

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 23/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21003724/13	SAS e-filing		
Veh No: SMK6250T	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 12/02/21 0210	i-Motor Claim Form 24/03/MT/1121645-002		
OD / TP / 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: FBP9695C	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%. F: 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

NA2102278	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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		
QC Checked by (Engr-In-Charge):	5) iT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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 23/03/2021 18:14 (SGT)
Date of Accident 12/02/2021 02:10 (SGT)
Exact Location of Accident Teck Whye Ln, Singapore
Additional Location Information HDB CARPARK CKCK4A
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK6250T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ISLAND CAR TRADING PTE LTD
Company Reg No 2XXXXX158W
Email Address RICHARDCHIA18@GMAIL.COM
Mobile Phone No (Phone) +65-93656556
Alternative Phone No +65-93656556

VEHICLE PARTICULARS

Manufacturer Toyota
Model Sienta
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 - Reporting only
Vehicle Category Private hire
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5108540704-01
Cover Note Number -

DRIVER

Name of Driver CHIA AIK KIANG
NRIC No SXXXX697I

Date Of Birth	24/09/1959
Occupation	Outdoor
Date Of Driving Pass	03/06/1978
Driving experience	42 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90380551
Alt. Phone Number	-
Email Address	RICHARDCHIA18@GMAIL.COM
Address	BLK 120 PENDING RD
Address complement	#12-180
Postcode	670120
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 - 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

PLS REFER TO THE ATTACHED 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	FBP9695C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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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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

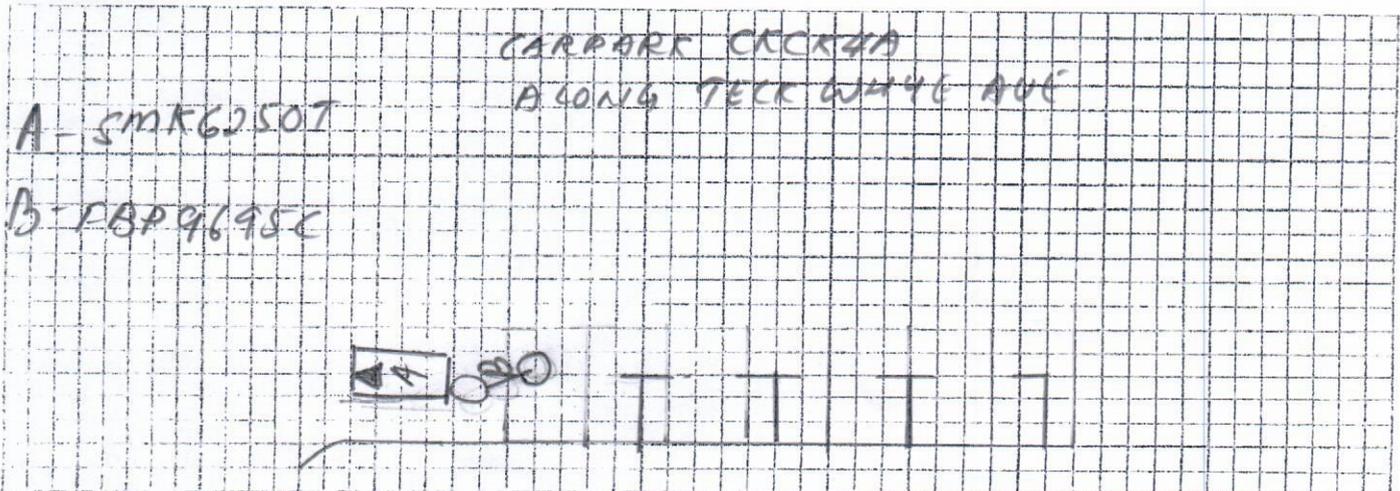
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

[Handwritten signature] 22/03/21

[Handwritten signature] 23/03/21

Sketch Plan



Describe Circumstances of the Accident

I wanted to park my veh at the carpark lot at carpark CK6K4A Along Teek Whye Ave. I put on my reverse gear and before I start to reverse, I had a bang sound from my rear left. I came out and I saw the motorcyclist hit onto my rear left when he try to overtake me from my left.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 22/03/21

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

[Signature] 23/02/21

Witnessed by Reporting Centre Personnel



CONFIDENTIAL

NOTICE OF COMPLIANCE

This is to inform that Mr / Ms Chia Aik Kiang
NRIC/FIN S1362697I, residing at Blk 120 Pending Road #12-180 S670120 has
reported to police a non-injury traffic accident which occurred at a HDB carpark
(Carpark code: CKCK4A) along Teckwhy Avenue.

on 12/02/2021 at 02.10 hrs am/pm involving the following vehicles:

- I SMK6250T (belonging to Mr Chia Aik Kiang, Toyota Sienta)
- II FBP9695C (belonging to other party)
- III -
- IV -

2. If the accident was reported to Police within 24 hours of its accident occurrence,
he/she therefore has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer : SGT Zoen T202092
Date : 12/02/2021
Time : 0037 hrs
S/D Ref : 01
Police Post/Unit : Bukit Panjang NPC

Bukit Panjang NPC
12 FEB 2021 11:30 AM

Original – To be issued to informant
Duplicate – To be retained at NPC or Police Post

ACCIDENT STATEMENT

ACCIDENT DATE: (12/02/21) (DD/MM/YYYY), TIME: (02:10) (HH:MM)

LOCATION: HDB CARPARK CCKR4A ALONG TECKWHYE AVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMK6250T
b) INSURANCE COMPANY: NAUC
c) POLICY NUMBER: FOY 5108540704-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA SIENNA (A) 1500
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: ISLAND CAR TRADING PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 93656556
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHIA AIK KIANG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 51362697I CONTACT: 90380551
c) ADDRESS: BLK 120 PENONG ROAD
#12-180 (670120)

*d) DATE OF BIRTH: (24/09/1959) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 03/06/1978

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

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: PBP9695C MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = richardchi918@gmail.com

Fax =

VIDEO = NO

Claim Handling

Accident MT/1121615

Policy No.	5108540704-01	Vehicle No.	SMK6250T	GST Registration No.	200007158W
Certificate No.					
Policyholder Name	ISLAND CAR TRADING PTE LTD			Policyholder NRIC	200007158W
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	10	Private Hire	Yes

▼ **Accident Details**

Report Date	19/02/2021 13:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/02/2021	Time of Accident hh:mm	02:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TECK WHYE AVENUE (outside MacDonald Choa Chu Kang community club)				

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	Yes	GST Registration Date	16/08/2000
GST Registration No.	200007158W	GST Status Verified	Yes
Modification History	19/02/2021 13:40:59 System changed GST Status Verified from No to Yes		

▼ **Policyholder Mailing Address**

Address 1	33 UBI AVENUE 3	Address 2	#01-38 VERTEX	Address 3	SINGAPORE 408868
Address 4		Address Type	Singapore address	Post Code	408868
Unit No.	01-38	Related Policy Number	5121074409		

▼ **OI Driver Info**

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

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	ISLAND CAR TRADING PTE LTD	Insured NRIC	200007158W
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	68443588
Email Address		OI Vehicle Number	SMK6250T	TP Vehicle Number	FBP9695C
Claim Description	SMK6250T / FBP9695C ON 12 Feb 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	24/03/2021 00:00
Date Registered	24/03/2021 17:07	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

Print AK letter

Attachment

Accident No.	MT/1121615	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/03/2021 00:00

Path *	Category *	Confidential	Urgency *	Description
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Message Read"/>				

▼ **Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 17:07		NRIC/ Driving License	Y Normal	NRIC/ Driving License 2021-3-24	



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
CES) on 24 Mar 2021 17:07

SAS

Normal

SAS 2021-3-24

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
CES) on 24 Mar 2021 17:07

Photos

Normal

Photos 2021-3-24

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
CES) on 24 Mar 2021 17:07

Photos

Normal

Photos 2021-3-24

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
CES) on 24 Mar 2021 17:06

Photos

Normal

Photos 2021-3-24

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
CES) on 24 Mar 2021 17:06

Photos

Normal

Photos 2021-3-24

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
CES) on 24 Mar 2021 17:06

Photos

Normal

Photos 2021-3-24

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
CES) on 24 Mar 2021 17:06

Photos

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Photos 2021-3-24

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CES) on 24 Mar 2021 17:06

Photos

Normal

Photos 2021-3-24

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
CES) on 24 Mar 2021 17:06

Photos

Normal

Photos 2021-3-24

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading