

NATIONAL Assessment Centre Services. [part 1 Jan 03] : SN0921310003

Date In: 11/3/21 09:59	Job description	Date & Time Completed	Done by
Ref No: NPA/INC 2100 2694/44	SAS e-mailing		
Veh No: SMV 31982	E-mail (within 3hrs, AIC 2hrs)		
DDA: 26/2/21 17:50	I-Motor Claim Form	SMV/112819-001	11/3/21 18:34
(R) 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/Wksp		

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

TP Particulars: Veh No: SDB 6080X 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%; R: 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: ()

Comments: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date of Injury:	
Location:	
Weather:	
Time of Day:	
Other:	

NA2101857	Invoice dated	Fee Charged	
Driver/Owner:	Invoice dated	Fee Charged	
Contact No:	1) AR: Accident Reporting (\$30);		30
Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$50)		
QC Checked by (Bug-In-Charge):	3) TP: Towing Fee \$40/\$45		
Auditors Comments:	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For a claim against INC Only (w/ 10 Jan 2003)		
	6) TR: Re-inspection \$73		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NFUC Additional Services:		
	OD:		
	*NS: Courtesy Car / Tpt Allowance \$3		
	*NG: Repair Co-ordination \$10		
	*NF: Post Repair Inspection \$23		
	*NI: DV / Collect Excess Coordination \$3		
	TP (NIL): TP (Non INC) against INC \$20		
	9) NI2: Idao Mobile \$0		

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 01/03/2021 09:59 (SGT)
Date of Accident 26/02/2021 17:50 (SGT)
Exact Location of Accident 213 Upper Bukit Timah Rd, Singapore 588183
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV3198Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA KEE BOK (CAI QIMU)
NRIC No SXXXX706J
Email Address DESCHUA18@GMAIL.COM
Mobile Phone No (Phone) +65-96662870
Alternative Phone No +65-96662870

VEHICLE PARTICULARS

Manufacturer Lexus
Model Is200
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 5119416853
Cover Note Number -

DRIVER

Name of Driver CHUA KEE BOK (CAI QIMU)
NRIC No SXXXX706J
Date Of Birth 18/01/1971
Occupation Indoor

Date Of Driving Pass	02/01/2018
Driving experience	3 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96662870
Alt. Phone Number	+65-96662870
Email Address	DESCHUA18@GMAIL.COM
Address	BLK 56 BUKIT BATOK EAST AVE 5 #13-01
Address complement	-
Postcode	659804
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 - Change/cross lane
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

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	SDB6080X
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 CHUA KEE BOK (CAI QIMU)
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? SMV3198Z
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

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' 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

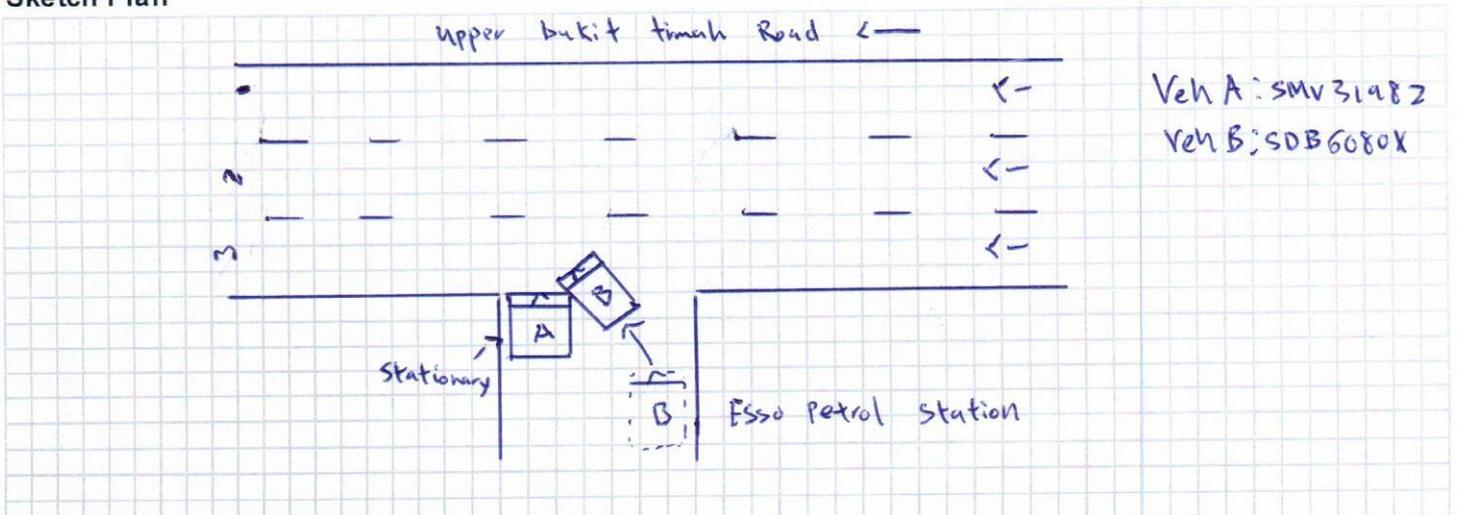
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel

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

Sketch Plan



Describe Circumstances of the Accident

On the stated time & date, I was stationary at upper
bakit timur Esso petrol station exit after I pump my vehicle.
Suddenly I felt an impact from front right driver side I was in a
shock after few min I alighted my vehicle and realised SDB6080X
had collided onto my vehicle while exiting the petrol station. She
alighted and apologise stating that she was checking for the oncoming
traffic on her right as it was safe to exit but did not realised
that I was stationary at the left side hence she collided onto
my vehicle. we exchange particular and left the scene shortly.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) 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"/>	5119416853		CHUA KEE BOK (CAI QIMU)	S7101706J	GPC	drive PREMIUM	SMV3198Z	SMV3198Z	12/10/2020	27/11/2021

Continue

SHAM HUI
RETURN MY LICENSE

Date of Accident : 26/02/2021 Accident Time: 1750 (24-HR-Format)
Accident Place : upper bukit tinah ESSO petrol station exit entrance
Vehicle No. (Car Plate No.) : SMV31982 Make/Model: Lexus is 200T
Insurance Company : NTUC Policy No: 5119416853
Owner or Company Name /IC No. : Chan Kee bok (cai qimu) ST101706J
Owner or Company Contact No. : 96662870 Owner's Hp _____ Company Tel
DRIVER'S Name / IC No. : _____
DRIVER'S Date Of Birth : 18/01/1971 DRIVER'S License Pass Date 02/01/2018
Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: owner
DRIVER'S Address : Blk 56 bukit batok east Ave 5 #03-01 5659804
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Deschua18@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
Any Injury (If YES, Pls state): Neck & right shoulder

Other Party Driver's Particular (if any)

Vehicle. No: <u>SPB6080X</u>	Vehicle. No: _____
Vehicle Make \Model: _____	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* **NEW – Passenger's name & gender:**