

# NATIONAL Assessment Centre Services (wef 10 Jan 2005)

Date In: <b>05/05/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC18009527/13</b>	SAS e-filing		
Veh No: <b>5JY1188K</b>	E-mail (within 8hrs, A/C 2hrs)		
D O A: <b>02/05/18 1230</b>	i-Motor Claim Form	<b>MT/0995900 - 001</b>	
OD <b>(TP)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <b>SLA1073K</b>	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

**NA1803287**

## Invoice Preparation Checklist

Ant (\$)	Ant (\$)
1st Bill	Add Bill

### Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

### Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

1) AR : Accident Reporting (\$30);	
2) DA : Damage Assessment (\$100); INC (\$80)	
3) TF : Towing Fee \$40/\$45	
4) FT : Follow-Through Survey \$120	
5) iFT : 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*	
*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

11/11/18



## 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	25/05/2018 14:03
Date Of Accident	22/05/2018 12:30
Exact Location Of Accident	MOUNT ELIZABETH LINK JUNC
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY1188K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROBIN PER AH SENG
NRIC No	S1814141H
Email Address	PERROBIN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93821508
Alternative Phone No	OTHERS-93821508

### Vehicle Particulars

Manufacturer	PORSCHE
Model	BOXSTER
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	5082823984-01
Cover Note Number	

### Driver

Name of Driver	ROBIN PER AH SENG
NRIC No	S1814141H
Date Of Birth	12/03/1967
Occupation	INDOOR
Date Of Driving Pass	22/04/1985
Driving Experience	33 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93821508
Fax Number	
Contact Number	OTHERS-93821508
EMail Address	PERROBIN@HOTMAIL.COM

Address	34 ALMOND CRESCENT
Postcode	677788
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	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?	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

I WAS TRAVELLING FROM MOUNT ELIZABETH LINK TWDS BIDEFORD RD. WHILE MAKING A LEFT TURN, SUDDENLY VEH(B) BEARING REG NO SLA1073K CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA1073K
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUNIF BASAR@ KWEK JANG CHO
NRIC/Passport Number	S2192226I
Contact Number	96918625
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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:

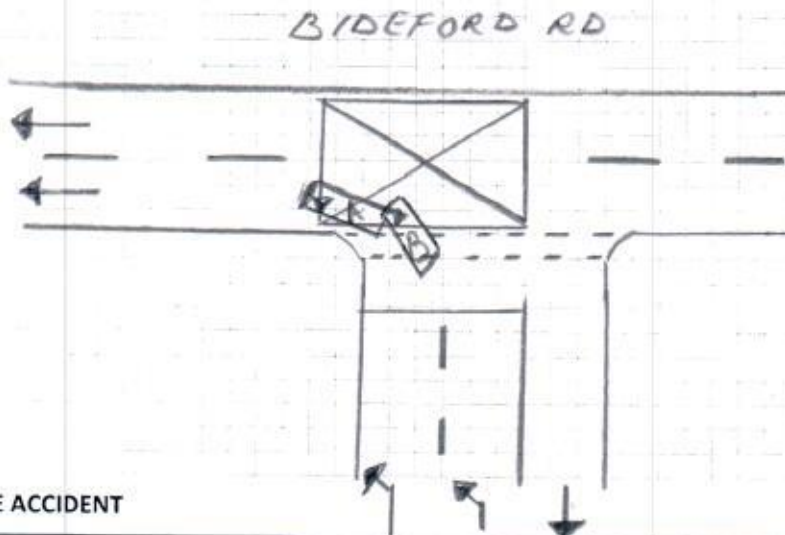
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN

A - SJY1188K  
B - SLA1073K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MOUNT ELIZABETH LINK

Pls refer to the 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 DRIVING LICENCE

002685183D

S1814141H

ROBIN PER AH SENG

Birth Date: 12 Mar 1967

Issue Date: 19 May 2017




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1814141H



Name  
ROBIN PER AH SENG

裴羅賓

Race  
CHINESE

Date of birth  
12-03-1967

Sex  
M

Country/Place of birth  
SINGAPORE



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

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 cc	16 Dec 1985
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	22 Apr 1985

NP 428A



5680370



NRIC No. S1814141H



Date of issue  
15-12-2016

Address  
34 ALMOND CRESCENT  
SINGAPORE 677788



Hello, NAC\_PAYA\_UBI\_800601

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

Policy No.

Date of Accident

22/05/2018 12:30

Vehicle No.(For Motor)

SJY1188K

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5082823984-01	ROBIN PER AH SENG	S1814141H	GPC	Prestige	SJY1188K	SJY1188K	04/09/2017	03/09/2018

Claim Handling

Accident MT/0995900

Policy No.	5082823984-01	Vehicle No.	SJY1188K	GST Registration No.	
Policyholder Name	ROBIN PER AH SENG			Policyholder NRIC	S1814141H
Product Code	PRIVATE CAR INSURANCE	Cover Type	Prestige	Loading	0
Contact No.(Mobile)	93821508	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	25/05/2018 14:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/05/2018	Time of Accident hh:mm	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MOUNT ELIZABETH LINK JUNC				

Benefits

Excess

Own damage Excess	5,000.00	Additional Excess		Windscreen Excess	1000.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	8,000.00		
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	34 ALMOND CRESCENT	Address 2	SINGAPORE 677788	Address 3	
Address 4		Address Type	Singapore address	Post Code	677788
Unit No.		Related Policy Number	5082823984-01		

OI Driver Info

Driver Name	ROBIN PER AH SENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1814141H	Driver DOB	12/03/1967
Register Date of Driver License	22/08/1990	Driver Age	51	Driving Experience	27
Contact No.(Mobile)	93821508	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	34 ALMOND CRESCENT	Address 2	SINGAPORE 677788	Address 3	
Address 4		Address Type	Singapore address	Post Code	677788
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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 OD-MX New

Claim Type *	OD-MX	Insured Name	ROBIN PER AH SENG	Insured NRIC	S1814141H
Contact No.(Mobile)	93821508	Contact No.(Home)	62841270	Contact No.(Office)	64923651
Email Address	robin@thebestbeauty.com.sg	OI Vehicle Number	SJY1188K	TP Vehicle Number	SLA1073K
Claim Description	SJY1188K / SLA1073K ON 22 May 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	25/05/2018 00:00
Date Registered	25/05/2018 15:00	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSOLINDA	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0995900	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/05/2018 00:00		
Path *		Category *	Confidential	Urgency *	Descr
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	



5/25/2018

Claim Handling(claim reporting Claim Task 001 OD-MX)

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 15:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 15:00	SAS	Normal	SAS 2018-5-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 15:00	Photos	Normal	Photos 2018-5-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 14:59	Photos	Normal	Photos 2018-5-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 14:59	Photos	Normal	Photos 2018-5-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 14:59	Photos	Normal	Photos 2018-5-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 14:59	Photos	Normal	Photos 2018-5-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 14:59	Photos	Normal	Photos 2018-5-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 14:59	Photos	Normal	Photos 2018-5-25

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading