NATIONAL Assessment Centre Services (wef 1 Jan'06) MNA/18093/86

Date In: 19/7/18 - 18:15	Job description	Date & Time Completed	Done by
Ref No: NA/NC18013184/24	SAS e-filing		
Veh No: SJL8145H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 18/7/18 - 20:00	i-Motor Claim Form	M7/1003741-001	19/7/18 18:29
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: SJ 04924? 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

NA18045549

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
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) 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:-			
QD*			
*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 witholding 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	19/07/2018 18:15
Date Of Accident	18/07/2018 20:00
Exact Location Of Accident	ECP (CHANGI) MARINE PARADE RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJL8145G
Insured/Policyholder	
Name Of Registered Owner	TAN SHAO WEN
NRIC No	S9227028I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96687253
Alternative Phone No	OFFICE-96687253
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SWIFT 1.6 AT
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	5101870094
Cover Note Number	
Driver	
Name of Driver	LIM WEI YE SHAWN
NRIC No	S9802819F
Date Of Birth	14/01/1998
Occupation	INDOOR
Date Of Driving Pass	26/04/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86680411
Fax Number	
Contact Number	OFFICE-86680411
EMail Address	NOEMAIL

Address	BLK 142 JALAN BUKIT MERAH #02-1202
Postcode	160142
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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: : FEMALE

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

REFER TO STATEMENT.

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	SGU4924P
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOH CHYE TECK
NRIC/Passport Number	S1805141I
Contact Number	90159890
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

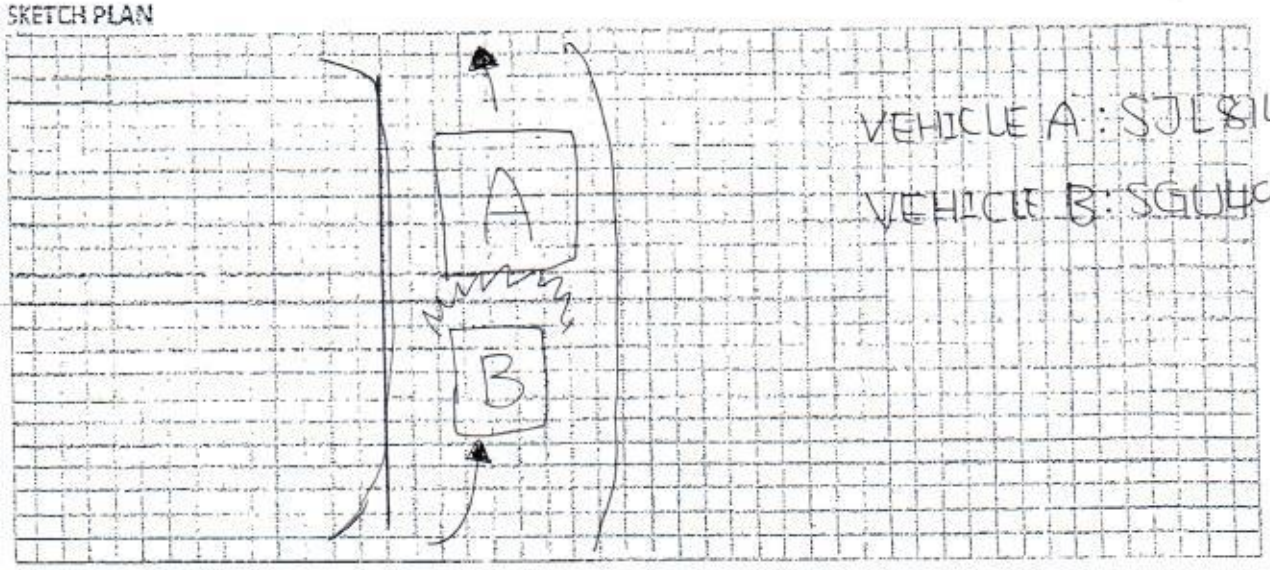
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder
Date & Time:

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

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

SKETCH PLAN



VEHICLE A : SJL8145G

VEHICLE B : SGU4924P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Along ECP High Way Fort Road, Vehicle B collided Vehicle A Rear Direct.

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.:

Date of Accident : 18 JULY 18 Accident Time: 20:00 (24-HR-Format)

Accident Place : ECP (towards) Marine Parade Exit

Vehicle Reg. No. (Car Plate No.) : SJL8145G

Vehicle Make/Model : SUZUKI SWIFT 1.6 AT

Insurance Company : NTUC Policy No. 5101870094

Owner or Company Name /IC No. : EAZY RENTALS PTE LTD

Owner or Company Contact No. : 9668 7253 Owner's Hp _____ Company Tel

DRIVER'S Name / IC No. : LIM WEI YE SHAWN

DRIVER'S Date Of Birth : 14 Jan 1998 DRIVER'S License Pass Date 26 Apr 16

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: friend.

DRIVER'S Address : ADT BLK 142, JALAN BUKIT MERAH #02-1202, S160142

DRIVER'S Contact No./ Alt No. :1) 8668 0411 2) _____

DRIVER'S Occupation : (INDOOR) \ OUTDOOR (e.g. working inside or outside office)

Email Address : weiyuan0312@gmail.com

Weather & Road Surface : (CLEAR & DRY) \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ (Claim Other Party) \ Claim Own Insurance

Number of Passengers (Including Driver): 2 female

Was there any video Captured by car camera: YES \ (NO)

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SGU4624P	Vehicle Reg. No: _____
Vehicle Make\Model: TOYOTA	Vehicle Make\Model: _____
Name Driver: LOH CHYE TECK	Name Driver: _____
IC No. Driver: S1805141I	IC No. Driver: _____
Driver's Contact & Add: 9015 9890	Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9802819F**

Name

LIM WEI YE SHAWN

林 伟 业

Race

CHINESE

Date of birth

14-01-1998

Sex

M

Country/Place of birth

SINGAPORE

5514091

NRIC No. **S98028**

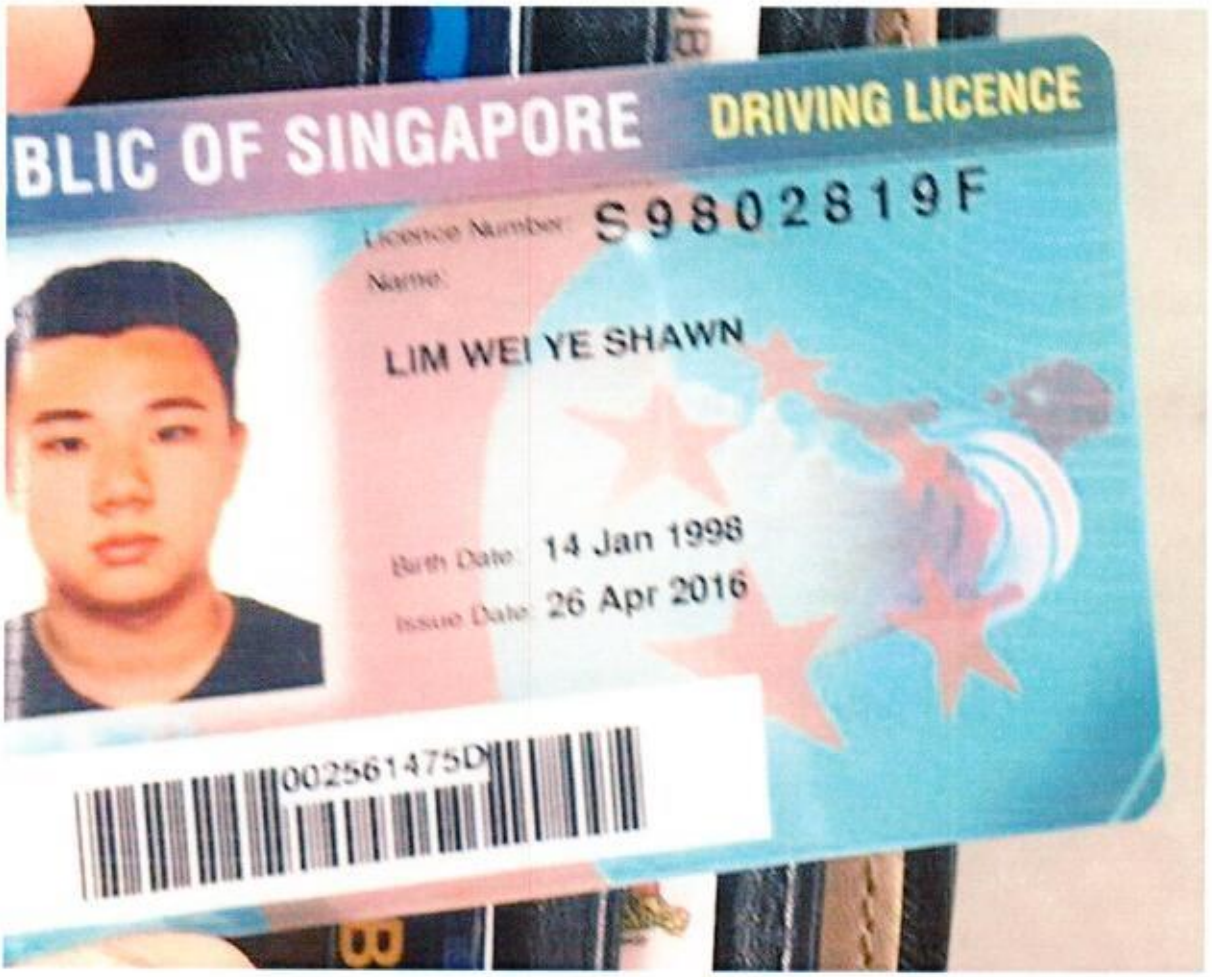
CM 14875

Date of issue

30-07-2015

Address

APT BLK 142 JALAN BUKIT MERAH
#02-1202
SINGAPORE 160142



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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	26 Apr 2016

Licence No:S9802819F

NP 428A

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. 5101870094 Date of Accident 18/07/2018 20:00

Vehicle No.(For Motor) SJL8145G

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5101870094	TAN SHAO WEN	S9227028I	GPC	drivo CLASSIC	SJL8145G	SJL8145G	01/07/2018	30/06/2019

Continue

Policy Information

Policy No.	5101870094	Policyholder Name	TAN SHAO WEN	Policyholder NRIC	S9227028I
Address	14 WEST COAST DRIVE HONG LEONG GARDEN SINGAPORE 127964				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	01/07/2018	Effective Date	01/07/2018 00:00	Expiry Date	30/06/2019 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	2475.19		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	14 WEST COAST DRIVE	Address 2	HONG LEONG GARDEN	Address 3	SINGAPORE 127964
Address 4		Address Type	Singapore address	Post Code	127964
Unit No.		Related Policy Number	5101870192		

Insured Object: SJL8145G

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	04/07/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 04 Jul 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: N/A CHASSIS NUMBER: JSAEZC31S00203541 ENGINE NUMBER: M16A1441725 VEHICLE REGISTRATION NUMBER: SJL8145G ORIGINAL REGISTRATION DATE: 12 Dec 2008

Continue Cancel

Claim Handling

Exit

The premium on this policy has not been collected.

Accident MT/1003741

Policy No.	S101870094	Vehicle No.	SJL8145G	GST Registration No.	
Policyholder Name	TAN SHAO WEN			Policyholder NRIC	S9227028I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96687253	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	(•) No ( ) Yes	TCA	(•) No ( ) Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	19/07/2018 18:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/07/2018	Time of Accident hh:mm	20:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ECP (CHANGI) MARINE PARADE RD EXIT				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0	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	14 WEST COAST DRIVE	Address 2	HONG LEONG GARDEN	Address 3	SINGAPORE 127964
Address 4		Address Type	Singapore address	Post Code	127964
Unit No.		Related Policy Number	S101870192		

OI Driver Info

Driver Name	Lim Wei Ye Shawn	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9802819F	Driver DOB	14/01/1998
Register Date of Driver License	26/04/2016	Driver Age	20	Driving Experience	2
Contact No.(Mobile)	86680411	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 142	Address 2	JALAN BUKIT MERAH	Address 3	SINGAPORE 160142
Address 4		Address Type	Singapore address	Post Code	160142
Unit No.	02-1202				
Does he own a Singapore Registered car?	( ) Yes (•) No	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	TAN SHAO WEN	Insured NRIC	S9227028I
Contact No.(Mobile)	96687253	Contact No.(Home)	67732057	Contact No.(Office)	
Email Address		OI Vehicle Number	SJL8145G	TP Vehicle Number	SGU4924P
Claim Description	SJL8145G / SGU4924P ON 18 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/07/2018 18:29	Claim Close Date		Date Received	19/07/2018 00:00
Report Taken By	Jackson				
[✓] Print AK letter					

Save Submit

Attachment

Accident No.	MT/1003741	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	19/07/2018 18:30

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 Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 18:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 18:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 18:29	SAS	Normal	SAS 2018-7-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 18:29	Photos	Normal	Photos 2018-7-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 18:29	Photos	Normal	Photos 2018-7-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 18:29	Photos	Normal	Photos 2018-7-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 18:29	Photos	Normal	Photos 2018-7-19		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 18:29	Photos	Normal	Photos 2018-7-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 18:29	Photos	Normal	Photos 2018-7-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 18:29	Photos	Normal	Photos 2018-7-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 18:29	Photos	Normal	Photos 2018-7-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 18:29	Photos	Normal	Photos 2018-7-19		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading