

NATIONAL Assessment Centre Services. (url: Jan'03). SNA2/2/0002

Date In: 01/01/2021 14:30	Job description	Date & Time Completed	Done by
Ref No: NPA2100972	SAS e-Milling		
Veh No: SMQ 1347A	E-mail (by date time, A/C time)		
D.O.A: 01/01/2021 15:24	I-Motor Claim Form	MT1116738-002	01/01/2021 14:36
OID: TP: Reporting Only	I-Motor W/O (Within OD time, TP time)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VWRN		
Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:	
TP Particulars:	Veh No: (PBC 2408K)	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 ()		
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO Referral of repair.			
() 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:			
NPA2100972			
Driver/Owner:	1) All Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)		
Damaged Portion:	3) TP: Towing Fee \$120		
	4) PT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-inspection \$75		
	7) NI: Idea DA + SMRT Survey \$160		
	8) NTUC Additional Services		
	9) NI: Idea DA + SMRT Survey \$30		
	10) NI: Idea DA + SMRT Survey \$10		
	11) NI: Idea DA + SMRT Survey \$25		
	12) NI: Idea DA + SMRT Survey \$30		
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	89) NI: Idea DA + SMRT Survey \$30		

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	01/02/2021 14:50 (SGT)
Date of Accident	07/01/2021 15:25 (SGT)
Exact Location of Accident	Punggol Walk, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ1347A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GD CARZ
Company Reg No	5XXXX597J
Email Address	gdcarz@gmail.com
Mobile Phone No	(Phone) +65-91078237
Alternative Phone No	+65-91078237

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5111925837-01
Cover Note Number	-

DRIVER

Name of Driver	CHEUNG HOI CHING HEIDI
Passport No/FIN	KXXXX5110

Date Of Driving Pass	14/11/2017
Driving experience	3 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91078237
Alt. Phone Number	-
Email Address	chchheidisg@gmail.com
Address	21 BRIDGEWAY
Address complement	MELDURA
Postcode	VIC 3500
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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?	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

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	GBC2408E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ROZAINI BIN JUNAN
NRIC No	SXXXX439H
Contact Number	(Phone) +65-91078237
Address	-
Address complement	-

Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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



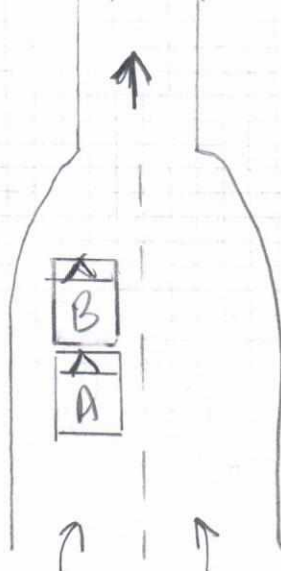
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Along Punggol Walk



A) SM@ 1347A

B) GBC2408E

Describe Circumstances of the Accident

His truck was in front of me. It was after school hour and traffic jam. I was tired, did not step on the brake hard enough. Car rolled forward and touched his truck. I was not sure if he reversed or I rolled forward at that time so I honked at him, and ask him to come out of the car. He did not know what happened and I asked him if he reversed. He said no, and asked me if I am okay. I realised I was the one who rolled forward so I asked him if his truck is okay, he smiled and say he is okay and nothing no impact on the truck at all. And I told him okay then he offer me his IC and contact number as I was taking photo of my car and his car. Only my car was slightly dent from the light touch. He was happy to let it go because his has no damage at all. Then we parted.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A handwritten signature in blue ink.

4:42 pm

29/01/2021

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

A handwritten signature in blue ink.

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (07 / 01 / 2021) (DD/MM/YYYY), TIME: (15 : 25) (HH:MM)

LOCATION: Along Punigboi Walk

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMQ 1347A
 b) INSURANCE COMPANY: MTC
 c) POLICY NUMBER: 5111925827-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Shuttle
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRI
 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: GD CARZ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHEUNG HOI CHENG HEIDI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 595750984 CONTACT: 91078237
 c) ADDRESS: 21 BRIDGE WAY, MELDURA VIC 3500

* d) DATE OF BIRTH: (11 / 11 / 1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14 Nov 2017

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

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: GBC 2408E MODEL:
 b) DRIVER'S NAME: KOZAKI BUNJI
 c) NRIC/FIN/PASSPORT: 583114394 CONTACT: 87833545

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

Email: chchheidisg@gmail.com

VIDEO GD CARZ @ G-mail.com

Claim Handling

Accident MT/1116738

Policy No.	5111925837-01	Vehicle No.	SMQ1347A	GST Registration No.
Certificate No.	5111925837-01-000033			
Policyholder Name	GD CARZ			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	0	Private Hire

▼ Accident Details

Report Date	11/01/2021 09:36	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/01/2021	Time of Accident hh:mm	15:25	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG PUNGGOL WALK			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess		YIED TP Excess		Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	210 TURF CLUB ROAD	Address 2	#B-16 THE GRANDSTAND	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5111925604-01	

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Experience
Register Date of Driver License		Driver Age		Contact No.(Home)
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company

Modification History

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	GD CARZ
Contact No.(Mobile)	82331245	Contact No. (Home)	
Email Address		OI Vehicle Number	SMQ13
Claim Description	SMQ1347A / GBC2408E ON 7 Jan 2021		
Preferred Workshop	Yes	Insured Liability	Fully at Fault
Contact No. Finalisation	Preferred	Repair Option	Preferred Workshop, Name unknown
Date Registered	01/02/2021 11:01	GIA report	Received
Report Taken By	ROS LI WAHAB	Claim Close Date	
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	

Save Submit

Attachment

Accident No. MT/1116738 Claim No. 002
 Last Doc. Received ☒ Yes ☐ No Upload Date 01/02/2021 14:56

Path *

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Message Read

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Category *

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Confidential

NO

NO

NO

NO

NO

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Des
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 14:56	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 14:56	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 14:56	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 14:56	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 14:55	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 14:55	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 14:55	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 14:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 14:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 14:55	SAS		Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 11:02	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 11:01	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 11:01	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 11:01	Photos		Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 11:01	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Feb 2021 11:01	Photos		Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

07/01/2021 16:18

Vehicle No.(For Motor)

SMQ1347A

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111925837-01	5111925837-01-000033	GD CARZ	53122597J	GFM	drivo CLASSIC	SMQ1347A	SMQ1347A	19/08/2020	18/08/2021