

# NATIONAL Assessment Centre Services

Part 1 (00/97)

MMA 118128735

Date In	4/10/18 11:46	Job description	Date & Time Completed	Done by
Ref No	NA/INC18018003/164	SAS e-filing		
Veh No	SJF 4871 B	E-mail (within 5hrs, APC 2hrs)		
TPCA	3/10/18 18:00	i-Motor Claim Form	MT/1014369-001	4/10/18 17:43
OP - JP / Rep (Only)		i-Motor W/O (Within OD 2hrs, TP 4hrs)		
TP Insurer		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No.

SLC 3207 T

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

MA1806317		Invoice Preparation Checklist		Ant (\$)	Ant (\$)
				Est Bill	Add Bill
Claimant's Particulars :-		1) AR : Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TP : Towing Fee \$40/\$45			
Damaged Portion:		4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) iFT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-		For claiming against INC Only (wef 10 Jan 2005)			
Ref. 1:		6) TR : Re-inspection \$75			
Ref. 2 / 3:		7) N1 : 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 (N'm INC) against INC \$20			
		9) N12: Idao Mobile \$0			
		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	04/10/2018 11:46
Date Of Accident	03/10/2018 18:00
Exact Location Of Accident	MINDEF OPEN CARPARK ALONG HILLVIEW AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF4871B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUN YUCHENG
NRIC No	S9073253F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90905716
Alternative Phone No	OFFICE-90905716

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS 4A/T
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	5099807007
Cover Note Number	-

### Driver

Name of Driver	SUN YUCHENG
NRIC No	S9073253F
Date Of Birth	12/11/1990
Occupation	INDOOR
Date Of Driving Pass	19/03/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90905716
Fax Number	
Contact Number	OFFICE-90905716
Email Address	NOEMAIL



Address	5 SIMEI ST 4 #10-01
Postcode	529863
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	COLLIDED INTO PARKED VEHICLE
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)	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

PLEASE REFER TO ATTACHED STATEMENT.

#### 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	SLC3207T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YUEN MUN WAI
NRIC/Passport Number	S8424058C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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:

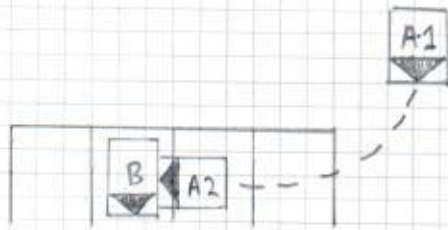
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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



# SKETCH PLAN



A = SJF4871B  
B = SLC3207T

Mindel Open Carpark Along Hillview Ave

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my car out of the carpark, and wasn't paying attention to my surrounding when I made a right turn. I ~~over~~ turn too much and hit a stationary car. Right before I hit, I realised and press brake to reduce impact.

## 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.:

**SINGAPORE ARMED FORCES**  
**IDENTITY CARD**

Name  
**SUN YUCHENG**

NRIC No  
**S9073253F**

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence No: **S9073253F**

Name  
**SUN YUCHENG**

Birth Date: **12 Nov 1990**  
Issue Date: **19 Mar 2016**

002784521KJ

CLM/TOR 00000050150747

NRIC No/Colour  
**S9073253F/ PINK**

Race  
**CHINESE**

Date Of Birth  
**12/11/1990**

Service Status  
**NSF**

Address  
**ADDRESS: 5 SIMEI STREET 4 #10-01  
SINGAPORE 529863**

Blood Group  
**AB (+)**

Country Of Birth  
**CHINA**

Military Rank Status  
**OFFICER**

Sex  
**M**

DATE: 27.07.2016 S9073253F

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

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$

EFFECTIVE DATE  
**19 Mar 2016**

NP 428A

Licence No: S9073253F

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="03/10/2018 11:39"/>							
Vehicle No.(For Motor)	<input type="text" value="SJF4871B"/>	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"/>	S099807007		SUN YUCHENG	S9073253F	GPC	drive CLASSIC	SJF4871B	SJF4871B	20/04/2018	29/05/2019
<input type="button" value="Continue"/>										

## Claim Handling

Accident MT/1014369

Policy No.	S099807007	Vehicle No.	SJF48718	GST Registration No.	
Certificate No.					
Policyholder Name	SUN YUCHENG			Policyholder NRIC	S9073J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90905716	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
KFX	<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 17:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	03/10/2018	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MINDEF OPEN CARPARK ALONG HILLVIEW AVE				

## ▼ 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	5 SIMEI STREET 4	Address 2	#10-01 SIMEI GREEN CONDOMI	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	52986J
Unit No.		Related Policy Number	S099807007		

## ▼ OI Driver Info

Driver Name	SUN YUCHENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9073253F	Driver DOB	12/11/
Register Date of Driver License	19/03/2018	Driver Age	27	Driving Experience	0
Contact No.(Mobile)	90905716	Contact No.(Office)		Contact No.(Home)	
Address 1	5 SIMEI STREET 4	Address 2	#10-01 SIMEI GREEN CONDOMI	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	52986J
Unit No.					
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 type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 **New**

Claim Type *	OD-MX ▼	Insured Name	SUN YUCHENG
Contact No.(Mobile)	90905716	Contact No.(Home)	67841325
Email Address	sun_gjj@hotmail.com	Vehicle Number	SJF48718
Claim Description	SJF48718 / SLC3207T ON 3 Oct 2018		
Preferred Workshop	0	Insured Liability	Fully at Fault ▼
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered	04/10/2018 17:42	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1014369	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date04/10/2018 17:43

Path \*

Choose FileNo file chosen

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Message Read

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Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 17:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 17:43	SAS	Normal	SAS 2018-10-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 17:43	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 17:43	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 17:42	Photos	Normal	Photos 2018-10-4
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 17:42	Photos	Normal	Photos 2018-10-4
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 17:42	Photos	Normal	Photos 2018-10-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Oct 2018 17:42	Photos	Normal	Photos 2018-10-4

Video List

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