SXXXX008C
Email Address	JMARTAUTO@GMAIL.COM
Mobile Phone No	(Phone) +65-97302006
Alternative Phone No	+65-97302006

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	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5087429431-03
Cover Note Number	-

DRIVER

Name of Driver	SHARON CHEW CHOON HOON
NRIC No	SXXXX779Z
Date Of Birth	21/08/1964
Occupation	Indoor

Date Of Driving Pass	31/05/1982
Driving experience	38 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97302006
Alt. Phone Number	-
Email Address	JMARTAUTO@GMAIL.COM
Address	18 EVERITT ROAD NORTH
Address complement	-
Postcode	428531
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	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

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	GBK6203K
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLD5205E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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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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

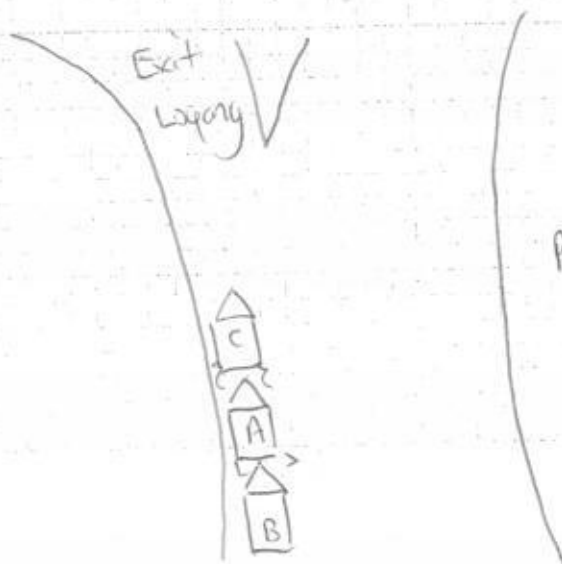
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



DOA: 28/1/21

A: 3GG 5798D

B: 6BK 6203K

C: SLD 5205E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1633779Z



Name



SHARON CHEW CHOON HOON

周俊芬

Race

CHINESE

Date of birth

21-08-1964

Country of birth

SINGAPORE

Sex

F

S1633779Z

Hello, NAC_PAYA_UBI_800601

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

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

28/01/2021 11:44

Vehicle No.(For Motor)

SGG5798D

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"/>	5087429431-03		HO AH MOY	S2046008C	GPC	Third Party, Fire & Theft	SGG5798D	SGG5798D	17/05/2020	16/05/2021

Continue

Personal Particulars

Date of Accident: 28/1/21 Time of Accident: 4:30 pm
 Exact Location of Accident: Slip AOP PIE exit Loyang
 Owner's Name: Ho Ah May NRIC No: S2046008C HP No: _____
 Driver's Name: Sharon Chew Chin Hoon NRIC No: S1633779Z HP No: 97302006
 Date of Birth: 21/8/1964 Driving Licence Passing Date: 31/5/1982 Occupation: Indoor / Outdoor
 Address: 18 Everit Rd North (428531)
 Relationship of Driver with Insured: Relative Email Address: _____
 Vehicle No: SGO 5798 D Make & Model: Toyota Altis
 Insurance Co: NTUC Coverage: _____ Policy No: _____

*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
 *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
 *Weather Condition? Clear / Raining / Others: Wet / Dry / Others:
 *Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
 A: 1+0 B: 1+0 C: 1+0 D: _____
 *Was Anybody Injured? (Yes / No) If yes, Yes

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police?

☐ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☐ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes/No)

Third Party Driver's Particulars

Vehicle B No: GBK 6203K Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Vehicle C No: SLD 5205E Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

J - mart auto