

# NATIONAL Assessment Centre Services

|                            |  |                       |         |
|----------------------------|--|-----------------------|---------|
| Date In: 16/08/18          | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/INC 18014905/13 | SAS e-filing                             |                       |         |
| Veh No: 5GQ4984L           | E-mail (w/thin 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: 07/06/18 1635       | i-Motor Claim Form                       | MT/1004681-002        |         |
| 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: 5LM97490  | 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 |
|-----------|---------|
|           |         |
|           |         |
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|                          |   |             |                      |                      |
|--------------------------|---|-------------|----------------------|----------------------|
| NA1805123                | Invoice Preparation Checklist                   |             | Amt (\$)<br>1st Bill | Amt (\$)<br>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              |             |                      |                      |
|                          | 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:-                   |             |                      |                      |
|                          | OD*   |             |                      |                      |
|                          | *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 (Non INC) against INC \$20         |             |                      |                      |
| at 1:                    | 9) N12: Idac Mobile 30                          |             |                      |                      |
| at 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 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             | 16/08/2018 11:30         |
| Date Of Accident           | 07/06/2018 16:55         |
| Exact Location Of Accident | PIE SLIP RD TO JLN EUNOS |
| Country/State of Loss      | SINGAPORE                |

### DETAILS OF OWN VEHICLE

|                             |                 |
|-----------------------------|-----------------|
| Vehicle Registration Number | SGQ4984L        |
| <b>Insured/Policyholder</b> |                 |
| Name Of Registered Owner    | FOO SOON ENG    |
| Co Reg No                   | S0584427D       |
| Email Address               | NOEMAIL         |
| Mobile Phone No             |                 |
| Alternative Phone No        | OFFICE-96166388 |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | TOYOTA         |
| Model  | WISH           |
| 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 9 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: : DYLAN  |
|   | GENDER: : MALE |

#### 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 PIE EXIT SLIP RD TO JALAN EUNOS ON THE LEFT LANE OF A2-LANES RD. WHEN THERE'S NO ONCOMING VEH, INFRT OF MY VEH(B) MOVED OFF AND I FOLLOWED SUIT. SUDDENLY THE VEH(B) STOP AND I HAVE NOT ENOUGH TIME TO REACT AND MY VEH TOUCH THE REAR PORTION OF VEH B. THEY AGREE TO PRIVATE SETTLE AT THE END THERE'S NO ANSWER FROM THE OTHER PARTY. UNTILL I RECEIVED THE LETTER FROM MY INSURANCE THAT THE OTHER PARTY CLAIMS AGAINST ME.

#### 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 | SLM9749D    |
| 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.
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:

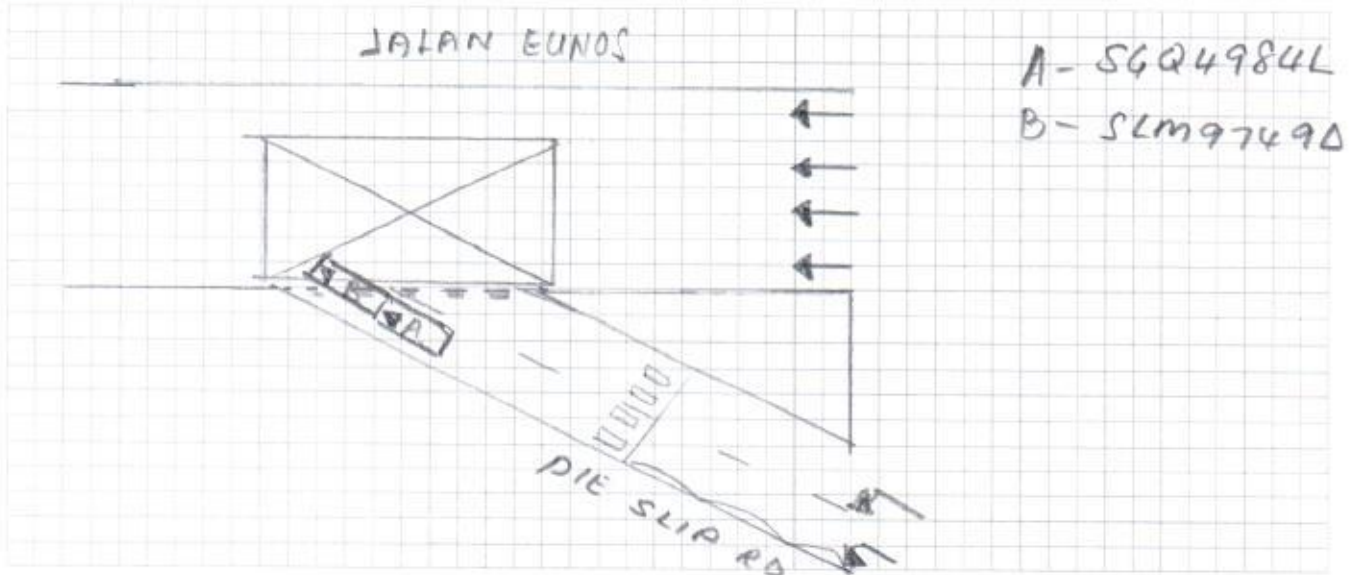
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: 16/8

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: shyn 16/08/18  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*P/s 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: *16/8*

*sfy* *16/08/18*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7784441D**

Name  
**LEONG AI NEE**

Birth Date **25 Jan 1977**  
Issue Date **01 Sep 2006**



 001442264E

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7784441D**



Name  
**LEONG AI NEE**

梁爱妮

Race  
**CHINESE**

Date of birth  
**25-01-1977**

Sex  
**F**

Country of birth  
**MALAYSIA**





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

PASS DATE

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

 Licence No: S7784441D

NP 426A

4800741



NRIC No. **S7784441D**



Date of issue  
**09-12-2011**

Address  
**32 JALAN KECHOT  
SINGAPORE 419219**



Hello, NAC\_PAYA\_UBI\_800601

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## Policy Query

|   |                                       |                    |                      |                   |         |                           |             |                |               |             |
|---|---------------------------------------|--------------------|----------------------|-------------------|---------|---------------------------|-------------|----------------|---------------|-------------|
| Policy No.                              | <input type="text"/>                  | Date of Accident   | <input type="text"/> |                   |         |                           |             |                |               |             |
| 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 checked="" type="radio"/>        | S018544043-11                         |                    | FOO SOON ENG         | S0584427D         | GPC     | Third Party, Fire & Theft | SGQ4984L    | SGQ4984L       | 17/01/2018    | 16/01/2019  |
| <input type="button" value="Continue"/> |                                       |                    |                      |                   |         |                           |             |                |               |             |

SLM9749D

16:55



## Claim Handling

Accident MT/1004681

|                     |  |                     |  |                |
|---------------------|--|---------------------|--|----------------|
| Policy No.          | 5018544043-11                                      | Vehicle No.         | SGQ4984L   | GST Registrat  |
| Certificate No.     |  |                     |  |                |
| Policyholder Name   | FOO SOON ENG                                       |                     |  | Policyholder I |
| Product Code        | PRIVATE CAR INSURANCE                              | Cover Type          | Third Party, Fire & Theft                          | Loading        |
| Contact No.(Mobile) | NA   | Contact No.(Office) |  | Contact No.(I  |
| Email Address       |  | Special Remark      |  | eCode          |
| KFK                 | <input type="radio"/> No <input type="radio"/> Yes | TCA                 | <input type="radio"/> No <input type="radio"/> Yes | eCode Reasoi   |
| NCD Protection      | Yes  | NCD Entitlement(%)  | 50   | Private Hire   |

## ▼ Accident Details

|                   |                                   |                               |       |               |
|-------------------|-----------------------------------|-------------------------------|-------|---------------|
| Report Date       | 26/07/2018 11:27                  | Accident Report Within 24 hrs | Yes   | Accident Typ  |
| Date of Accident  | 07/06/2018                        | Time of Accident hh:mm        | 16:55 | Country of Ac |
| Reporting Centre  |                                   | Orange Force                  |       | ICM No.       |
| Accident Location | ALONG JLN EUNOS EXIT OF PIE(TUAS) |                               |       |               |

## ▼ Benefits

## ▼ Excess

|                       |      |                             |      |              |
|-----------------------|------|-----------------------------|------|--------------|
| Own damage Excess     | 0.00 | Additional Excess           |      | Windscreen E |
| 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 |
| Unit No.  |                 | Related Policy Number | 5018544043-11     |           |

## ▼ OI Driver Info

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

Modification History

Claim 002 OD-MX

New

|                          |                                   |                         |                                  |
|--------------------------|-----------------------------------|-------------------------|----------------------------------|
| Claim Type *             | OD-MX                             | Insured Name            |                                  |
| Contact No.(Mobile)      | 96226388                          | Contact No. (Home)      |                                  |
| Email Address            |                                   | OI Vehicle Number       |                                  |
| Claim Description        | SGQ4984L / SLM9749D ON 7 Jun 2018 |                         |                                  |
| Preferred Workshop       |                                   | Insured Liability       | Fully at Fault                   |
| Contact No. Finalisation | Yes                               | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered          |                                   | GIA report              | Received                         |
| Report Taken By          |                                   | Claim Close Date        | 16/08/2018 16:22                 |
|                          |                                   | Workshop Repairer       | ROSINDA                          |

☒ Print AK letter



## Attachment

Accident No.

MT/1004681

Claim No.

002

Last Doc. Received

☒ Yes ☐ No

Upload Date

16/08/2018 00:00

Path \*

Category \*

Confid

[Choose File](#) No file chosen[Clear](#)[Please Select](#) ▼ NO[Choose File](#) No file chosen[Clear](#)[Please Select](#) ▼ NO[Choose File](#) No file chosen[Clear](#)[Please Select](#) ▼ NO[Choose File](#) No file chosen[Clear](#)[Please Select](#) ▼ NO[Choose File](#) No file chosen[Clear](#)[Please Select](#) ▼ NO[Choose File](#) No file chosen[Clear](#)[Please Select](#) ▼ NO[Message Read](#)

## Attachment List

| Attachment | Uploaded By/Date   | Category              | Urgency |          |
|------------|--|-----------------------|---------|----------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2018 16:22 | NRIC/ Driving License | Normal  | NRIC/ Dr |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2018 16:22 | SAS                   | Normal  |          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2018 16:22 | Photos                | Normal  | P        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2018 16:20 | Photos                | Normal  | P        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2018 16:20 | Photos                | Normal  | P        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2018 16:20 | Photos                | Normal  | P        |
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|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2018 16:20 | Photos                | Normal  | P        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2018 16:20 | Photos                | Normal  | P        |

## Video List

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