

NATIONAL Assessment Centre Services. [wef 1 Jan 05] MWA 118092812.

Date In: 18/17/18 15:17	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1801306C/h4	SAS e-filing		
Veh No: SJY 1188K	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 17/17/18 15:00	i-Motor Claim Form	MT/1003581- ⁰⁰¹	18/17/18 17:01
OD: <input checked="" type="checkbox"/> 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: GBA 2759C	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

NA 1804551	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	30.00	
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 -		
QC Checked by (Engr-In-Charge):	QD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (N-in INC) against INC \$20		
Pat 1:	9) N12: Idac Mobile 30		
Pat 2/3:	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 willful 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	18/07/2018 15:17
Date Of Accident	17/07/2018 15:00
Exact Location Of Accident	KINESIS B2 CARPARK (4 FUSIONOPOLIS WAY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY1188K
Insured/Policyholder	
Name Of Registered Owner	ROBIN PER AH SENG
NRIC No	S1814141H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93821508
Alternative Phone No	OFFICE-93821508

Vehicle Particulars

Manufacturer	PORSCHE
Model	BOXSTER 2.7 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	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 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93821508
Fax Number	
Contact Number	OFFICE-93821508
EMail Address	NOEMAIL

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 - MAJOR/MINOR RD
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

WHILE I SEARCHING FOR PARKING LOT AND I COME TO THE END OF CARPARK INSIDE THE KINESIS B2 CARPARK, BEFORE I REVERSING I HAVE CHECK THE BLIND SPOT THERE WAS NO TRAFFIC. WHILE STARTED TO REVERSING, SUDDENLY VEH B (BEARING NO GBA2759C) DASHED OUT FROM THE LOT CAUSING I DON'T HAVE ENOUGH TIME TO REACT, AS THE RESULT, MY VEH RIGHT REAR COLLIDED ONTO THE VEH B RIGHT HAND SIDE. I WISH TO STATE, VEH B SHOULD HAVE TO CHECK THE TRAFFIC BEFORE MOVING OUT FROM THE LOT.

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	GBA2759C
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)	

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identification Number **S1814141H**

ROBIN PER AH SENG

Birth Date: 12 Mar 1967
Issue Date: 19 May 2017

002665183D



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)

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

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"/>	5082823984-01	ROBIN PER AH SENG	S1814141H	GPC	Prestige	SJY1188K	SJY1188K	04/09/2017	03/09/2018

Claim Handling

Accident MT/1003581

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)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

Report Date

18/07/2018 16:57

Date of Accident

17/07/2018

Reporting Centre

Accident Location

KINESIS B2 CARPARK (4 FUSIONOPOLIS WAY)

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

15:00

Orange Force

Accident Type

Collision - Major Minor Roa

Country of Accident

Singapore

ICM No.

Excess

Own damage Excess

5,000.00

Unamed Driver Excess

0.00

Third Party Excess

0.00

Additional Excess

Outside Singapore OD Excess

8,000.00

Outside Singapore TP Excess

0.00

Windscreen Excess

1000.00

GST Registered

No

GST Registration No.

Modification History

GST Registration Date

GST Status Verified

Yes

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

01 Driver Info

Driver Name

ROBIN PER AH SENG

Unnamed driver Name

Register Date of Driver License

22/08/1990

Contact No.(Mobile)

93821508

Address 1

34 ALMOND CRESCENT

Address 4

Unit No.

Does he own a Singapore Registered car?

☐ Yes ☐ No

Driver Type

Main Driver

Driver NRIC

S1814141H

Driver Age

51

Driver DOB

12/03/1967

Driving Experience

27

Contact No.(Office)

Contact No.(Home)

Address 2

SINGAPORE 677788

Address 3

Address Type

Singapore address

Post Code

677788

Driver Vehicle No.

Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

☐ Yes ☐ No

Modification History

Claim 001 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	Ol Vehicle Number	SJY1188K	TP Vehicle Number	GBA2759C
Claim Description	SJY1188K / GBA2759C ON 17 Jul 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	18/07/2018 00:00
Date Registered	18/07/2018 17:00	Claim Close Date			
Report Taken By	LEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1003581	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/07/2018 17:01

Path *

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Category *

Clear

Please Select

Clear

Please Select

Clear

Please Select

Confidential

NO

NO

NO

Urgency *

Normal

Normal

Normal

Descr

http://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

1/2

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 18 Jul 2018 17:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2018 17:01	SAS	Normal	SAS 2018-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2018 17:01	Photos	Normal	Photos 2018-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2018 17:01	Photos	Normal	Photos 2018-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2018 17:00	Photos	Normal	Photos 2018-7-18
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2018 17:00	Photos	Normal	Photos 2018-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2018 17:00	Photos	Normal	Photos 2018-7-18

Video List

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