

# NATIONAL Assessment Centre Services

MMA 117162282

Date In: 11/12/17 09:02	Job description: SAS e-filing	Date & Time Completed: 11/12/17 09:58	Done by: MTL 0973038
Ref No: MA/INC 17023414 1h4	E-mail (within 3hrs ASD Desk):		
Veh No: SKU 9737H	1-Motor Claim Form		
D.O.A: 10/12/17 14:45	1-Motor W/O (Within 3hrs TP Desk)		
OD: 0 Reporting Only	1-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: SDU 6138P	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

NA 1707657	<b>Invoice Preparation Checklist</b>		Am't (\$)	Am't (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30)		30.00	
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) FT: Follow-Through Survey (Resurvey) (\$20)			
Auditors' Comments :-	For claimants against INC Only (wef 16 Jan 2014)			
	6) TR: Re-inspection (\$75)			
	7) N1: Idac DA - SMRT Survey (\$150)			
	8) NTUC Additional Services:			
	OD:			
	*N3: Courtesy Car / Tpt Allowance		\$5	
	*N6: Repair Co-ordination		\$10	
	*N7: Post Repair Inspection		\$25	
	*N8: DV / Collision Process Coordination		\$5	
	TP (111): TP (DA/INC) against INC		\$20	
	9) N12: Idac Module		\$0	
	Invoice date	Fee Charged		
	Invoice total	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 ability.
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 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 Report	11/12/2017 09:02
Date Of Accident	10/12/2017 14:45
Exact Location Of Accident	CRESCENT RD TURNING TO DUNMAN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU9737H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAY KIM LIK
NRIC No	S2033073B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98334086
Alternative Phone No	OFFICE-98334086

### Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD 2.0 VTIS 5AT
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092801267
Cover Note Number	-

### Driver

Name of Driver	TAY KIM LIK
NRIC No	S2033073B
Date Of Birth	16/02/1946
Occupation	INDOOR
Date Of Driving Pass	18/09/1970
Driving Experience	47 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98334086
Fax Number	
Contact Number	OFFICE-98334086
Email Address	NOEMAIL



Address	83 LOR MARICAN
Postcode	417286
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I STOP AT THE CRESCENT RD TO CHECK ON THE DUNMAN RD TRAFFIC CLEAR BEFORE PROCEED TO EXIT TO THE DUNMAN RD. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SDU6138P) FROM BEHIND COLLIDED ONTO MY VEH REAR RIGHT PORTION.

#### 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	SDU6138P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LAM KAM WAI
NRIC/Passport Number	S1521784G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	
Phone Number	
Email Address	


## 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

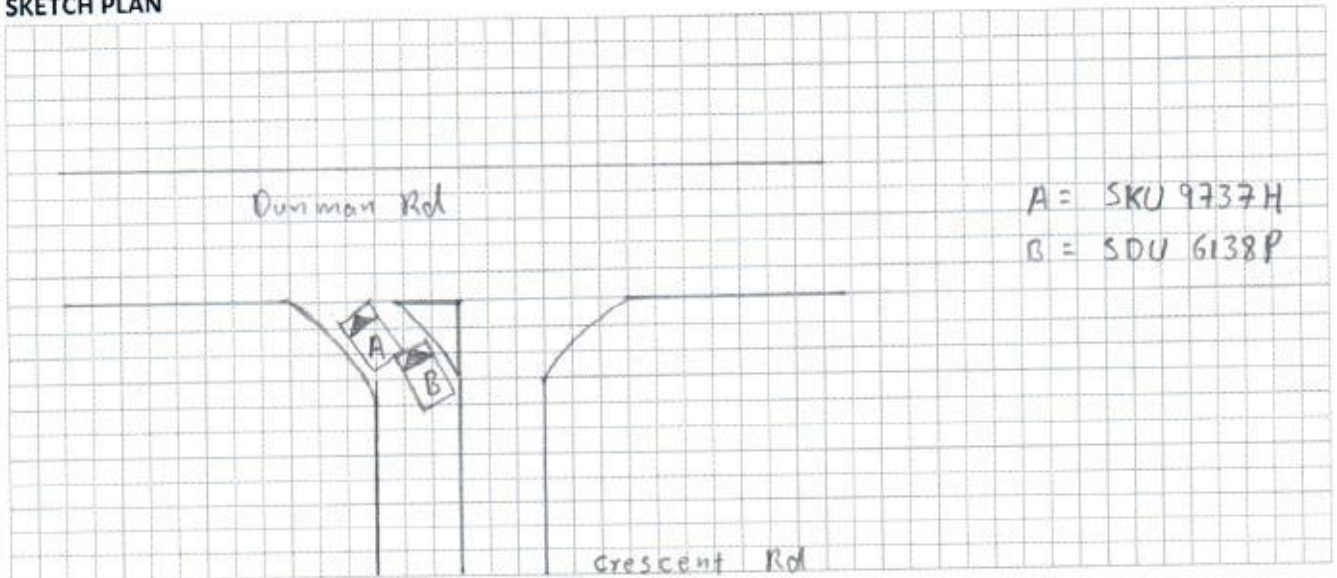
  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

### 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:

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2033073B



Name  
TAY KIM LIK

郑 心 德

Race  
CHINESE

Date of birth  
16-02-1946

Sex  
M

Country of birth  
CHINA




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2033073B

Name  
TAY KIM LIK

Birth Date 16 Feb 1946

Issue Date 02 Jul 2003





4751501



NPIC No. S2033073B



Date of issue  
28-07-2011

Address  
83 LORONG MARICAN  
SINGAPORE 417286

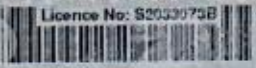


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	01 Mar 1974
Class 2A	Motorcycles between 201 cc and 400 cc	01 Mar 1974
Class 2	Motorcycles exceeding 400 cc	01 Mar 1974
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	13 Sep 1970

NP 420A

Licence No: S2033073B



eBaoTech

GeneralClaim

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092801267	TAY KIM LIK	S2033073B	GPC	drive CLASSIC	SKU9737H	SKU9737H	25/08/2017	24/08/2018



## Claim Handling

Accident MT/0973038

Policy No.	5092801267	Vehicle No.	SKU9737H	GST Registration No.	
Policyholder Name	TAY KIM LIK			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	98334086	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50		

Report Date

11/12/2017 09:53

Date of Accident

10/12/2017

Reporting Centre

Accident Location

CRESCENT RD TURNING TO DUNMAN RD

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

14:45

Orange Force

Accident Type

Country of Accident

Singapore

ICM No.

Own damage Excess

600.00

Unnamed Driver Excess

0.00

Third Party Excess

0.00

Additional Excess

0.00

Outside Singapore OD Excess

600.00

Outside Singapore TP Excess

0.00

Windscreen Excess

GST Registered

No

GST Registration No.

Modification History

GST Registration Date

GST Status Verified

Yes

Address 1

BLK 75D #01-114

Address 4

Unit No.

Address 2

REDHILL ROAD

Address Type

Singapore address

Related Policy Number

5092801267

Address 3

Post Code

Driver Name

Tay Kim Lik

Unnamed driver Name

Register Date of Driver License

01/01/1987

Contact No.(Mobile)

98334086

Address 1

BLK 75D #01-114

Address 4

Unit No.

Does he own a Singapore Registered car?

☒ Yes ☐ No

Driver Type

Main Driver

Driver NRIC

S2033073B

Driver Age

71

Contact No.(Office)

Address 2

REDHILL ROAD

Address Type

Singapore address

Driver Vehicle No.

Driver DOB

Driving Experience

Contact No.(Home)

Address 3

Post Code

Driver Insurer Company

Breathalyser or Blood Test Reading?

0 mg

Any injury?

☒ Yes ☐ No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	TAY KIM LIK	Insured NRIC	
Contact No.(Mobile)	98334086	Contact No.(Home)	67455168	Contact No.(Office)	
Email Address		OI Vehicle Number	SKU9737H	TP Vehicle Number	
Claim Description	SKU9737H / SDU6138P ON 10 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	11/12/2017 09:56	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter



## Attachment

Accident No.	MT/0973038	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/12/2017 09:58
Path *	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select		
Category *	Confidential	Urgency	Normal



<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

#### Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 09:58	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 09:58	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 09:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 09:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 09:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 09:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 09:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 09:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 09:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 09:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 09:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 09:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 09:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 09:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 09:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 09:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 09:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 09:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 09:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 09:56	Photos	Normal	Photos

#### Video List

Uploaded By/Date	Folder Date	File Name	Sour
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>