

NATIONAL Assessment Centre Services

Date In: 14/11/2018 16:32	Job description	Date & Time Completed	Done by
Ref No: NA/INC18020634/K4	SAS e-filing		
Veh No: SGL29615	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/11/2018 14:30	i-Motor Claim Form	MT/1019844-001	15/11/18 09:50
QC (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 Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: SBF9235A	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

NA1807434

Claimant'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) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$15		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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 \$10		
	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	14/11/2018 16:32
Date Of Accident	14/11/2018 14:30
Exact Location Of Accident	TAN QUEE LAN ST TWDS NORTH BRIDGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL2961S
Insured/Policyholder	
Name Of Registered Owner	SOAR AUTOMOBILE
Co Reg No	53364265E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91078869
Alternative Phone No	OFFICE-91078869

Vehicle Particulars

Manufacturer	BMW
Model	523I
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103694636
Cover Note Number	

Driver

Name of Driver	TEO LAY TING CANDY (ZHANG LITING CANDY)
NRIC No	S8431319Z
Date Of Birth	01/10/1984
Occupation	OUTDOOR
Date Of Driving Pass	30/08/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91078869
Fax Number	
Contact Number	OTHERS-91078869
EMail Address	NOEMAIL

Address	BLK 476 PASIR RIS DRIVE 6 #04-536
Postcode	510476
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - COMPANY OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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	SBF9235A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PHUA LI CHIN
NRIC/Passport Number	S1156368F
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**.
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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:


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


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

SKETCH PLAN

North Bridge Rd

A - SGL2961S

B - SBF 9235A

Tan Quee Lan St



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A Driving along Tan Quee Lan St towards North Bridge Rd, suddenly vehicle B passed by and hit on the right side near headlight (Front) slightly damaged.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

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

14/11/2018

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8431319Z



Name

TEO LAY TING CANDY
(ZHANG LITING CANDY)

张丽婷

Race

CHINESE

Date of birth

01-10-1984

Country/Place of birth
SINGAPORE

Sex

F



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8431319Z

Name

TEO LAY TING CANDY
(ZHANG LITING CANDY)

Birth Date: 01 Oct 1984

Issue Date: 30 Aug 2016



5374837



NRIC No. S8431319Z

Date of issue

27-10-2014

Address

APT BLK 476 PASIR RIS DRIVE 6
#04-536
SINGAPORE 510476

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 30 Aug 2016

NP 428A



Suheng @ gmail. com ✓

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="14/11/2018 14:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SGL2961S"/>	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"/>	5103694636		SOAR AUTOMOBILE	53364265E	GPC	drivo CLASSIC	SGL2961S	SGL2961S	11/09/2018	10/09/2019
<input type="button" value="Continue"/>										

[Policy Information](#)

Policy No.	5103694636	Policyholder Name	SOAR AUTOMOBILE	Policyholder NRIC	53364265E
Certificate No.					
Address	13 KAKI BUKIT ROAD 4 #03-03 BARTLEY BIZ CENTRE SINGAPORE 417807				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	09/09/2018	Effective Date	11/09/2018 00:00	Expiry Date	10/09/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

[Policyholder Mailing Address](#)

Address 1	13 KAKI BUKIT ROAD 4	Address 2	#03-03 BARTLEY BIZ CENTRE	Address 3	SINGAPORE 417807
Address 4		Address Type	Singapore address	Post Code	417807
Unit No.	03-03	Related Policy Number	5103694636		

[Insured Object: SGL2961S](#)
[Endorsements](#)

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	11/09/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 11 Sep 2018, the following policy details are amended as follows: ORIGINAL REGISTRATION DATE: 11 Sep 2006

[Continue](#)
[Cancel](#)

Claim Handling

Accident MT/1019844

Policy No.	5103694636	Vehicle No.	SGL2961S	GST Registration No.
Certificate No.				
Policyholder Name	SOAR AUTOMOBILE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91078869	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(%)	10	Private Hire
Accident Details				
Report Date	15/11/2018 09:41	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/11/2018	Time of Accident hh:mm	14:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TAN QUEE LAN ST TWDS NORTH BRIDGE RD			
Excess				
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	
Benefits				
GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified	No	
Modification History				
Policyholder Mailing Address				
Address 1	13 KAKI BUKIT ROAD 4	Address 2	#03-03 BARTLEY BIZ CENTRE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-03	Related Policy Number	S103694636	
O1 Driver Info				
Driver Name	TEO LAY TING CANDY	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8431319Z	Driver DOB
Register Date of Driver License	30/08/2014	Driver Age	34	Driving Experience
Contact No.(Mobile)	91078869	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 476 #	Address 2	PASIR RIS DRIVE 6	Address 3
Address 4		Address Type	Singapore address	Post Code
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 type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SOAR A
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		O1 Vehicle Number	SGL2961S
Claim Description	SGL2961S / SBF9235A ON 14 Nov 2018		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Date Registered	15/11/2018 09:49	Preferred Repair Option	Preferred Workshop, Name unknown
Report Taken By		GIA report	Received
Print AK letter		Claim Close Date	
		Workshop Repairer	

Attachment



Accident No:	MT/1019844	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/11/2018 09:50

Path *	Category *	Confidential
<input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Message Read"/>	<input type="button" value="Clear"/> <input type="text" value="Please Select"/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/> <input type="text" value="NO"/> <input type="text" value="NO"/> <input type="text" value="NO"/> <input type="text" value="NO"/> <input type="text" value="NO"/> <input type="text" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2018 09:49	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2018 09:47	SAS	Normal	SAS 2(
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2018 09:46	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2018 09:46	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2018 09:46	Photos	Normal	Photos ;
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2018 09:46	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2018 09:46	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2018 09:46	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2018 09:45	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2018 09:45	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2018 09:45	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2018 09:45	Photos	Normal	Photos ;
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2018 09:45	Photos	Normal	Photos ;