

NATIONAL Assessment Centre Services

Date In: 03/10/2018 14:16	Job description	Date & Time Completed	Done by
Ref No: NA/INC18017901/K4	SAS e-filing		
Veh No: SKW 9284L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/09/2018: 22:45	i-Motor Claim Form	MT/1013901-002	4/10/18 16:35
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: SLE 8037 J. 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

NA 1806319	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) PT: 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:-		
QC Checked by (Engr-In-Charge):	ON:		
	*N5: Courtesy Car / Tpl 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 \$0		
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	03/10/2018 14:16
Date Of Accident	29/09/2018 22:45
Exact Location Of Accident	SERANGOON CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW9284L
Insured/Policyholder	
Name Of Registered Owner	LAU SIEW WAH
NRIC No	S1734768C
Email Address	LIMYIYUE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92369464
Alternative Phone No	OTHERS-92369464

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SB 1.8L TFSI AT D/AB 2WD 5DR HID PSR
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	5098136465
Cover Note Number	

Driver

Name of Driver	LIM YI YUE
NRIC No	S9625904B
Date Of Birth	03/07/1996
Occupation	INDOOR
Date Of Driving Pass	04/03/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92369464
Fax Number	
Contact Number	OTHERS-92369464
Email Address	LIMYIYUE@GMAIL.COM

Address	BLK 834 HOUGANG CENTRAL #08-568
Postcode	530834
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	1

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	SLE8037J
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)	2
Passenger 1	NAME: : GENDER: :

SKETCH PLAN

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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: 03/10/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time: 03/10/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accidentally hit rear portion of vehicle ~~A~~ B.

* Late report due to being overseas.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

03/10/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

03/10/2018

Reporting Centre Personnel's Signature

Name:

3/10/2018

Vehicle No.	SKW 9284 L	Model / Make	AUDI A3
Date of Accident	29/09/2018 29/09/2018		
Time of Accident	22:45	HRS	
Location of Accident	Serangoon Central		
Exact purpose use during accident			
Name of Owner	LIM YI YUE		
Telephone No.	H/P: 92369464	Home :	Office :
NRIC	S9625904B		
Address	Blk 834 Honggang Central #08-568		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.			
Name of Driver	As Above If No,		
NRIC	S9625904B	Any Passengers : Friend A	
Date of birth	03/07/1996		
Occupation	Outdoor /	<u>Indoor</u>	
Driving License Pass Date	04/05/2016		
Gender	Male /	<u>Female</u>	
Contact No.	H/P: 92369464	Home :	Office :
Address	Blk 834 Honggang Central #08-568		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	<u>No,</u>	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SLE 8037 J	Any Passengers : 1 person	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion			
Camera Recorder	Yes / No		
Email Address	limyiyue@gmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING /			

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9625904B



Name

LIM YI YUE

林亦悦

Race

CHINESE

Date of birth

03-07-1996

Sex

F

Country of birth

SINGAPORE

S9625904B



NRIC No. S9625904B



Date of issue

28-06-2011

Address

AP1 BLK 834 HOUGANG CENTRAL
#08-568
SINGAPORE 530834

4740728

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver, and other motor vehicles with unladen weight \leq 2500kg 04 Mar 2016

NP428A



eBaoTech

GeneralClaim

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="29/09/2018 22:45"/>							
Vehicle No. (For Motor)	<input type="text" value="SKW9284L"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098136405		LALI STEW WAH	S1734768C	GPC	drive CLASSIC	SKW9284L	SKW9284L	23/02/2018	31/08/2019
<input type="button" value="Continue"/>										

Claim Handling

• Task Transfer • Exit

▼ Accident MT/1013901

LOS SAL SUB

Policy No.	5098136465	Vehicle No.	SKW9284L	GST Registration No.	
Certificate No.					
Policyholder Name	LAU SIEW WAH	Policyholder NRIC	S1734768C		
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 type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement (%)	0	Private Hire	Not available

▼ Accident Details

Report Date	02/10/2018 10:02	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	29/09/2018	Time of Accident hh:mm	22:42	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SERANGOON CENTRAL JUNCTION OF BOUNDARY ROAD				

▼ 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

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 834 #08-568	Address 2	HOUGANG CENTRAL	Address 3	SINGAPORE 530834
Address 4		Address Type	Singapore address	Post Code	530834
Unit No.		Related Policy Number	5098136465		

▼ OI Driver Info

Driver Name		Driver Type	
Unnamed driver Name		Driver NRIC	
		Driver DOB	
		Driver Age	

Claim Handling

Accident MT/1013901

Policy No.	5098136465	Vehicle No.	SKW9284L	GST Registration No.	
Certificate No.					
Policyholder Name	LAU SIEW WAH			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
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	02/10/2018 10:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	29/09/2018	Time of Accident hh:mm	22:42	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	SERANGOON CENTRAL JUNCTION OF BOUNDARY ROAD				
▼ 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		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 834 #08-568	Address 2	HOUGANG CENTRAL	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5098136465		
▼ OI Driver Info					
Driver Name	LIM YI YUE	Driver Type	Named Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S9625904B	Driving Experience	
Register Date of Driver License	04/03/2016	Driver Age	22	Contact No.(Home)	
Contact No.(Mobile)	92369464	Contact No.(Office)		Address 3	
Address 1	BLK 834 #08-568	Address 2	HOUGANG CENTRAL	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	08-568				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LAU SIEW WAH	Insured NRIC	
Contact No.(Mobile)	93873358	Contact No.(Home)	63858093	Contact No.(Office)	
Email Address		OI Vehicle Number	SKW9284L	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKW9284L / SLE8037 ON 29 Sept 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	04/10/2018 16:43	Claim Close Date		Date Received	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.

MT/1013901

Claim No.

002

Last Doc. Received

☒ Yes ☐ No

Upload Date

04/10/2018 16:35

Path *

Category *

Confidential

Urgency

Browse...	Clear	Please Select	▼	NO	▼	Normal
Browse...	Clear	Please Select	▼	NO	▼	Normal
Browse...	Clear	Please Select	▼	NO	▼	Normal
Browse...	Clear	Please Select	▼	NO	▼	Normal
Browse...	Clear	Please Select	▼	NO	▼	Normal
Browse...	Clear	Please Select	▼	NO	▼	Normal

[Manage Load](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 04 Oct 2018 16:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 04 Oct 2018 16:42	SAS	Normal	SAS 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 04 Oct 2018 16:41	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 04 Oct 2018 16:41	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 04 Oct 2018 16:41	Photos	Normal	Photos 2018-10-4
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 04 Oct 2018 16:41	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 04 Oct 2018 16:41	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 04 Oct 2018 16:41	Photos	Normal	Photos 2018-10-4

Video List

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