

NATIONAL Assessment Centre Services [wef 1 Jan 05] MWA 118110418

Date In: 27/18/18 10:20	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18015485/64	SAS e-filing		
Veh No: SJR 8291K	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 26/18/18 17:15	i-Motor Claim Form	MT/1009056 ⁰⁰²	28/18/18 11:08
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: SKU 891D	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

NA1805439

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	1000	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) i-T: 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:-		
	OP*		
	*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		
Ref 1:	Invoice dated	Fee Charged	
Ref 2 / 3:	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	27/08/2018 10:20
Date Of Accident	26/08/2018 17:15
Exact Location Of Accident	PIE TWDS JURONG NEAR KALLANG BAHRU EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR8291K
Insured/Policyholder	
Name Of Registered Owner	LUM CHEE FAI
NRIC No	S2584543I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96195972
Alternative Phone No	OFFICE-96195972

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5050795111-07
Cover Note Number	-

Driver

Name of Driver	LUM CHEE FAI
NRIC No	S2584543I
Date Of Birth	10/08/1964
Occupation	INDOOR
Date Of Driving Pass	12/01/2009
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96195972
Fax Number	
Contact Number	OFFICE-96195972
Email Address	NOEMAIL

Address	BLK 547 BEDOK NORTH ST 3 #10-1464
Postcode	450547
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 - 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?	
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: : CHIEN MEE LING 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

I WAS TRAVELLING ALONG PIE TWDS JURONG NEAR KALLANG BAHRU EXIT ON THE FIRST LANE, ALL OF A SUDDEN, VEH B (BEARING NO SKU891D) WHICH WAS INFRONT OF ME SUDDENLY JAMMED BRAKE. I MANAGE MY BRAKE BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION. NO DAMAGE ON OUR BOTH VEH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU891D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KONG CHEE HOE
NRIC/Passport Number	S8805001J
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

[Signature]

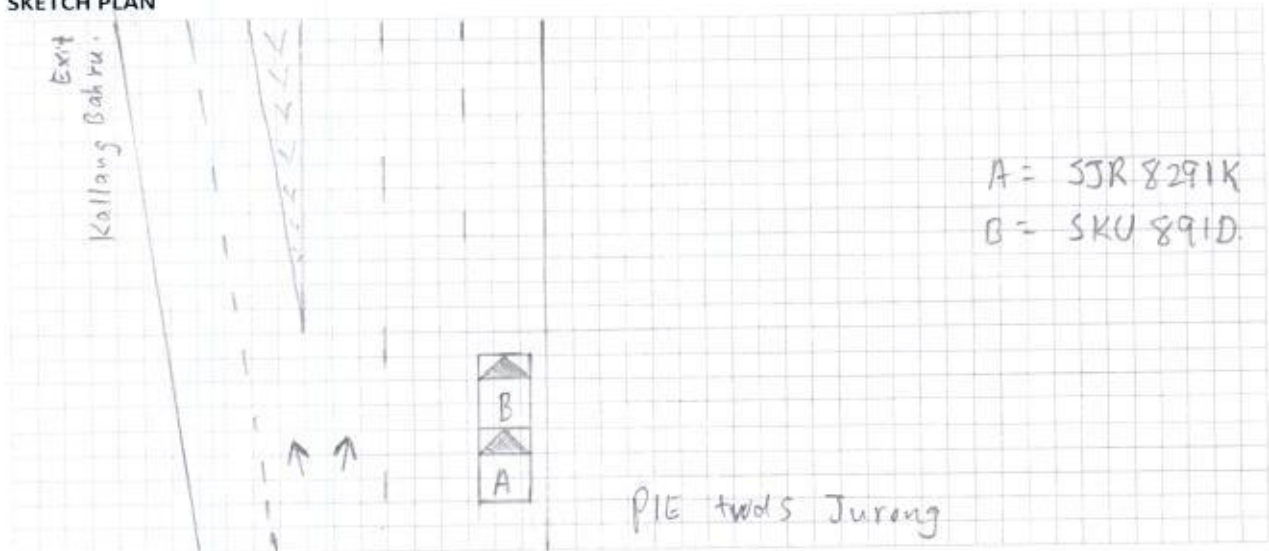
Policyholder's Signature
Date & Time:

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

[Signature]

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to 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:




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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S25845431



Name: LUM CHEE FAI
林志輝
Race: CHINESE
Date of Birth: 10-08-1964 Sex: M
Country of Birth: MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S25845431
Name: LUM CHEE FAI
Birth Date: 10 Aug 1964
Issue Date: 30 Jul 2003



8121022




NRIC No: S25845431
Nationality: MALAYSIAN
Blood Group: O+ Date of issue: 14-06-1994


FOR ALL RACES NORTH CYCIST S 810-1282
SINGAPORE EMALY
NPIC No: 8121022 Date: 14-06-1994 No: 8154339

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B	Motorcycles <= 200 CC	28 Feb 1964
Class 3	Motor cars <= 2000 Lg with <= 7 passengers, exclusive of the driver and motor tractors/vehicles <= 2500 kg	12 Jan 2009
Class 4	Heavy motor cars and motor tractors > 2500 kg	19 May 2009
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	06 Jul 2009

S / No. 9000107924

NP475A



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="26/08/2018 08:56"/>							
Vehicle No.(For Motor)	<input type="text" value="SJR8291K"/>	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"/>	5050795111-07		LUM CHEE FAI	S25845431	GPC	drivo CLASSIC	SJR8291K	SJR8291K	15/07/2018	14/07/2019
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1009056

Policy No.	5050795111-07	Vehicle No.	SJR8291K	GST Registration No.	
Certificate No.					
Policyholder Name	LUM CHEE FAI			Policyholder NRIC	S25843
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not avi
▼ Accident Details					
Report Date	28/08/2018 10:28	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	26/08/2018	Time of Accident hh:mm	17:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE NEAR EXIT 12				
▼ Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
▼ Benefits					
Coverage		Sum Insured			
Excess Waiver		99999999.99			
Transport Allowance		99999999.99			
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 547 #10-1464	Address 2	BEDOK NORTH STREET 3	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	46054
Unit No.	10-1464	Related Policy Number	5050795111-07		
▼ OI Driver Info					
Driver Name	LUM CHEE FAI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2584543	Driver DOB	10/08/
Register Date of Driver License	12/09/2009	Driver Age	54	Driving Experience	8
Contact No.(Mobile)	96195972	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 547 #10-1464	Address 2	BEDOK NORTH STREET 3	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	46054
Unit No.	10-1464				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	LUM CHEE FAI
Contact No.(Mobile)	96195972	Contact No. (Home)	
Email Address		OI Vehicle Number	SJR8291K
Claim Description	SJR8291K / SKU891D ON 26 Aug 2018		
Preferred Workshop	Insured Liability	Fully at Fault	
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		28/08/2018 11:07	Claim Close Date
		LEW SHAN HUI	
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT1009056	Claim No.	002	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/08/2018 11:08	
Path *		Category *	Confidential	Urgency *
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:08	SAS	Normal	SAS 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:08	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:08	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:08	Photos	Normal	Photos 2018-8-28
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:08	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:07	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:07	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:07	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:07	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:07	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 11:07	Photos	Normal	Photos 2018-8-28

Video List

Uploaded By/Date	Folder Date	File Name	Source
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