

NATIONAL Assessment Centre Services.

(wef 1 Jan 05) MNA/18023732

Date In: 19/2/18-14:05	Job description	Date & Time Completed	Done by
Ref No: NA/INC18003175/24	SAS e-filing		
Veh No: SC15599M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/2/18-08:40	i-Motor Claim Form	47/0982732	19/2/18 23:32
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: JUV420K 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

NA1801013 Invoice Preparation Checklist Amt (\$) Amt (\$) In Bill 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: 6) TR: Re-inspection \$75

At 1: 7) N1: Idac DA + SMRT Survey \$160

At 2/3: 8) NTUC Additional Services: \$0

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	19/02/2018 14:05
Date Of Accident	19/02/2018 08:40
Exact Location Of Accident	JUNC UBI LINK & UBI AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCK5599M
Insured/Policyholder	
Name Of Registered Owner	TAN CHENG KIAT
NRIC No	S1134774F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96525555
Alternative Phone No	OFFICE-96525555

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5G CVT ABS D/AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	INSTRUCTION CAR
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	5083995229-01
Cover Note Number	

Driver

Name of Driver	STELLA SOON JIA YI
NRIC No	S9800173E
Date Of Birth	02/01/1998
Occupation	INDOOR
Date Of Driving Pass	07/12/2017
Driving Experience	0 YEAR AND 2 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-83125992
Fax Number	
Contact Number	OFFICE-83125992
Email Address	NOEMAIL

Address	BLK 27 CHAI CHEE ROAD #18-357
Postcode	460027
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DRIVING INSTRUCTOR
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
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: : MALE

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 STATIONARY WAITING ALONG THE JUNCTION AS THE MAIN ROAD HAVE INCOMING VEHICLE PASSING BY. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR 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	SJU1420K
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

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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 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:

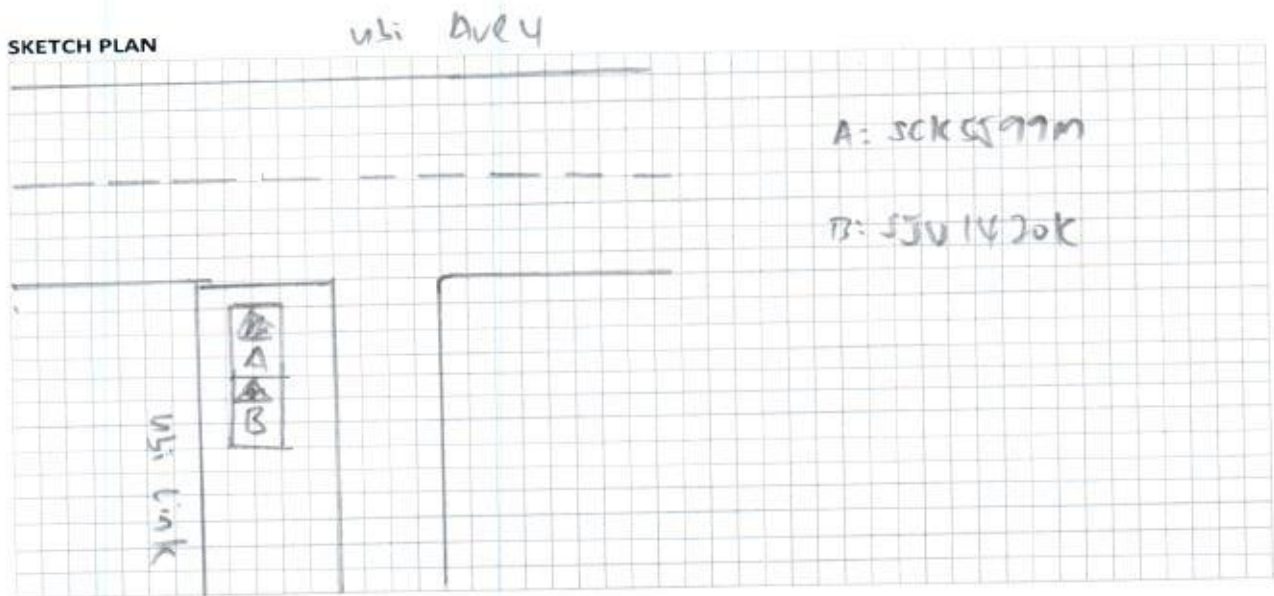


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9800173E**



Name

STELLA SOON JIA YI

孙佳仪

Race

CHINESE

Date of birth

02-01-1998

Country/Place of birth

SINGAPORE

Sex

F



5232678



NRIC No. **S9800173E**



Date of issue

23-10-2013

Address

**APT BLK 27 CHAI CHEE ROAD
#18-357
SINGAPORE 460027**



ELECTRONIC POLICE CENTRE

E-APPLICATION OF PROVISIONAL DRIVING LICENCE (PDL)

[LOGOUT](#)

STEP 4: ACKNOWLEDGEMENT

Receipt for e-PDL application (P000003541)

Dear STELLA SOON JIA YI (NIRC: 59800173E),

1. Your application for PDL for Class 3 is successful!
2. You have made payment of S\$25.00 for PDL for Class 3 on 07 Dec 2017 at 09:01 PM.
3. The expiry date of your PDL for Class 3 is on 06 Dec 2019.

You can print out this page using your internet browser. Click the Logout button to end the transaction.
Thank you for using this e-service.

Click on the buttons or links once only
Do not use the Back or Forward button on your browser as this may end your transaction.

If you encounter problems with this e-Service, you may give us your comments [here](#)

This website is optimised for IE version 10.0 and 11.0

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

19/02/2018 08:40

Vehicle No.(For Motor)

SCK5599M

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5083995229-01	TAN CHENG KIAT	S1134774F	GPC	drive CLASSIC	SCK5599M	SCK5599M	15/09/2017	14/09/2018

Continue

Policy Information

Policy No.	5083995229-01	Policyholder Name	TAN CHENG KIAT	Policyholder NRIC	S1134774F
Address	55 PARRY TERRACE SINGAPORE 547154				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	18/08/2017	Effective Date	15/09/2017 00:00	Expiry Date	14/09/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	1000	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	CHENG HOE ENTERPRISE	Agent Tel.	67556142	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	55 PARRY TERRACE	Address 2	SINGAPORE 547154	Address 3	
Address 4		Address Type	Singapore address	Post Code	547154
Unit No.		Related Policy Number	5083995229-01		

Insured Object: SCK5599M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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[Continue](#)
[Cancel](#)

- Exit

Claim Handling

Accident MT/0982732

Policy No.	5083995229-01	Vehicle No.	S0K5599M	GST Registration No.	
Policyholder Name	TAN CHENG KIAT	Cover Type	drive CLASSIC	Policyholder NRIC	S1134774F
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	96525555	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	Yes
Accident Details					
Report Date	19/02/2018 23:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	19/02/2018	Time of Accident hh:mm	08:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC UBI LINK & UBI AVE 4				
Benefits					
Excess					
Own Damage Excess	600.00	Additional Excess	1,000.00	Windscreen Excess	100.00
Uninsured Driver Excess	2,500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	55 PARRY TERRACE	Address 2	SINGAPORE 547154	Address 3	
Address 4		Address Type	Singapore address	Post Code	547154
Unit No.		Related Policy Number	5083995229-01		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/01/1998
Unnamed driver Name	STELLA SOON JIA YI	Driver NRIC	S9800173E	Driving Experience	0
Register Date of Driver License	07/12/2017	Driver Age	20	Contact No. (Home)	0
Contact No. (Mobile)	83125992	Contact No. (Office)	0	Address 3	SINGAPORE 460027
Address 1	BLK 27	Address 2	CHAI CHEE ROAD	Post Code	460027
Address 4		Address Type	Singapore address		
Unit No.	1B-357			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001

New

Claim Type *	OD-MX	Insured Name	TAN CHENG KIAT	Insured NRIC	S1134774F
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	S0K5599M	TP Vehicle Number	SJU1420K
Claim Description	S0K5599M / SJU1420K ON 19 Feb 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/02/2018 23:32	Claim Close Date		Date Received	19/02/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/0982732	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/02/2018 23:34
Path *			
Browse...	Clear	Category *	Please Select
Browse...	Clear	Confidential	NO
Browse...	Clear	Urgency *	Normal
Browse...	Clear	Description *	
Browse...	Clear		
Browse...	Clear		
Browse...	Clear		
Browse...	Clear		
<input type="checkbox"/> Send Message Upload			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 23:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 23:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 23:34	SAS	Normal	SAS 2018-2-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 23:33	Photos	Normal	Photos 2018-2-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 23:33	Photos	Normal	Photos 2018-2-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 23:33	Photos	Normal	Photos 2018-2-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 23:33	Photos	Normal	Photos 2018-2-19		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 23:33	Photos	Normal	Photos 2018-2-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 23:33	Photos	Normal	Photos 2018-2-19		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 23:32	Photos	Normal	Photos 2018-2-19		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 23:32	Photos	Normal	Photos 2018-2-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 23:32	Photos	Normal	Photos 2018-2-19		Edit
Video List						
	Uploaded By/Date	Folder Date	File Name	Source		Action
Display in New Window Scan and uploading						