Invoice Preparation Checklist 5st Bill A	NATIONAL Assessme.	nt Centre Services	(wet) James A	MMA 11809	1398.		
Ref No	Date In: 118 118 14	:54 Jeb description	OIL	Date &Time	Completed	Don	e by
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D.O.A.	1/11/31		in Shrs, AIC 2hrs)				(4)
Description		25. i-Motor CI	aim Form	MT/1005	587-	11818	17:05.
Photo Uploaded Assessment/Survey Report Ass't Report by Fax / Hand to Owner/Wkin	A SACROTTE WATER		O (Within: OD 2hrs				
Prefured Wksp / INC Assign Wksp / QW; (Tel: Fax: Fax:	OD . Ary - Reporting Only	i-Photo Up	loaded	1			
Ass't Report by Fax / Hand to Ownert/Wisin	TRI	Assessment/	Survey Report				
TP Particulars:	IP Insurer:	Ass't Report	by Fax / Hand t	0 Owner/Wksp			20.00
Owner / Driver: (Preferred Wksp / INC Assign Wks	p / QW; (Tel:	F	ax:)
Downer Driver: (TP Particulars: Vel	No: SIX 8061U	INC ()/Non-INC	()	72	
Confirmed by: (Owner / Driver: (037 0-410		Tel:)	
Insured/Driver Liability	Policy No: () Period: ()	Cover Type:)	
Year of Registration (Confirmed by : (Date:	Tim	e::)	
Excess: (\$) Loading: \$1,000 () / \$2,000 ()	Insured/Driver Liability: (%) [Note-Est Status	(WO): N: 0-20	0%; P. 21-799	6. F 30-1	00%]	
General Remarks;-	Year of Registration: () Waπanty: YES ()/NO()			
() Walk-In Customer's 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. (Excess: (\$) Lo	ading:\$1,000()/\$2,00	0 ()				
() Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: (Remarks: (INC horline: 6788 6616)	General Remarks:-						
Dirive-In (() Walk-In Customer: Cus	tomer's information strictly C	onfidential & Str	ictly NO refer o	if repairer.		
NATRO4846 Date-Etime Completed Done by	() Total Loss Case : to e-	mail Insurer URGENTLY				7	
1) Apply for Transpart Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury : Date/Time Actions Actions Anat (\$) Anat (Drive-In () / Towed-In (); Invoice: YES () /	NO(); To	owing Co: ()
1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury : Date/Time Actions Actions Anat (\$) Anat (Remarks;- (INC horline: 67	88 6616)		Date&Time C	ompleted	Don	ė by
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3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury : Date/Time Actions	The state of the s)				
Injury :)				
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2) DA: Damege Assessment (\$100), INC (\$80)		MA1804846			715		Add Bill
A) FT : Follow-Through Survey \$120	laimant's Particulars :-		2) DA : Damage /	Assessment (\$100)		0)	
For claiming against JNC Only (wef 10 Jsn 2009)	river/Owner:				the second second second		
275 275	ontact No:		The first and the second of th	A CONTRACTOR OF THE PARTY OF TH	Witness Committee of the Parket	Contract of the Contract of th	
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C. Checked by (Engr-In-Charge): *N5: Courtesy Car / Tpt Allowands \$5 *N6: Repair Co-ordination \$10 *N7: Fost Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 *In the control of the c			THE RESIDENCE OF THE PARTY OF T	CONTRACTOR OF THE PARTY OF THE		\$160	
*N6: Repair Co-ordination 510 *N6: Repair Co-ordination 510 *N7: Fost Repair Inspection \$25 *N8: DV / Collect Excess Coordination 55 *TP (N11) : TP (N:n INC) against [MC \$20 9) N12: Idan Mobile 30	C Checked by (Eng. In Chara	Δ)	OD*				
N7: Fost Repair Inspection \$25	c. checked by (Engr-In-Charge	1:		The second secon		-	
TP (N11) : TP (N-n INC) against INC \$20	uditors' Comments :		*N7: Fost Repa	ir Inspection		\$25	
9) N12: Idan Mobile 30			and the second s	contraction of the second	177		
			9) N12: Idas Mob	ile			MIN SCHOOL SHAPE
SWEET PROPERTY.	1.2/3:	MAI Mac 18 18 19 19 19 19 19 19					

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	01/08/2018 14:54
Date Of Accident	01/08/2018 12:25
Exact Location Of Accident	JUNC WITH SIMEI ST 3 & SIMEI ST 5
Country/State of Loss	SINGAPORE
Marie D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD6580P
Insured/Policyholder	
Name Of Registered Owner	YAP SEOK SAER
NRIC No	S2557347A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90180203
Alternative Phone No	OFFICE-90180203
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X 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	5081573912-02
Cover Note Number	-
Driver	
Name of Driver	YAP SEOK SAER
NRIC No	S2557347A
Date Of Birth	02/03/1961
Occupation	INDOOR
Date Of Driving Pass	10/05/1990
Driving Experience	28 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90180203
Fax Number	
Contact Number	OFFICE-90180203
EMail Address	NOEMAIL

223 SEAGULL WALK Address

Postcode 486647

Was driver an employee of the Insured's Company NO OWNER

If No, Relationship of the Driver with the Insured 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 DRY Road Surface

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?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1

NAME:

: HENG LYE CHUN

: FEMALE GENDER:

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

NO

Circumstances of Accident

I WAS WAITING TO TURN INTO SIMEI ST 5 FROM SIMEI ST 3 , ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I REALIZED VEH B (BEARING NO SJK8061U) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

YES Are accident photos available for attachment? YES Was there any video captured by Car Camera?

HAVENT RETRIEVE Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJK8061U

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

GHAZALI BIN HAJI ALL Name of Driver

NRIC/Passport Number S1190517Z

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 18

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.
- 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.
- 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.
- 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.
- 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 .
 - 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

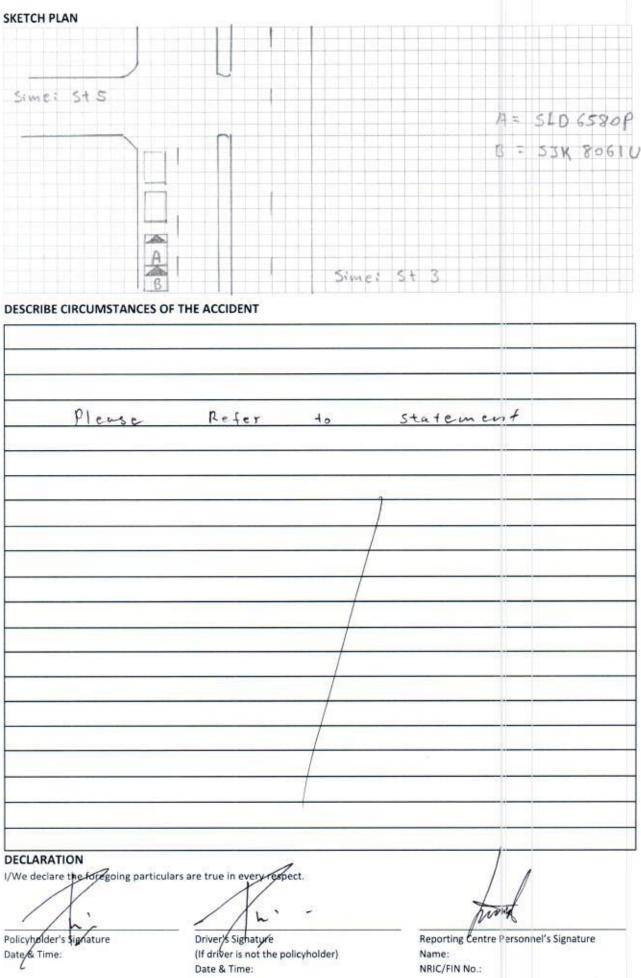
(If driver is not the policyholder)

Date & Time:

Reporting Centre Fersonnel's Signature

Name:

NRIC/FIN No.:





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

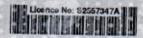
PASS DATE

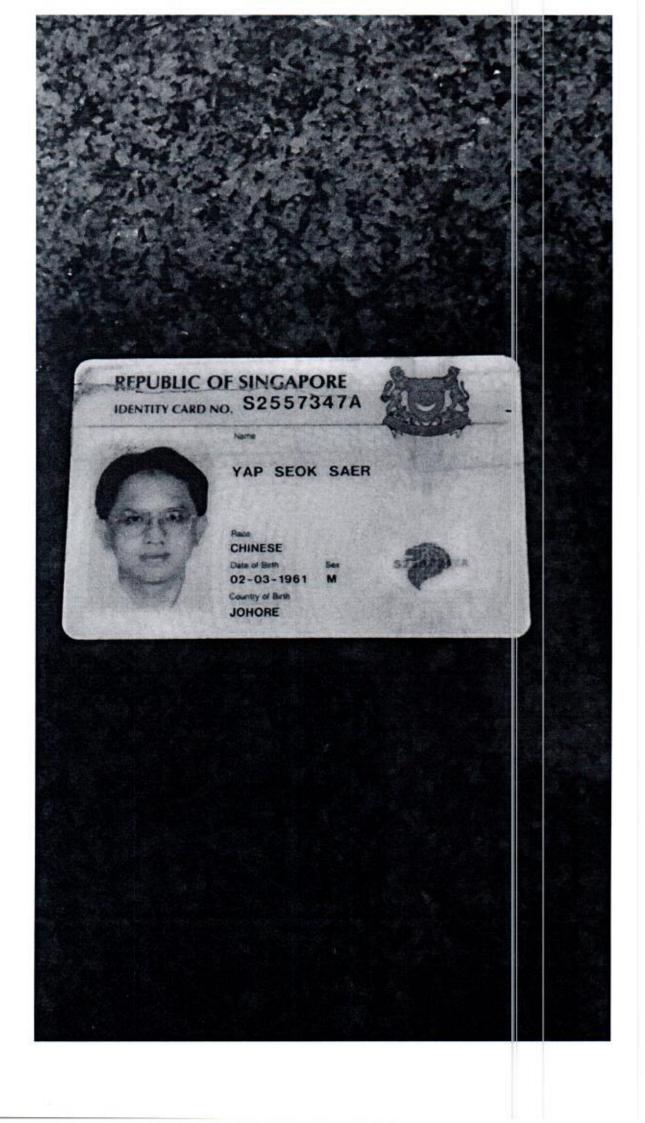
Class 3

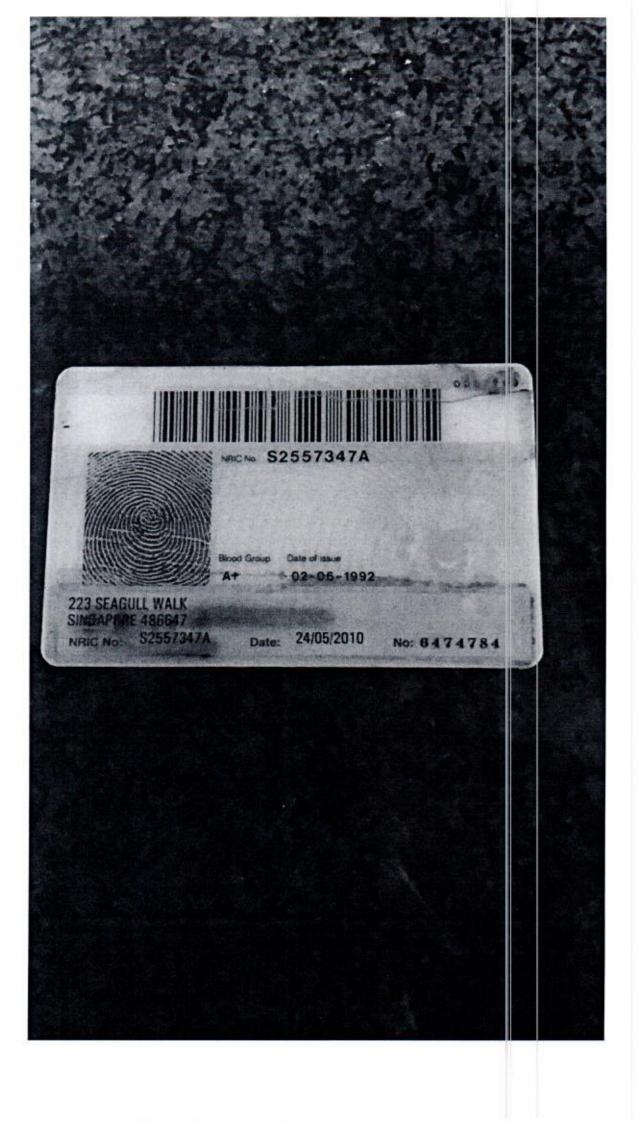
Motor Cars and Motor Tracters the weight of which unladen does not exceed 2500 kilograms

10 May 1990

NP 4287







eBaoTech						Det.		Genera	ralClaim		
Hello, NAC_PAYA_UBI_	llo, NAC_PAYA_UBI_800601 y Desktop Policy Query		• Change Language				Change Password				
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	Policy No.					Date of Accident			01/08/2018 14:47	
	Vehicle	No.(For Motor)	SLD65	80P		Certi	ficate Numbe	r			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5081573912- 02		YAP SEOK SAER	S2557347A	GPC	drivo CLASSIC	SLD6580	SLD6580P	24/06/2018	23/06/2019

Claim Handling

Accident MT/1005587						
Policy No.	5081573912-02	Vehicle No.	SLD6580P		GST Registration No.	
Certificate No.						
Policyholder Name	YAP SEOK SAER				Policyholder NRIC	\$2557.
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	0
Contact No.(Mobile)	90180203	Contact No.(Office)			Contact No.(Home)	
Email Address		Special Remark			eCode	No *
KFK	» No Yes	TCA	No Yes		eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20		Private Hire	No
Report Date	01/08/2018 16:50	Accident Report Within 24 hrs	Yes		Accident Type	Collisio
Date of Accident	01/08/2018	Time of Accident hh:mm	12:25		Country of Accident	Singap
Reporting Centre		Orange Force			ICM No.	
Accident Location	JUNC WITH SIMEI ST 3 & SIMEI ST 5					
□ 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		
	tion					
GST Registered	No		GST Registr	ation Date		
GST Registration No.			GST Status	Verified	Yes	
Modification History						
Policyholder Mailing Add	ress					
Address 1	223 SEAGULL WALK	Address 2	SINGAPORE 486647		Address 3	
Address 4		Address Type	Singapore address		Post Code	48664
Unit No.		Related Policy Number	5081573912-02		000000000	277
		A real could be be the part of the property of the	(15) 50 (15) (15) (15) (15)			
Driver Name	YAP SEOK SAER	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	S2557347A		Driver DOB	02/03/
Register Date of Driver License	01/01/1991	Driver Age	57		Driving Experience	27
Contact No.(Mobile)	90180203	Contact No.(Office)			Contact No.(Home)	
Address 1	223 SEAGULL WALK	Address 2	SINGAPORE 486647		Address 3	
Address 4		Address Type	Singapore address		Post Code	48664
Unit No.					11/2559/2018	(1200)
Does he own a Singapore Registered car?	Yes a No	Driver Vehicle No.			Driver Insurer Compa	any
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	⊕ Yes (e) No			
Modification History Claim 001 New						
Claim Type *				OD-MX	Insured YAP SEOK	SAER
Contact No.(Mobile)				90180203	No. 67860917 (Home)	
Email Address					OI Vehicle SLD6580F Number	
Claim Description				SLD6580P / SJK8061U	70300000	
Preferred						
Workshop 0	Insured Liability Not at Fau	it •				
Englisation Yes	Repair Preferred Workshop, I	Name unknown ▼ GIA report Received	•	_	Claim	
Date Registered				01/08/2018 17:04	Close	
Report Taken By				LIEW SHAN HUI		
Print AK letter						
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Attachment						
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Accident No.	MT/1005587	Claim No.	00	01		

Last Doc. Received

· Yes No

Upload Date

01/08/2018 17:05

	Uploaded By/Date	Folder Date	Fil	e Name		9		Source	00
Video List		01 Aug 2018 17:04	Photos		Normal		Photos 20	18-8-1	
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RESPONSES	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2018 17:05	NRIC/ Driving License		Normal		NRIC/ Driving Li	cense 2018-8	1
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	No file chosen			Clear	Please Select	*	NO T	Normal	- 8
	No file chosen			Clear	Please Select	· V	NO T	Normal	- 1
ioose File	No file chosen			Clear	Please Select	*	NO *	Normal	3
	10.00	Path *			Category •		Confidential	Urgency	

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