

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

SNP92110000A

Date In: 30/9/2021 17:08	Job description	Date & Time Completed	Done by
Ref No: NA/INC2100144214	SAS e-filing		
Veh No: smy 4365 G	E-mail (within 8hrs, At 2hrs)		
D.O.A: 30/9/2021 22:40	i-Motor Claim Form	30/9/2021 17:16	
OD: (C) 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: 888 1071X	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	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

NA2100928	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2/3:	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: 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	30/01/2021 17:08 (SGT)
Date of Accident	28/01/2021 22:40 (SGT)
Exact Location of Accident	Serangoon Rd, Singapore
Additional Location Information	BEFORE BEATTY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU4365G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GAN GIM CHUAN (YAN JINQUAN)
NRIC No	SXXXX912H
Email Address	lwcds168@gmail.com
Mobile Phone No	(Phone) +65-98242360
Alternative Phone No	+65-98242360

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	5118535233
Cover Note Number	-

DRIVER

Name of Driver	GAN GIM CHUAN (YAN JINQUAN)
NRIC No	SXXXX912H
Date Of Birth	08/06/1979
Occupation	Outdoor

Date Of Driving Pass	19/06/2004
Driving experience	16 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98242360
Alt. Phone Number	+65-98242360
Email Address	lwcds168@gmail.com
Address	BLK 204 PASIR RIS STREET 21 #10-300
Address complement	-
Postcode	510204
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

PLEASE REFER TO SKETCH PLAN

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	SLS1071X
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GAN GIM CHUAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMU4365G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE


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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 lodgment 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:

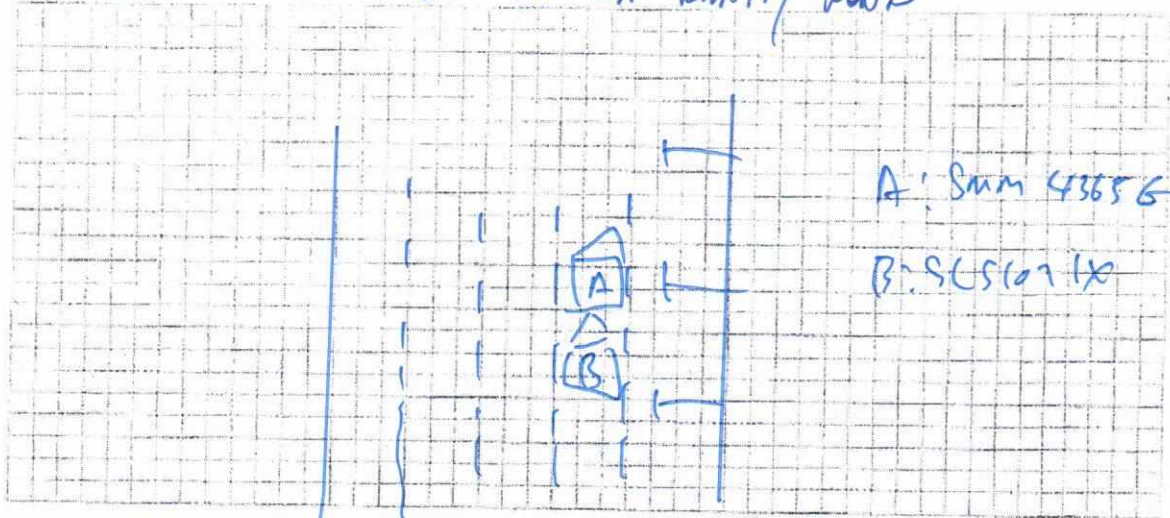
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Shelburne Rd B/F Bunny Road



I was travelling along Strangman Rd. The vehicle in front slowed down & stop. I also. Suddenly I felt a huge impact from the rear. I got down & realized vehicle B (SLS1071X) hit onto my rear.

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

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

ACCIDENT STATEMENT

ACCIDENT DATE: (28 / 01 / 21) (DD/MM/YYYY), TIME: (22 : 40) (HH:MM)

LOCATION: SERANGOON RD BEFORE BEATTY RD.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMU 4365 G
 b) INSURANCE COMPANY: NTC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Camry
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 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: GAN Lim Chuan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7914912H CONTACT: 9824 2360
 c) ADDRESS: 204 PASIR RIS ST 21 #10-300

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (8 / 6 / 79) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 17

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

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: SLS 1071 X 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:

Email = lwcds168@gmail.com.

fax =

CLAIMS@REVORAUTO.COM.SG

Claim Handling

Accident MT/1119369

Policy No.	5118535233	Vehicle No.	SMU4365G	GST Registration No.	
Certificate No.					
Policyholder Name	GAN GIM CHUAN			Policyholder NRIC	S7914912H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98242360	Contact No.(Office)		Contact No.(Home)	
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	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	30/01/2021 17:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to R
Date of Accident	28/01/2021	Time of Accident hh:mm	22:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SERANGOON ROAD BEFORE BEATTY ROAD				

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				
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 204 #10-300	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510204
Address 4		Address Type	Singapore address	Post Code	510204
Unit No.	10-300	Related Policy Number	S118535233		

OI Driver Info

Driver Name	GAN GIM CHUAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7914912H	Driver DOB	08/06/1979
Register Date of Driver License	19/06/2004	Driver Age	41	Driving Experience	16
Contact No.(Mobile)	98242360	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 204 #10-300	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510204
Address 4		Address Type	Singapore address	Post Code	510204
Unit No.	10-300				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMU4365G	Driver Insurer Company	NTUC

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	GAN GIM CHUAN	Insured NRIC		
Contact No.(Mobile)	98242360	Contact No.(Home)	64450789	Contact No.(Office)		
Email Address		Vehicle Number	SMU4365G	TP		
Claim Description	SMU4365G / SLS1071X ON 28 Jan 2021				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Repair Option	Preferred	Preferred Workshop, Name unknown		GIA report	Received	
Date Registered			30/01/2021 17:15	Claim Close Date		
Report Taken By	ROSLI WAHAB					

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1119369	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/01/2021 17:16

Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read					

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 17:16	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 17:16	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 17:15	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 17:15	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 17:15	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 17:15	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 17:15	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 17:15	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 17:15	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 17:15	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 17:15	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 17:15	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 17:15	SAS		Normal	SAS 2021-1-30

Video List

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

My Desktop
Notice of Loss

Change Language Change Password Log Out

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5118535233		GAN GIM CHUAN	S7914912H	GPC	drivo CLASSIC	SMU4365G	SMU4365G	13/08/2020	12/08/2021

Continue