

NATIONAL Assessment Centre Services

Part 1 (30/05)

MMA 118128105

Date In: 3/10/18 10:33	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 18017880/44	E-mail (within 5hrs, A/C 2hrs)		
Veh No: SKM 5231T	i-Motor Claim Form	MT/1014256-001	4/10/18 09:38
DOA: 2/10/18 00:45	i-Motor W/O (Within, OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (

Tel:

Fax:

IP Particulars:

Veh No:

G08 1855J

INC () / Non-INC ()

Tel:

Owner / Driver: (

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

MA 180 6296

Invoice Preparation Checklist

Amt (\$) In Bill

Amt (\$) Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Sat. 1:

Sat. 2 / 3:

1) AR: Accident Reporting (\$30);	
2) DA: Damage Assessment (\$100); INC (\$40)	
3) TP: 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 2003)	
6) TR: Re-inspection \$75	
7) NI: Idao 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: Idao Mobile \$0	

Invoice dated

Fee Charged

Invoice dated

Fee Charged

30.20

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	03/10/2018 10:33
Date Of Accident	02/10/2018 00:45
Exact Location Of Accident	JOO CHIAT LN SMALL RD BEHIND NO 185
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM5231T
Insured/Policyholder	
Name Of Registered Owner	EILEEN TAY SHING LEE
NRIC No	S7905001F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98452740
Alternative Phone No	OFFICE-98452740

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLS 350
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5102522382
Cover Note Number	-

Driver

Name of Driver	TAY SONG LENG
NRIC No	S1398701G
Date Of Birth	27/10/1959
Occupation	INDOOR
Date Of Driving Pass	21/09/1977
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98866292
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	265 ONAN RD
Postcode	424656
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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

MY VEH WAS PARKED BEHIND THE NO 185 SHOP HOUSE ALONG JOO CHIAT LANE, SUDDENLY I HEAR A LOUD BAND AND I WENT TO CHECK MY VEH, I REALIZED VEH B (BEARING NO GBB1855J) REVERSING HIT ONTO MY VEH RIGHT FRONT PORTION.

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	GBB1855J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN KOK PHENG
NRIC/Passport Number	S1670599C
Contact Number	90075710
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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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:

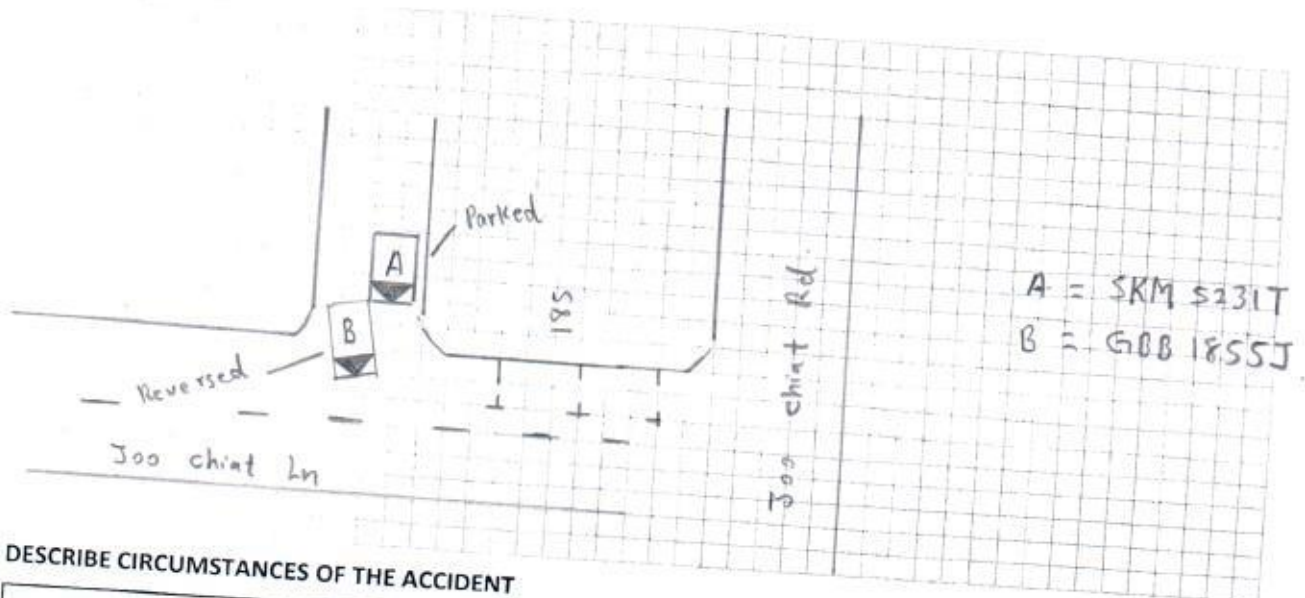


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Licence Number: **S1398701G**

Name: **TAY SONG LENG**

Birth Date: **27 Oct 1959**

Issue Date: **06 Mar 2003**

000266988H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1398701G**

Name: **TAY SONG LENG**

Race: **CHINESE**

Date of birth: **27-10-1959**

Country/Place of birth: **SINGAPORE**

Sex: **M**

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

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	13 Apr 1977
Class 2A	Motorcycles between 201 cc and 400 cc	13 Apr 1977
Class 2	Motorcycles exceeding 400 cc	13 Apr 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Sep 1977
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	15 Jan 1981

Licence No: **S1398701G**

NP 426A

5670141

NRIC No. **S1398701G**

Date of issue: **10-11-2016**

Address: **265 ONAN ROAD
SINGAPORE 424656**

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="01/10/2018 10:22"/>
Vehicle No.(For Motor)	<input type="text" value="SKM5231T"/>	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"/>	5102522382		EILEEN TAY SHING LEE	S7905001F	GPC	drive CLASSIC	SKM5231T	SKM5231T	24/07/2018	23/07/2019

Claim Handling

Accident MT/1014256

Policy No.	5102522382	Vehicle No.	SKM5231T	GST Registration No.	
Certificate No.					
Policyholder Name	EILEEN TAY SHING LEE			Policyholder NRIC	S79051
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98452740	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
▼ Accident Details					
Report Date	04/10/2018 09:31	Accident Report Within 24 hrs	Yes	Accident Type	Demag
Date of Accident	02/10/2018	Time of Accident hh:mm	00:45	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	JOO CHEAT LN SMALL RD BEHIND NO 185				
▼ Excess					
Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
▼ Policyholder Mailing Address					
Address 1	17A SIMEE STREET 4	Address 2	#11-07 DOUBLE BAY RESIDENC	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	52988;
Unit No.	11-07	Related Policy Number	5102522382		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAY SONG LENG	Driver NRIC	S1398701G	Driver DOB	27/10/
Register Date of Driver License	21/09/1977	Driver Age	58	Driving Experience	41
Contact No.(Mobile)	98866292	Contact No.(Office)		Contact No.(Home)	
Address 1	265 # ONAN ROAD	Address 2	SINGAPORE 424656	Address 3	
Address 4		Address Type	Singapore address	Post Code	424656
Unit No.					
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 001 **New**

Claim Type *	OD-MX ▼	Insured Name	EILEEN TAY SHING LEE
Contact No.(Mobile)		Contact No.(Home)	67836083
Email Address		OI Vehicle Number	SKM5231T
Claim Description	SKM5231T / GBB1855J ON 2 Oct 2018		
Preferred Workshop	0	Insured Liability	Not at Fault ▼
Preferred Repair Option	Yes ▼	Preferred Workshop, Name unknown ▼	GIA report
Date Registered		Received	04/10/2018 09:37
Report Taken By		Claim Close Date	
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1014256	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

04/10/2018 09:38

Path *

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Confidential

[NO](#)

Urgency *

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 09:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 09:38	SAS	Normal	SAS 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 09:38	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 09:38	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 09:38	Photos	Normal	Photos 2018-10-4
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 09:38	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 09:37	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 09:37	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 09:37	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 09:37	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 09:37	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 09:37	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 09:37	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 09:37	Photos	Normal	Photos 2018-10-4

Video List

Uploaded By/Date	Folder Date	File Name	Source
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