

# NATIONAL Assessment Centre Services

Date In: 06/08/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18014318/13	SAS e-filing		
Veh No: 5GQ4984L	E-mail (w/dan 3hrs, AIC 2hrs)		
D.O.A: 03/08/18 2230	i-Motor Claim Form	MT/1006045-001	
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: 5JDS495H	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

NA1804911	<b>Invoice Preparation Checklist</b>		Amt (\$) 1st Bill	Amt (\$) 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) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR : Re-inspection \$75			
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*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	06/08/2018 18:37
Date Of Accident	03/08/2018 22:30
Exact Location Of Accident	NICOLL HIGHWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ4984L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FOO SOON ENG
NRIC No	S0584427D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96166388
Alternative Phone No	OTHERS-96166388

### Vehicle Particulars

Manufacturer	TOYOTA
Model	-
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5018544043-11
Cover Note Number	

### Driver

Name of Driver	LEONG AI NEE
NRIC No	S7784441D
Date Of Birth	25/01/1977
Occupation	INDOOR
Date Of Driving Pass	01/09/2006
Driving Experience	11 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96166388
Fax Number	
Contact Number	
Email Address	YUKIYOKO77@GMAIL.COM

Address	32 JALAN KECHOT
Postcode	419219
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DAUGHTER-IN-LAW
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)	2
Passenger 1	NAME: : AVRIE TAN XIAN HUI 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

PLS REFER TO THE ATTACHED 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	SJD5495H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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.
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5. Any false reporting may be referred to the Police for investigation.
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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.

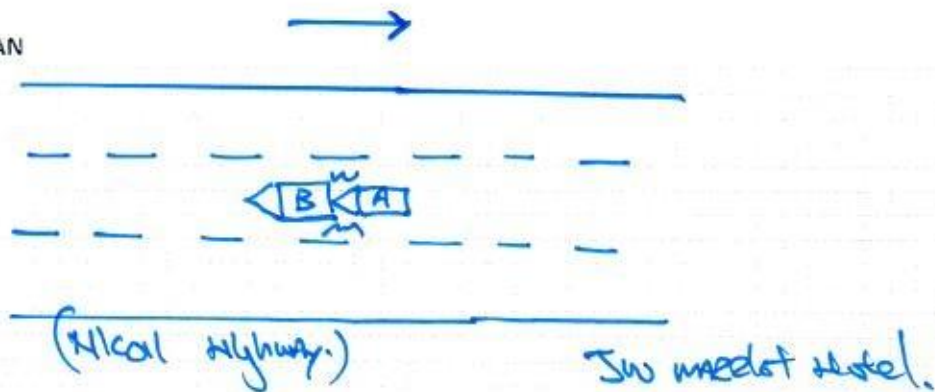
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

 06/08/18  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Surtee cty.

SKETCH PLAN



A - SGQ 4984L  
B - SJD 5495H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

During day Nical Highway, I was following Behel veh(B). Suddenly veh(B) Jam brake. I Jam braked too. But my car couldn't stop in time & my No. plate hit onto the Rear (veh B) Rear bumper. Upon alighting, veh(B) rear bumper was dented. we decide to private settle. But after one night, (veh B) called to say he decided to claim my Insurance. But I am willing to pay for his painting on his rear bumper.

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:

2/ym 06/08/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



VEHICLE NO : <u>SGQ 4984 L.</u>		MAKE/MODEL :	
Date of Accident	<u>3/8/18.</u>	Time: <u>10.30pm.</u>	Foreign Veh Involved YES / <u>NO</u>
Location of Accident	<u>Nicoll Highway.</u>		Foreign Veh No
Country of Loss	<u>—</u>		
Vehicle Damaged	<u>Left position no plate.</u>		No. of Veh Involved :
Claim Type	<u>OD / TP / <u>REPORTING</u></u>		Was There Any Witness YES / <u>NO</u>
INSURANCE CO			Name of Witness :
Coverage	Comprehensive/TPFT/Third Party Only		Contact No :
Policy No			
Fleet Policy	YES / <u>NO</u>		
		<b>OTHER VEHICLES</b>	
OWNER / CO. NAME	<u>Foo Soon Eng</u>		<b>VEHICLE B</b> <u>SSD 5495H.</u>
NRIC / Co's Reg No.	<u>50584427D.</u>		Category :
Address	<u>32, Jln Kechot.</u>		Driver's Name :
	<u>5419219.</u>		NRIC No :
Contact / Mobile No	<u>9616 6388</u>		Contact No :
Email Address			No. of Passenger :
Date of Birth	<u>7/3/1937.</u>		
Gender	<u>M (F)</u>		<b>VEHICLE C</b>
<b>DRIVER'S NAME</b>	<u>Loony A. Nee</u>		Category :
NRIC No	<u>9784401D</u>		Driver's Name :
Address	<u>32 Jln Kechot</u>		NRIC No :
			Contact No :
Contact / Mobile No	<u>9616 6388</u>		No. of Passenger :
Email Address			
Date of Birth	<u>25/1/77</u>		<b>VEHICLE D</b>
Gender	<u>M (F)</u>		Category :
LICENSE PASSED DATE	<u>1/9/2006.</u>		Driver's Name :
			NRIC No :
Occupation	<u>Indoor / Outdoor</u>		Contact No :
Relation with Owner	<u>Housewife (Daughter in law)</u>		No. of Passenger :
Does Driver Own Any Other Veh ? YES / <u>NO</u>			
Vehicle Reg No			
Insurance Co			
Weather Condition	<u>Clear / Raining / Others</u>		Video Captured : Yes / <u>No</u>
Road Surface	<u>Dry / Wet / Others</u>		
<b>INJURED</b> : YES / <u>NO</u>			
Name of Injured :		Police Report : YES / <u>NO</u>	
Convey To Hospital by Ambulance : YES / <u>NO</u>		If YES, Where :	
<b>NO. OF PASSENGERS</b> :			
Name of Passenger :		M / F	INJURED? YES/NO
Name of Passenger :		M / F	INJURED? YES/NO
Name of Passenger :		M / F	INJURED? YES/NO
Name of Passenger :		M / F	INJURED? YES/NO
<b>REMARKS</b> :			
Name of Workshop :		Contact No :	
Address :		Email :	

Aurle Tan Kim Hui  
Aurle (F) KIAN HUI

wasting for dl

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7784441D



Name

LEONG AI NEE

梁 爱 妮

Race

CHINESE

Date of birth

Sex

25-01-1977

F

Country of birth

MALAYSIA

S7784441D



4800741



NRIC No. S7784441D

Date of issue

09-12-2011

Address

32 JALAN KECHOT  
SINGAPORE 419219



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7784441D**

Name:

**LEONG AI NEE**

Birth Date: **25 Jan 1977**

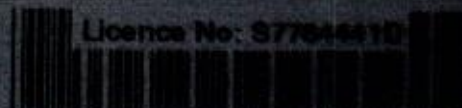
Issue Date: **01 Sep 2006**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Valid till:

**Class 3 Motor Cars= $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg** **01 Sep 2006**



NP 428A



Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="03/08/2018 22:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SGQ4984L"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5018544043-11		FOO SOON ENG	S0584427D	GPC	Third Party, Fire & Theft	SGQ4984L	SGQ4984L	17/01/2018	16/01/2019
<input type="button" value="Continue"/>										

## Claim Handling

## Accident MT/1006045

Policy No.	S018544043-11	Vehicle No.	SGQ4984L	GST Registration No.	
Certificate No.					
Policyholder Name	FOO SOON ENG			Policyholder NRIC	S058
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	NA	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	Yes	NCD Entitlement(%)	50	Private Hire	Not a

## ▼ Accident Details

Report Date	06/08/2018 12:57	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	03/08/2018	Time of Accident hh:mm	22:35	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	NICOLL HIGHWAY TOWARDS MERDEKA BRIDGE				

## ▼ Benefits

## ▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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	32 JALAN KECHOT	Address 2	SINGAPORE 419219	Address 3	
Address 4		Address Type	Singapore address	Post Code	4192
Unit No.		Related Policy Number	S018544043-11		

## ▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	FOO SOON ENG
Contact No.(Mobile)	96226388	Contact No.(Home)	
Email Address		Vehicle Number	SGQ4984L
Claim Description	SGQ4984L / SJD5495H ON 3 Aug 2018		
Preferred Workshop		Insured Liability	Fully at Fault
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation	Yes	GIA report	Received
Date Registered	06/08/2018 19:06	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1006045	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/08/2018 00:00
Path *		Category *	Confidential
		Urgency *	



Choose File No file chosen

Choose File No file chosen

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Message Read

Clear

Please Select

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Normal

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NO

Normal

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Aug 2018 19:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Aug 2018 19:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Aug 2018 19:06	SAS	Normal	SAS 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Aug 2018 19:06	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Aug 2018 19:06	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Aug 2018 19:05	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Aug 2018 19:05	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Aug 2018 19:05	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Aug 2018 19:05	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Aug 2018 19:05	Photos	Normal	Photos 2018-8-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Aug 2018 19:05	Photos	Normal	Photos 2018-8-6

Video List

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