

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

SN09213B0002

Date In: 12/3/21 13:09	Job description	Date & Time Completed	Done by
Ref No: MA11MC21003261/h4	SAS e-filing		
Veh No: EUSS11P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/3/21 18:15	i-Motor Claim Form	MT/1124413-02	15/3/21 19:00
OD: <u>TP</u> 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: SKN 4566.D	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 ( )	

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: (INC hotline: 6788 6616)	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

NA2102151	Invoice Preparation Checklist	Am't (\$) ft.Bill	Am't (\$) Add.Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30	
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
Pat. 1:	9) N12: Idao Mobile 30		
Pat. 2 / 3:	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	12/03/2021 13:09 (SGT)
Date of Accident	10/03/2021 18:15 (SGT)
Exact Location of Accident	MacPherson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	EU5511P
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CONNECT4CAR PTE. LTD.
Company Reg No	2XXXXX459M
Email Address	JIMMYHKKH52@GMAIL.COM
Mobile Phone No	(Phone) +65-96752531
Alternative Phone No	+65-96752531

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5114278595-01
Cover Note Number	-

#### DRIVER

Name of Driver	HO KOON HIANG
NRIC No	SXXXX042E
Date Of Birth	25/06/1952
Occupation	Outdoor

Date Of Driving Pass .....	13/08/1984
Driving experience .....	36 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96752531
Alt. Phone Number .....	-
Email Address .....	JIMMYHKKH52@GMAIL.COM
Address .....	BLK 310 WOODLANDS ST 31 #12-20
Address complement .....	-
Postcode .....	730310
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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? .....	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 .....	SKN4566D
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

### 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.

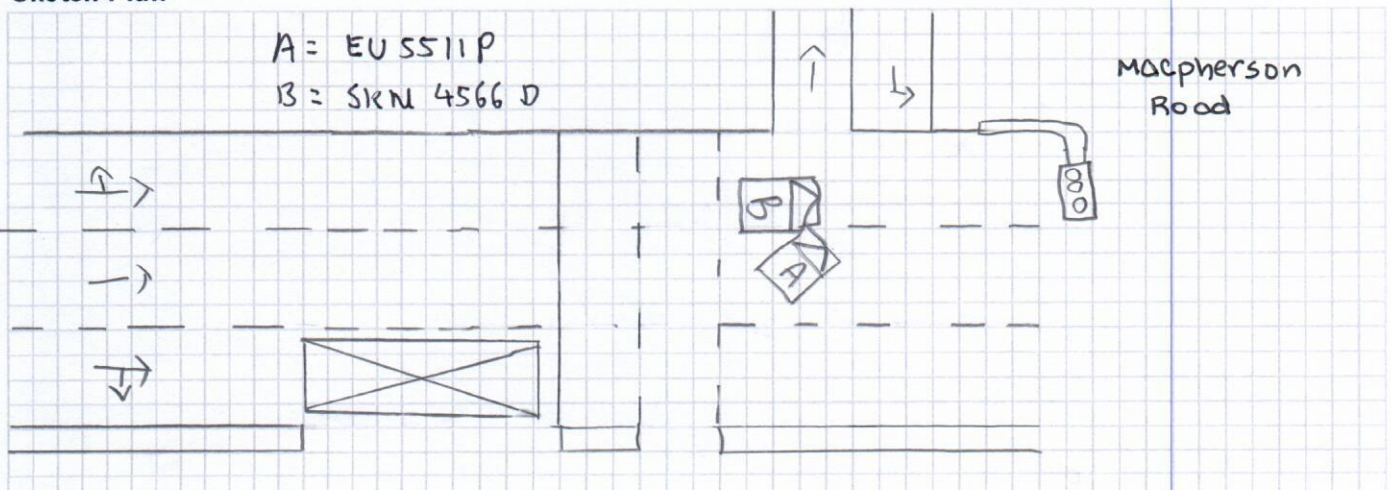


Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

### **Sketch Plan**





**Describe Circumstances of the Accident**

On the stated date and time. I was at McDherson road, the traffic was heavy. I signaled left and I stopped to check if the oncoming traffic was clear. I noticed the traffic light had turned red. So at that point of time, I inched slowly towards kampong Anpat. Out of a sudden, vehicle B speeding on the bus lane. ~~As~~ and dashed through and collided onto my vehicle

**Declaration**

I/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.	<input type="text"/>	Date of Accident	<input type="text" value="10/03/2021 17:48"/>
Vehicle No.(For Motor)	<input type="text" value="EU5511P"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114278595-01		CONNECT4CAR PTE. LTD.	201411459M	GPC	drivo CLASSIC	EU5511P	EU5511P	20/11/2020	19/11/2021



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

AK no chop.

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## ACCIDENT DETAILS

Date of accident	10/03/2021	(DD/MM/YY)
Time of accident	6:15PM	(HH:MM)
Exact location of accident	Macpherson Road	

## DETAILS OF VEHICLE

Vehicle registration number	EUN511P	
Vehicle make and model	Nissan Sylphy	
Type of vehicle	Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____	
Vehicle category	Private <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>	
Purpose of using at said time		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>	

## INSURANCE INFORMATION

Insurance company	NTUC	
Policy number		
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>	

## INSURED / POLICY HOLDER

Name	Connect 4 Car Pte Ltd	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	201411459M	
Contact		
Address		

## DRIVER

## SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Ho Koon Hiang	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S0156042E	
Contact	96752531	
Address	Blk 310 Woodlands St 31 #12-20 S(730310)	
Email address	Jimmy.Hkh52@gmail.com	
Date of birth	25/08/1952	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	13 Aug 1984	



**GENERAL INFORMATION OF THE ACCIDENT**

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Accident captured by camera?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Weather condition	Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others: _____	
Road surface	Dry <input type="checkbox"/> Wet <input type="checkbox"/>	
No of passenger		(Inclusive of driver)

**PASSENGER 1**

Name		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	

**PASSENGER 2**

Name		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	

**PASSENGER 3**

Name		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	

**PASSENGER 4**

Name		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	

**PASSENGER 5**

Name		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	

**PASSENGER 6**

Name		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	

**OTHER INFORMATION**

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

**DETAILS OF POLICE STATION ACTION**

Reported to police?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.	
Police station name		

**WITNESS 1**

Name		
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**WITNESS 2**

Name		
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**THIRD PARTY VEHICLE 1**

Vehicle registration number	SEN 4366D
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	97900938

**THIRD PARTY VEHICLE 2**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 3**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 4**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 5**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 6**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**THIRD PARTY VEHICLE 7**

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	



INJURED PERSON 1		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 2		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 3		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 4		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 5		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 6		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>