

NATIONAL Assessment Centre Services. Part 1 Jan 2003 SM09213F0004

Date Inc: 15/3/21 16:10	Job description	Date & Time Completed	Done by
Ref No: NA/INC21003361/64	SAS e-filing		
Veh No: SJL 7554R	E-mail (within 3hrs, AIC 2hrs)		
IP: 12/3/21 12:20	I-Motor Claim Form	MT/1124479 ⁰⁰¹	15/3/21 19:32
OT: <input checked="" type="checkbox"/> 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/YYK32		

Professed Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SHA 9136H	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 repolar.			
() 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: ()	
Date/Time: ()	
Location: ()	
Witness: ()	
Signature: ()	

NA 2102159	Invoice No: ()	Amount: 30
Driver/Owner:	1) AL: Accident Reporting (330);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$40)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Bug-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OD:	
	*NS: Courtesy Car / Tpt Allowance \$5	
	*NG: Repairs Co-ordination \$10	
	*NT: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$5	
	TP (NI): TP (Nan INC) against INC \$20	
	9) NI2: Idao Mobile \$0	
	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 15/03/2021 16:10 (SGT)
Date of Accident 12/03/2021 12:20 (SGT)
Exact Location of Accident Jln Eunus, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJL7554R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN CHAI HONG
NRIC No SXXXX751I
Email Address FELICIA5094@GMAIL.COM
Mobile Phone No (Phone) +65-94509812
Alternative Phone No +65-94509812

VEHICLE PARTICULARS

Manufacturer Toyota
Model Sienta
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 5113177240-01
Cover Note Number -

DRIVER

Name of Driver TAN CHAI HONG
NRIC No SXXXX751I
Date Of Birth 28/11/1974
Occupation Outdoor

Date Of Driving Pass	18/08/1997
Driving experience	23 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94509812
Alt. Phone Number	+65-94509812
Email Address	FELICIA5094@GMAIL.COM
Address	BLK 178 JLN EUNOS #02-01
Address complement	-
Postcode	419530
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?	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	SHA9136H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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

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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

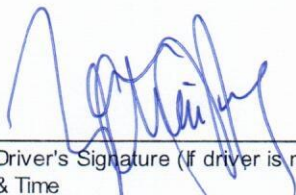
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(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

Jalan Tunas



(A) SJL 7554R
(B) SHA 9136H

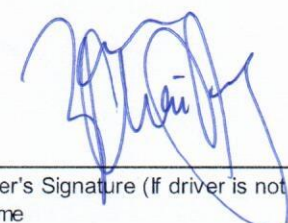
Describe Circumstances of the Accident


On 12.03.2021 at about 12:20hrs I was travelling along
Jalan Eunus vehicle in front of me stop & I follow suit.
All of a sudden I felt an impact from my rear. I realise
that the vehicle SHA9136H had collided onto my rear
of my vehicle.

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

12/03/2021 16:02

Vehicle No.(For Motor)

SJL7554R

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"/>	5113177240-01		TAN CHAI HONG	S7438751I	GPC	drivo CLASSIC	SJL7554R	SJL7554R	20/10/2020	19/10/2021

Continue

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	751I

Vehicle Details

Vehicle No.:	SJL7554R
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Apr 2021
Vehicle Make:	TOYOTA
Vehicle Model:	SIENTA 1.5G A
Primary Colour:	Brown
Manufacturing Year:	2015
Engine No.:	2NR8540965
Chassis No.:	NSP1707009983
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$18,095.00
Original Registration Date:	20 Apr 2016
First Registration Date:	20 Apr 2016
Transfer Count:	1
Actual ARF Paid:	\$13,095.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Apr 2026
PARF Rebate Amount:	\$9,821.00

Intended COE Rebate Details

COE Expiry Date:	19 Apr 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$46,009.00
COE Rebate Amount:	\$23,055.00
Total Rebate Amount:	\$32,876.00

The information contained herein is correct as at 15 Mar 2021

OK

Date of Accident : 12.03.2021 Accident Time: 12:20 hrs (24-HR-Format)
Accident Place : Along Jalan Eunos
Vehicle. No. (Car Plate No.) : SJL7554R Make/Model: Toyota Sienta 1.5G A
Insurance Company : NTUC Policy No: 5113177240-01
Owner or Company Name /IC No. : Tan Chai Hong (Chen Caifeng) (S74387511)
Owner or Company Contact No. : 94509812 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Same as above
DRIVER'S Date Of Birth : 28.11.1974 DRIVER'S License Pass Date 18.08.1997
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : Blk 178 Jalan Eunos #02-01 S(419530)
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : felicia5094@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 the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): No

Other Party Driver's Particular (if any)

Vehicle. No: <u>SHA9136H</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:

price shop