

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118019602

Date In: 8/2/8-14:5	Job description	Date & Time Completed	Done by
Ref No: NA/ACB 002583/24	SAS e-filing		
Veh No: J432025	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 7/2/8-21:00	i-Motor Claim Form	MT/0981582	8/2/8 16:37
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: JKW 34354	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

NA1800861	Invoice Preparation Checklist		Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$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) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	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:-			
	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 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	08/02/2018 14:51
Date Of Accident	07/02/2018 21:00
Exact Location Of Accident	JUNC BEDOK RESERVOIR RD & BEDOK RESERVOIR CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ2012S
Insured/Policyholder	
Name Of Registered Owner	YEE KIN SEONG @CHOR KIM SEONG
NRIC No	S0601793B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96639700
Alternative Phone No	OFFICE-96639700

Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY 1.6EXA
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	5014758158-11
Cover Note Number	

Driver

Name of Driver	YEE KIN SEONG @CHOR KIM SEONG
NRIC No	S0601793B
Date Of Birth	15/02/1938
Occupation	INDOOR
Date Of Driving Pass	07/08/1958
Driving Experience	59 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96639700
Fax Number	
Contact Number	OFFICE-96639700
EMail Address	NOEMAIL

Address	BLK 721 BEDOK RESERVOIR ROAD #14-4630
Postcode	470721
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 1 BEDOK RESERVOIR ROAD. I TURN ON MY VEHICLE LEFT INDICATOR LIGHT AS I WANT TO TURN LEFT. SUDDENLY VEHICLE B WAS SPEEDING ALONG LANE 2 AND HIT ONTO MY VEHICLE FRONT LEFT 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	SKW3435H
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)

2


SKETCH PLAN


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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:

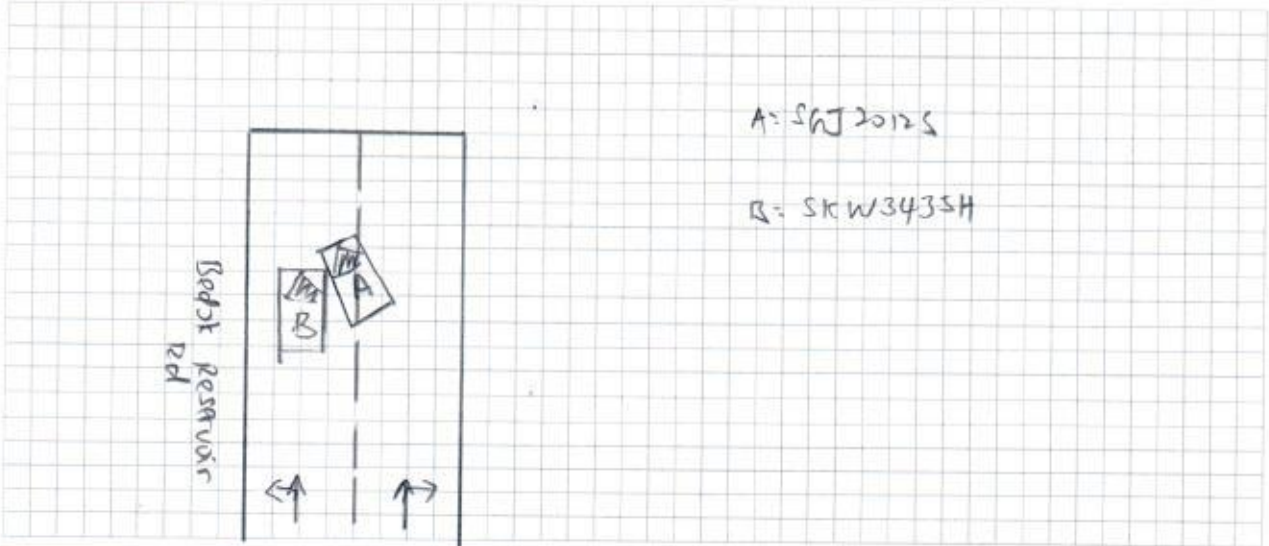
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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.:

1413554



NRIC No: S0601793B



Blood Group: A+ Date of issue: 08-11-1993

Address:

APT BLK 721 BEDOK RESERVOIR ROAD
#14-4630
SINGAPORE 1647

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	23 Oct 1961
Class 2A	Motorcycles between 201 cc and 400 cc	23 Oct 1961
Class 2	Motorcycles exceeding 400 cc	23 Oct 1961
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	07 Aug 1968

S0601793B

S / No. 9000022017



NP 428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0601793B



Name
YEE KIN SEONG
@CHOR KIM SEONG
俞金泉

CHINESE

Date of Birth

15-02-1938

Sex

M

Country of Birth

SINGAPORE

S0601793B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S0601793B

Name:

YEE KIN SEONG

Birth Date: 15 Feb 1938

Issue Date: 16 Dec 2002



000007576G

eBaoTech

Hello, NAC_PAYA_UBI_800601

GeneralClaim

[My Desktop](#)
[Notice of Loss](#)[Change Language](#) [Change Password](#) [Log Out](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="07/02/2018 21:00"/>						
Vehicle No. (For Motor)	<input type="text" value="SGJ2012S"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5014758158-11	YEE KIN SEONG @CHOR KIM SEONG	S06017938	GPC	drive CLASSIC	SGJ2012S	SGJ2012S	03/07/2017	02/07/2018
<input type="button" value="Continue"/>									

▼ Policy Information

Policy No.	5014758158-11	Policyholder Name	YEE KIN SEONG @CHOR KIM SE	Policyholder NRIC	S0601793B
Address	BLK 721 #14-4630 BEDOK RESERVOIR ROAD SINGAPORE 470721				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	21/06/2017	Effective Date	03/07/2017 00:00	Expiry Date	02/07/2018 23:59
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0		
Agent	ALL INS AGENCY PTE. LTD.	Agent Tel.	FAX 64514549	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 721 #14-4630	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470721
Address 4		Address Type	Singapore address	Post Code	470721
Unit No.		Related Policy Number	5014758158-11		

▶ Insured Object: SGJ2012S

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/0981582

Exit

Policy No.	5014758158-11	Vehicle No.	SGJ2012S	GST Registration No.	
Policyholder Name	YEE KIN SEONG @CHOR KIM SEONG	Cover Type	drive CLASSIC	Policyholder NRIC	S0601793B
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96639700	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	08/02/2018 16:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	07/02/2018	Time of Accident h:mm	21:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG BEDOK RESERVOIR RD & BEDOK RESERVOIR CRESCENT				

Benefits

Coverage	Sum Insured
Excess Waiver	999999999.99
Transport Allowance	999999999.99

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 721 #14-4630	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470721
Address 4		Address Type	Singapore address	Post Code	470721
Unit No.		Related Policy Number	5014758158-11		

OI Driver Info

Driver Name	YEE KIN SEONG @CHOR KIM SEONG	Driver Type	Main Driver	Driver DOB	15/02/1938
Unnamed driver Name		Driver NRIC	S0601793B	Driving Experience	59
Register Date of Driver License	07/08/1958	Driver Age	79	Contact No.(Home)	0
Contact No.(Mobile)	96639700	Contact No.(Office)	0	Address 3	SINGAPORE 470721
Address 1	BLK 721	Address 2	BEDOK RESERVOIR ROAD	Post Code	470721
Address 4		Address Type	Singapore address		
Unit No.	14-4630				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	YEE KIN SEONG @CHOR KIM SE	Insured NRIC	S0601793B
Contact No.(Mobile)	96639700	Contact No.(Home)	92069983	Contact No.(Office)	
Email Address	YEEKS38@HOTMAIL.COM	OI Vehicle Number	SGJ2012S	TP Vehicle Number	SKW3435H
Claim Description	SGJ2012S / SKW3435H ON 7 Feb 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	<input checked="" type="checkbox"/> Yes	Preferred Repair Option	Preferred Workshop, Name workshop	OTA report	Received
Date Registered	08/02/2018 16:37	Claim Close Date		Date Received	08/02/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0981582	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/02/2018 16:39

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

Please Select

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2018 16:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2018 16:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2018 16:39	SAS	Normal	SAS 2018-2-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2018 16:38	Photos	Normal	Photos 2018-2-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2018 16:37	Photos	Normal	Photos 2018-2-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2018 16:37	Photos	Normal	Photos 2018-2-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2018 16:37	Photos	Normal	Photos 2018-2-8		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2018 16:37	Photos	Normal	Photos 2018-2-8		Edit

▼ Video List

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