

NATIONAL Assessment Centre Services (wef 1 Jan 2015)

Date In: 09/11/2018 12:45	Job description	Date & Time Completed	Done by
Ref No: NA/INC(8020310/44)	SAS e-filing		
Veh No: SJE 897J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/11/2018 09:30	i-Motor Claim Form	MT/1019259-001	12/11/18 10:05
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: SHB5048A 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

NA1807298

Client's Particulars :-	Invoice Preparation Checklist	
	Am't (\$) 1st Bill	Am't (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
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	
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against JNC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) N1: Idao DA + SMRT Survey \$150	
	8) NTUC Additional Services:-	
	ON*	
	*N3: 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

## 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 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. 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	09/11/2018 12:45
Date Of Accident	09/11/2018 09:30
Exact Location Of Accident	ZION ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE897J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YONG MEI FOONG VERA
NRIC No	S1655016G
Email Address	VERAYONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90048844
Alternative Phone No	OTHERS-90048844

### Vehicle Particulars

Manufacturer	BMW
Model	X3 2.5SI
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	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	5099877545
Cover Note Number	

### Driver

Name of Driver	YONG MEI LING GLENIS
NRIC No	S0005225F
Date Of Birth	17/01/1953
Occupation	INDOOR
Date Of Driving Pass	18/11/1974
Driving Experience	43 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90048844
Fax Number	
Contact Number	OTHERS-90048844
EMail Address	VERAYONG@GMAIL.COM

Address	10 MERINO CRESCENT
Postcode	149158
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	RAINING
Road Surface	WET

#### 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: : NIL
	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

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	SHB5048A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SIEW HOOI THONG
NRIC/Passport Number	S0101468D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

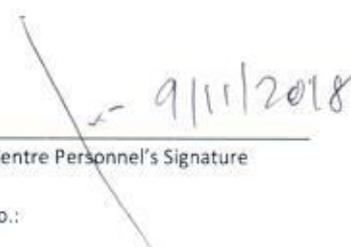
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

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



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0005225F



Name  
**YONG MEI LING GLENIS**

Race  
**CHINESE**

Date of birth  
**17-01-1953**

Country/Place of birth  
**SINGAPORE**

Sex  
**F**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S0005225F**

Name  
**YONG MEI LING GLENIS**

Birth Date **17 Jan 1953**  
Issue Date **17 Nov 2003**



5925220



NRIC No. **S0005225F**



Date of Issue  
**27-04-2018**

Address

**10 MERINO CRESCENT  
SINGAPORE 149158**

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

PASS DATE

**Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

**18 Nov 1974**



NP 428A

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.  Date of Accident   
 Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5099877545		YONG MEI FOONG VERA	S1655016G	GPC	drivo CLASSIC	SJE897J	SJE897J	13/04/2018	14/04/2019

Policy Information

Policy No.	5099877545	Policyholder Name	YONG MEI FOONG VERA	Policyholder NRIC	S1655016G
Certificate No.					
Address	31 NATHAN ROAD #04-23 LOFT @ NATHAN SINGAPORE 248749				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	13/04/2018	Effective Date	13/04/2018 00:00	Expiry Date	14/04/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	HUANG GUOQING TERRY	Agent Tel.	91278514	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	31 NATHAN ROAD	Address 2	#04-23 LOFT @ NATHAN	Address 3	SINGAPORE 248749
Address 4		Address Type	Singapore address	Post Code	248749
Unit No.	04-23	Related Policy Number	5099877545		

Insured Object: SJE897J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

**Claim Handling**

Accident MT/1019259

Policy No.	5099877545	Vehicle No.	SJE897J	GST Registration No.
Certificate No.				
Policyholder Name	YONG MEI FOONG VERA			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	90048844	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	40	Private Hire

▼ **Accident Details**

Report Date	12/11/2018 09:59	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/11/2018	Time of Accident hh:mm	09:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ZION ROAD			

▼ **Excess**

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
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	31 NATHAN ROAD	Address 2	#04-23 LOFT @ NATHAN	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-23	Related Policy Number	5099877545	

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	YONG MEI LING GLENIS	Driver NRIC	S0005225F	Driving Experience
Register Date of Driver License	18/11/1974	Driver Age	65	Contact No.(Home)
Contact No.(Mobile)	90048844	Contact No.(Office)	0	Address 3
Address 1	10 MERINO CRESCENT	Address 2	# SHEPHERD'S HILL ESTATE	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	YONG MEI FOONG VERA
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SJE897J
Claim Description	SJE897J / 5HB5048A ON 9 Nov 2018		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/11/2018 10:06	Claim Close Date	
Report Taken By		Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No. MT/1019259 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 12/11/2018 10:05

Path \*

Category \*

Confidential

- Choose File No file chosen

- Clear

Please Select	NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 10:05	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 10:05	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 10:04	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 10:04	Photos	Normal	Photos ↓
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 10:03	Photos	Normal	Photos ↓
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 10:03	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Nov 2018 10:03	Photos	Normal	Photos ↓