

# NATIONAL Assessment Centre Services. [url: 1 Jan 05]

Sheet 2/2 0004

Date In: 15/02/2021 15:54	Job description	Date & Time Completed	Done by
Ref No: X/158/ML/21002115/4	SAS e-Milling		
Veh No: 8MX 616E	E-mail (Update 2hrs, A/C 2hrs)		
D.O.A: 14/02/2021 13:20	I-Motor Claim Form	ML/121057-001	15/02/2021 16:00
QID: TP Reporting Only	I-Motor W/O (Winder: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Pnx / Hand to Owner/VKhsz		

Preferred Wksp / INC Assgn Wksp / QW: (

Tel:

Fax:

TP Roadworthy:

Veh No: SQ 5987M

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 Refor of reprior.

( ) 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 > \$9000) ( )

Injury:

NA2101166

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Available Comments:

Sub 1:

2/2

1) Alt: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$10)

3) TP: Towing Fee \$100

4) PT: Follow-through Survey \$100

5) PT: Follow-through Survey (Resurvey) \$30

6) TT: Towing Fee \$100

7) NI: No DA + SMRT Survey \$100

8) NIUC: Additional Services \$30

9) NS: Courtesy Car / Tpl Allowance \$10

10) NG: Repair Coordination \$20

11) NT: Post Repair Inspection \$30

12) ND: DV / Collect License Coordination \$20

13) TP (NIUC) TP (NIUC) TP (NIUC) \$30

14) NIUC: Mobile

Invoice dated

Invoice dated

Fee Charged  
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	15/02/2021 15:54 (SGT)
Date of Accident	14/02/2021 13:20 (SGT)
Exact Location of Accident	1 HarbourFront Walk, Singapore 098585
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX6116E
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN XIAO
NRIC No	SXXXX981D
Email Address	kamarulbey@gmail.com
Mobile Phone No	(Phone) +65-90676850
Alternative Phone No	+65-90676850

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	5119841178
Cover Note Number	-

### DRIVER

Name of Driver	KAMARULZAMAN BIN AB GHANI
NRIC No	SXXXX941J

Date Of Driving Pass	19/06/2003
Driving experience	17 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90676850
Alt. Phone Number	-
Email Address	kamarulbey@gmail.com
Address	BLK 555 WOODLANDS DRIVE 53 #10-33
Address complement	-
Postcode	730555
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	BOSS DAUGHTER
Gender	Female

#### PASSENGER 2

Name	BOSS DAUGHTER
Gender	Female

#### 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?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ5987M
Vehicle Manufacturer	Toyota

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ALEX
Contact Number	(Phone) +65-93207545
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



## 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

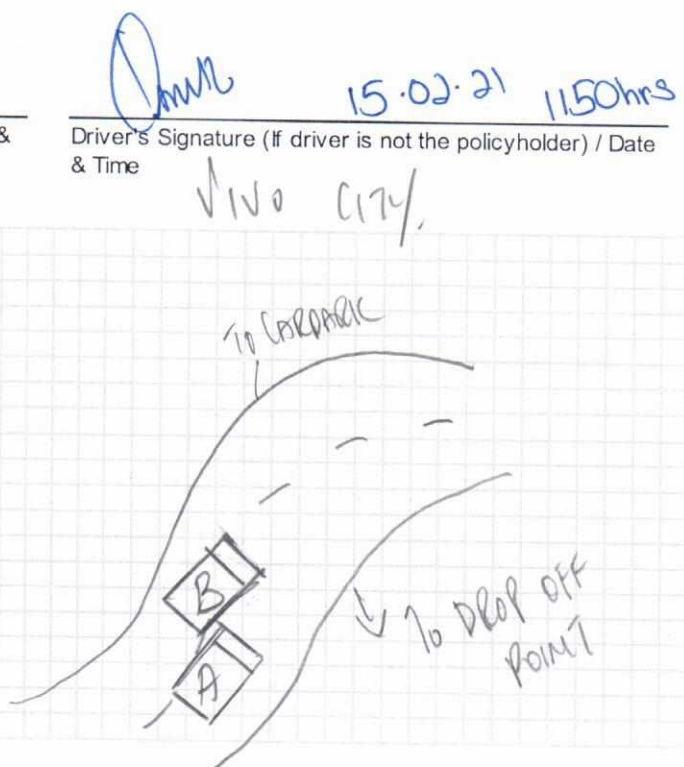
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### **Sketch Plan**



A) SMX 6116E

B) SLQ 5987M


## Describe Circumstances of the Accident


On 14.02.2021 Sunday, at 1320hrs as I was driving into the carpark / drop-off point of Vivo City, a dark blue Toyota Prius cut into my lane and hit my front bumper. He was on the left lane and made a last minute move into my lane causing his REAR RIGHT side bumper hitting my front LEFT side bumper.

## Declaration

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

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

 15.02.21 1150hrs.  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

 15/02/2021  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



## ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 03 / 2003) (DD/MM/YYYY), TIME: (13 : 20) (HH:MM)

LOCATION: LINDO CITY

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMY 6116 E  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: S119841178  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA ALPHARD  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
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: CHEN XIAO (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

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

#### DRIVER

- a) NAME: KAMARULSAMAN AB GHANI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 57912941 J CONTACT: 90676850  
c) ADDRESS: 31K 555 WOODLANDS DR 53  
#10-33 (730555)

\* d) DATE OF BIRTH: (29 / 04 / 1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 19 JUN 2003

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) DRY

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: SLQ 5987 M MODEL: TOYOTA PRIUS  
b) DRIVER'S NAME: ALEX  
c) NRIC/FIN/PASSPORT: CONTACT: 93207545

### 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

BOSS DAUGHTER  
(X2)

\* No of passenger  
(including driver)  
(3)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

Email: kamarulbay@gmail.com

VIDEO

## Claim Handling

## Accident MT/1121057

Policy No.	5119841178	Vehicle No.	SMX6116E	GST Registration No.
Certificate No.				
Policyholder Name	CHEN XIAO			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading
Contact No.(Mobile)	90676850	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	15/02/2021 15:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/02/2021	Time of Accident hh:mm	13:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	VIVO CITY			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	1100.00	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 101 #08-460	Address 2	BEDOK RESERVOIR ROAD	Address 3
Address 4	SINGAPORE 470101	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5119841178	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KAMARULZAMAN BIN AB GHAN	Driver NRIC	S7912941J	Driver DOB
Register Date of Driver License	19/06/2003	Driver Age	41	Driving Experience
Contact No.(Mobile)	90676850	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 555 #10-33	Address 2	WOODLANDS DRIVE 53	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	10-33			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMX6116E	Driver Insurer Comp.

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	CHEN XI/
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SMX6116E
Claim Description	SMX6116E / SLQ5987M ON 14 Feb 2021		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	15/02/2021 15:59	Claim Close Date	



Report Taken By

ROSLI WAHAB

Print AK letter

Save

Submit

## Attachment

Accident No. MT/1121057 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 15/02/2021 16:00

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

Category \*

Confidential

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

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Please Select

NO

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Please Select

NO

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Please Select

NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2021 16:00	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2021 16:00	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2021 16:00	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2021 16:00	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2021 16:00	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2021 16:00	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2021 16:00	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2021 15:59	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2021 15:59	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2021 15:59	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2021 15:59	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2021 15:59	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2021 15:59	SAS	Normal	SAS 20

## 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.	<input type="text"/>	Date of Accident	<input type="text" value="14/02/2021 16:03"/>
Vehicle No.(For Motor)	<input type="text" value="SMX6116E"/>	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 checked="" type="radio"/>	5119841178		CHEN XIAO	S8466981D	GPC	drivo PREMIUM	SMX6116E	SMX6116E	13/11/2020	10/10/2021