

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA18047473

Date In: 10/4/18-10:07	Job description	Date & Time Completed	Done by
Ref No: NA/INC18006563/24	SAS e-filing		
Veh No: 5M9736P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 9/4/18-16:55	i-Motor Claim Form	MT10989694	10/4/18 10:33
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: 6462194	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

NA1802177	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		
	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:-		
	OD:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Dat. 1:	TP (N11): TP (Non INC) against INC \$20		
Dat. 2 / 3:	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	10/04/2018 10:07
Date Of Accident	09/04/2018 16:55
Exact Location Of Accident	PIE (CHANGI) BEFORE CTE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM9736P
Insured/Policyholder	
Name Of Registered Owner	ENG CHIN MENG
NRIC No	S6885725B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94774995
Alternative Phone No	OFFICE-94774995

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8X A
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	5041508360-08
Cover Note Number	

Driver

Name of Driver	ENG CHIN MENG
NRIC No	S6885725B
Date Of Birth	21/11/1968
Occupation	INDOOR
Date Of Driving Pass	13/08/2001
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94774995
Fax Number	
Contact Number	OFFICE-94774995
Email Address	NOEMAIL

Address	BLK 17A CIRCUIT ROAD #02-206
Postcode	371017
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	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

ON STATED DATE AND TIME, MY VEHICLE WAS SLOWING DOWN ALONG PIE (CHANGI) LANE 3 BEFORE CTE EXIT. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. VEHICLE C HIT ONTO VEHICLE B 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	GY6219H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFY3390B
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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

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

PE (Gang)

A: SJM9736P

B: GY6219H

C: SFY3390B

The sketch plan shows a road layout on a grid. A central vertical lane is labeled 'PE (Gang)'. To its left are two more vertical lanes, and to its right are two more. The leftmost lane is labeled 'A'. The second lane from the left is labeled 'B'. The third lane from the left is labeled 'C'. The rightmost lane is labeled 'A: SJM9736P'. The second lane from the right is labeled 'B: GY6219H'. The third lane from the right is labeled 'C: SFY3390B'. The central lane has a vertical sequence of three triangular markers labeled A, B, and C.

Refer to statement :

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

Date & Time:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

002449219E

ENG CHIN MENG

21 Nov 1968

09 Jul 2015

002449219E

SG 50

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6885725B

ENG CHIN MENG

黄进明

CHINESE

21-11-1968

Country/Place of birth MALAYSIA

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 13 Aug 2001

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 13 Aug 2001

Licence No: S6885725B

NP 428A

5173225

NRIC No. S6885725B

20-05-2013

APT BLK 17A CIRCUIT ROAD #02-206 SINGAPORE 371017

NRIC No: S6885725B Date: 01/12/2015

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="09/04/2018 16:45"/>						
Vehicle No.(For Motor)	<input type="text" value="SJM9736P"/>								
<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"/>	5041508360-08	ENG CHIN MENG	S68857258	GPC	drive CLASSIC	SJM9736P	SJM9736P	22/01/2018	21/01/2019
<input type="button" value="Continue"/>									

▼ Policy Information

Policy No.	5041508360-08	Policyholder Name	ENG CHIN MENG	Policyholder NRIC	S6885725B
Address	BLK 17A #02-206 CIRCUIT ROAD MACPHERSON RESIDENCY SINGAPORE 371017				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	19/01/2018	Effective Date	22/01/2018 00:00	Expiry Date	21/01/2019 23:59
Third Party Excess	0.0	Own damage Excess	600.0	Windscreen Excess	100.0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600.0	Outside Singapore TP Excess	0.0		
Agent	SIX PHASE E & T	Agent Tel.	65523600	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 17A #02-206	Address 2	CIRCUIT ROAD	Address 3	MACPHERSON RESIDENCY
Address 4	SINGAPORE 371017	Address Type	Singapore address	Post Code	371017
Unit No.		Related Policy Number	5041508360-08		

▶ Insured Object: SJM9736P

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	22/01/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 22 Jan 2018, the premium of this policy is revised to \$796.46 (inclusive of GST) due to conversion of your vehicle from Off-peak Car Scheme to Normal Car Scheme. In view of this amendment, an additional premium of \$203.82 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>

Continue

Cancel

EXIT

Claim Handling

Accident MT/D989694

Policy No.	5041508360-08	Vehicle No.	SIM9736P	GST Registration No.	
Policyholder Name	ENG CHIN MENG	Cover Type	drive CLASSIC	Policyholder NRIC	568857258
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	94774995	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value=""/>
KPI	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

▼ Accident Details

Report Date	10/04/2018 10:31	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	09/04/2018	Time of Accident hh:mm	16:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	P/E (CHANGI) BEFORE CTE EXIT				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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 Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 17A #02-206	Address 2	CIRCUIT ROAD	Address 3	MACHPERSON RESIDENCY
Address 4	SINGAPORE 371017	Address Type	Singapore address	Post Code	371017
Unit No.		Related Policy Number	5041508360-08		

▼ O1 Driver Info

Driver Name	ENG CHIN MENG	Driver Type	Main Driver	Driver DOB	21/11/1968
Unnamed driver Name		Driver NRIC	568857258	Driving Experience	16
Register Date of Driver License	13/08/2001	Driver Age	49	Contact No.(Home)	0
Contact No.(Mobile)	94774995	Contact No.(Office)	0	Address 3	MACHPERSON RESIDENCY
Address 1	BLK 17A	Address 2	CIRCUIT ROAD	Post Code	371017
Address 4	SINGAPORE 371017	Address Type	Singapore address		
Unit No.	02-206				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer 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 *	CO-MX	Insured Name	ENG CHIN MENG	Insured NRIC	568857258
Contact No.(Mobile)	94774995	Contact No.(Home)	63652856	Contact No.(Office)	
Email Address	meng12281@hotmail.com	O1 Vehicle Number	SIM9736P	TP Vehicle Number	GY6219H
Claim Description	SIM9736P / GY6219H ON 9 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	10/04/2018 10:33	Claim Close Date		Date Received	10/04/2018 00:00
Report Taken By	Jackson				

☒ Print A&L letter

Save Submit

Attachment

Accident No.	MT/D989694	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/04/2018 10:34

Path *	Browse...	Clear	Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	

☐ Send Message **Upload**

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 10:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-10	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 10:34	SAS	Normal	SAS 2018-4-10	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 10:34	Photos	Normal	Photos 2018-4-10	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 10:34	Photos	Normal	Photos 2018-4-10	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 10:34	Photos	Normal	Photos 2018-4-10	Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 10:33	Photos	Normal	Photos 2018-4-10	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 10:33	Photos	Normal	Photos 2018-4-10	Edit

 Video List

Uploaded By/Date

Folder Date

File Name

Source

Action

Display in New Window

Scan and uploading