

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA1807722-01

Date In: 10/1/18-14:51	Job description	Date & Time Completed	Done by
Ref No: NA/NC18006596/24	SAS e-filing		
Veh No: SLD9818K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 10/1/18-13:00	i-Motor Claim Form	M1/0989782	10/1/18 15:30
OD <input checked="" type="radio"/> 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: 6BD57351K	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

NA1802211	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) iT: 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	10/04/2018 14:51
Date Of Accident	10/04/2018 13:00
Exact Location Of Accident	BLK 648B JURONG WEST ST 61 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD9818K
Insured/Policyholder	
Name Of Registered Owner	SUN BIYU
NRIC No	S8177621J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94871011
Alternative Phone No	OFFICE-94871011

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
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	5091705702
Cover Note Number	

Driver

Name of Driver	SUN BIYU
NRIC No	S8177621J
Date Of Birth	22/06/1981
Occupation	INDOOR
Date Of Driving Pass	08/09/2011
Driving Experience	6 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94871011
Fax Number	
Contact Number	OFFICE-94871011
Email Address	NOEMAIL

Address	BLK 658 JALAN TENAGA #10-160
Postcode	410658
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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?	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 STATIONARY STOPPED AS IN FRONT THERE WAS VEHICLE STATIONARY STOPPED. SUDDENLY VEHICLE B REVERSED FROM A PARKING LOT AND HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD5735K
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

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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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.



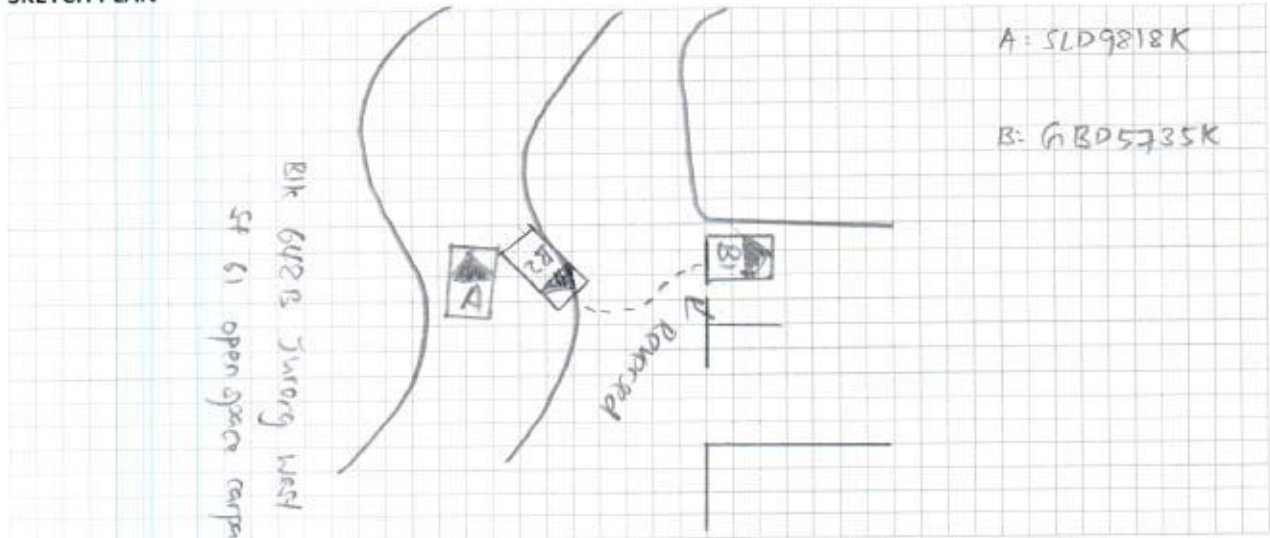
Policyholder's Signature
Date & Time:

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.

[Signature]

Policyholder's Signature

Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118 007722 Vehicle Registration No: SLD9818K
Name (as shown in NRIC) : Sun Byn NRIC/FIN/Passport No : S8177617
(*Vehicle Driver / ~~Vehicle Owner~~)(*) Please delete as appropriate
Address : Blk 658 Jalan Tanjong *10-160 Singapore (410658)
Contact (Tel) : _____ Mobile No. : 94871011
Email Address : _____
Date of Accident : 10/4/18 Time of Accident : 13:00
Place of Accident : _____
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Amend Driving pass date (08/09/2011)

Policyholder / Driver's Signature
Date:

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8177621J**

Name **SUN BIYU**

Birth Date **22 Jun 1981**

Issue Date **08 Sep 2011**

1001998440A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8177621J**

Name **SUN BIYU**

Place **CHINESE**

Date of birth **22-06-1981**

Country/Place of birth **CHINA**

Sex **F**

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

EFFECTIVE DATE

Class 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles $\leq 2500\text{kg}$ 03 Sep 2011



NP 428A

5558626

NRIC No. **S8177621J**

Date of issue **04-02-2016**

Address **APT BLK 658 JALAN TENAGA
#10-16Q
SINGAPORE 410658**

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UB1_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"/>	5091705702	SUN BIYU	S8177621J	GPC	drive CLASSIC	SLD9818K	SLD9818K	01/07/2017	30/06/2018

 **Policy Information**

Policy No.	5091705702	Policyholder Name	SUN BIYU	Policyholder NRIC	S8177621J
Address					
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	15/06/2017	Effective Date	01/07/2017 00:00	Expiry Date	30/06/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		
Agent	JG MOTOR AGENCY	Agent Tel.	63440727	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 **Policyholder Mailing Address**

Address 1	BLK 658 #10-160	Address 2	JALAN TENAGA	Address 3	EUNOS DAMAI VILLE
Address 4	SINGAPORE 410658	Address Type	Singapore address	Post Code	410658
Unit No.	10-160	Related Policy Number	5091705702		

 **Insured Object: SLD9818K**
 **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

* Exit

Accident MT/0989782

Policy No.	SD91705702	Vehicle No.	SLD9818K	GST Registration No.	
Policyholder Name	SUN BIYU			Policyholder NRIC	S8177621J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94871011	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		sCode	No
KYC	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	sCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	10/04/2018 15:15	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	10/04/2018	Time of Accident (h:mm)	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 648B JURONG WEST ST 61 OPEN SPACE CARPARK				

Benefits

Coverage	Sum Insured
Excess Waiver	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 658 #10-160	Address 2	JALAN TENAGA	Address 3	EUNOS DAMAI VILLE
Address 4	SINGAPORE #10658	Address Type	Singapore address	Post Code	410658
Unit No.	10-160	Related Policy Number	SD91705702		

OT Driver Info

Driver Name	SUN BIYU	Driver Type	Main Driver	Driver DOB	22/06/1981
Unnamed driver Name		Driver NRIC	S8177621J	Driving Experience	6
Register Date of Driver License	08/09/2011	Driver Age	36	Contact No.(Home)	0
Contact No.(Mobile)	94871011	Contact No.(Office)	0	Address 3	EUNOS DAMAI VILLE
Address 1	BLK 658	Address 2	JALAN TENAGA	Post Code	410658
Address 4	SINGAPORE #10658	Address Type	Singapore address		
Unit No.	10-160				
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 *	OD-MX	Insured Name	SUN BIYU	Insured NRIC	S8177621J
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SLD9818K	TP Vehicle Number	G8D5725K
Claim Description	SLD9818K / G8D5725K ON 10 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	10/04/2018 00:00
Date Registered	10/04/2018 15:30	Claim Close Date			
Report Taken By	Jackson				

Save Submit








Attachment

Accident No.	MT/0989782	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/04/2018 15:31

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	
Browse...	Clear Please Select	NO	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 15:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 15:30	SAS	Normal	SAS 2018-4-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 15:30	Photos	Normal	Photos 2018-4-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 15:30	Photos	Normal	Photos 2018-4-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 15:30	Photos	Normal	Photos 2018-4-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 15:30	Photos	Normal	Photos 2018-4-10		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 15:30	Photos	Normal	Photos 2018-4-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 15:30	Photos	Normal	Photos 2018-4-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 15:30	Photos	Normal	Photos 2018-4-10		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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