

# NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MNA 118017000

Date In: 3/2/18 14:07	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 180021631h4	E-mail (within 3hrs, AIC 2hrs)		
Veh No: FBF 87745	i-Motor Claim Form	MT/0980835	3/2/18 17:16.
D.O.A: 2/2/18 18:45	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Repairing Only	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:

SLJ 1299D

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

MA1800778

## Invoice Preparation Checklist

Ant (\$)

Ant (\$)

Int Bill

Add Bill

Claimant's Particulars:-

1) AR: Accident Reporting (\$30);

30.00

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

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: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

Q1:

\*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 (N-in INC) against INC \$20

9) N12: Idac Mobile \$0

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat 1:

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 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 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	03/02/2018 14:07
Date Of Accident	02/02/2018 18:45
Exact Location Of Accident	LOR CHUAN TWDS SERANGOON AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF8774S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAM PUYANG (LIN PUYANG)
NRIC No	S8741585F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96585665
Alternative Phone No	OFFICE-96585665

### Vehicle Particulars

Manufacturer	APRILIA
Model	RS 125 S
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5075606642-02
Cover Note Number	-

### Driver

Name of Driver	LAM PUYANG (LIN PUYANG)
NRIC No	S8741585F
Date Of Birth	11/12/1987
Occupation	INDOOR
Date Of Driving Pass	11/11/2015
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96585665
Fax Number	
Contact Number	OFFICE-96585665
EMail Address	NOEMAIL

Address	BLK 328 SERANGOON AVE 3 #11-338
Postcode	550328
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	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	1

#### 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

PLEASE REFER TO 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	SLJ1299D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	LAM PUYANG (LIN PUYANG)
Approximate Age	

Injuries Sustain

ABRASION ON LEG

Injured person in which vehicle?

FBF8774S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



## 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:

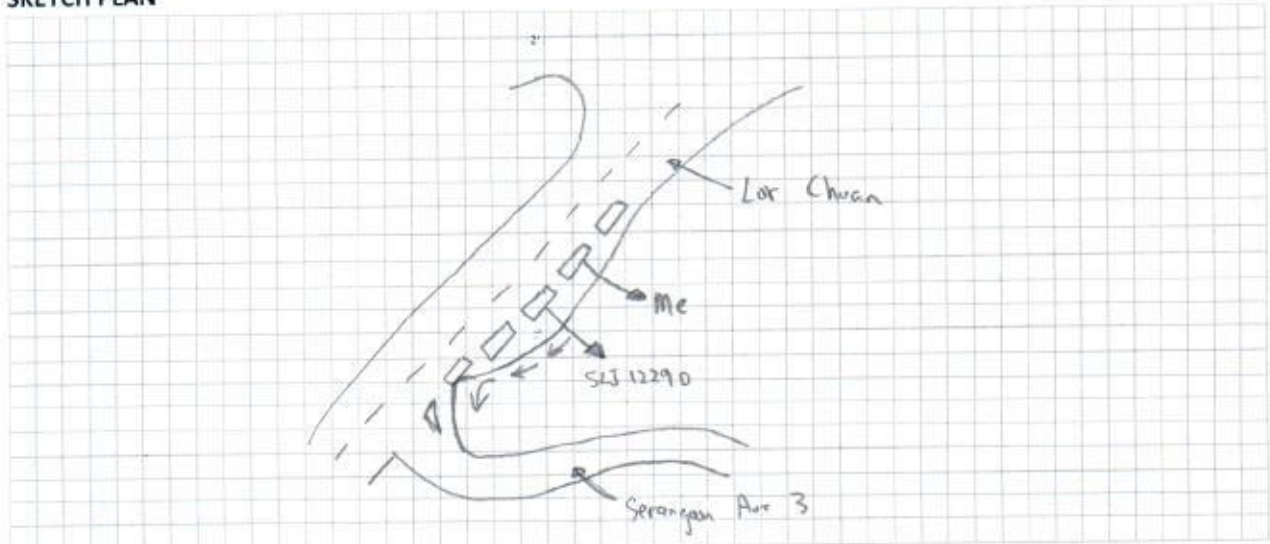
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 claim<sup>s</sup>;
  - (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

I was queuing up to enter the slip road turning left. SLJ 12290 was in front of me. As the cars start to move forward, I throttled and might have loss concentration. I realised that SLJ 12290 had stop but I could not stop in time. I applied e-brake but it was too late and kiss the rear of SLJ 12290.

We came out of our vehicles and decided to settle for insurance claim after negotiations.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 03/02/18

13:40

GIARMC Sketch Plan Form V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



REPUBLIC OF SINGAPORE DRIVING LICENCE

Number: S8741585F

Name: LAM PUYANG (LIN PUYANG)

Birth Date: 11 Dec 1987

Issue Date: 26 Nov 2009

001807920E



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8741585F

Name: LAM PUYANG (LIN PUYANG)

林 溥 扬

Race: CHINESE

Date of Birth: 11-12-1987

Sex: M

Country of Birth: SINGAPORE




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

Class	Description	Pass Date
Class 2B	Motorcycles <= 200 CC	11 Nov 2015
Class 2A	Motorcycles between 201 CC and 400 CC	17 Mar 2017
Class 3A	Motor cars without clutch pedal <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedal <= 2500 kg	26 Nov 2009

S8741585F

S\*No. 9000238965

Licence No: S8741585F

NP 428A

3283750

S8741585F

3283750

Address: APT BLK 328 SERANGOON AVENUE 3 #11-338 SINGAPORE 550328



Hello, NAC\_PAYA\_UBI\_800601

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[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"/>	5075606642-02	LAM PUYANG (LIN PUYANG)	S8741585F	GMC	Third Party, Fire & Theft	FBF8774S	FBF8774S	14/11/2017	13/11/2018



## Claim Handling

Accident MT/0980835

Policy No.	5075606642-02	Vehicle No.	FBF8774S	GST Registration No.	
Policyholder Name	LAM PUYANG (LIN PUYANG)			Policyholder NRIC	S87
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	96585665	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(%)	15	Private Hire	No

## ▼ Accident Details

Report Date	03/02/2018 17:06	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	02/02/2018	Time of Accident hh:mm	18:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOR CHUAN TWDS SERANGOON AVE 3				

## ▼ Benefits

## ▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

## ▼ GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

## ▼ Policyholder Mailing Address

Address 1	BLK 328 #11-338	Address 2	SERANGOON AVENUE 3	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	550
Unit No.	11-338	Related Policy Number	5075606642-02		

## ▼ OI Driver Info

Driver Name	LAM PUYANG(LIN PUYANG)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8741585F	Driver DOB	11/1
Register Date of Driver License	11/11/2015	Driver Age	30	Driving Experience	2
Contact No.(Mobile)	96585665	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 328 #11-338	Address 2	SERANGOON AVENUE 3	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	550
Unit No.	11-338				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	LAM PUYANG (LIN PUYANG)	Insured NRIC	S87
Contact No.(Mobile)	96175261	Contact No.(Home)	62865947	Contact No.(Office)	
Email Address		OI Vehicle Number	FBF8774S	TP Vehicle Number	SLJ
Claim Description	FBF8774S / SLJ1299D ON 2 Feb 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	03/02/2018 17:15	Claim Close Date		Date Received	03/0
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.

MT/0980835

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

03/02/2018 17:16

Path \*

Category \*


Confidential

Urgency \*

[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Message Read](#)

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## ▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:16	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:16	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:16	Photos	Normal	Photos 20
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:16	Photos	Normal	Photos 20

## ▼ Video List

Uploaded By/Date	Folder Date	File Name	Source
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