

# NATIONAL Assessment Centre Services. [ver 1 Jan 09] MMA 118153648.

Date In: 27/11/18 13:52	Job description	Date & Time Completed	Done by
Ref No: MA/INC18021376164	SAS e-filing		
Veh No: SLV 7054R	E-mail (within 3hrs, AIC 2hrs)		
DOA: 26/11/18 11:00	i-Motor Claim Form	MT/1021636-001	27/11/18 17:21
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLN 655U	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:	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

<p>MA 1807767</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref: 1:</p> <p>Ref: 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$50)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Coordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p> <p>Invoice dated</p> <p>Fee Charged</p>	<p>Amr (\$)</p> <p>30.00</p> <p>Amr (\$)</p> <p>Add Bill</p>
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## 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	27/11/2018 13:52
Date Of Accident	26/11/2018 11:00
Exact Location Of Accident	MALAYSIA CUSTOM TWDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV7054R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG RUI JIN
NRIC No	S8779440G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86793334
Alternative Phone No	OFFICE-86793334

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	5103301056
Cover Note Number	-

### Driver

Name of Driver	NG RUI JIN
NRIC No	S8779440G
Date Of Birth	09/09/1987
Occupation	OUTDOOR
Date Of Driving Pass	21/03/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86793334
Fax Number	
Contact Number	OFFICE-86793334
Email Address	NOEMAIL

Address	NO 15 JLN INDAH 8/7 TMN BUKIT INDAH 81200 JOHOR MALAYSIA
Postcode	
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	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?	
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: : UNKNOWN
	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

AFTER CLEAR THE MALAYSIA IMMIGRATION COUNTER, I INCHED FORWARD AND STOP TO CHECK ON COMING TRAFFIC, SUDDENLY VEH B (BEARING NO SLN655U) COME FROM MY RIGHT AND SQUEEZE THRU MY VEH AND 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	SLN655U
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)

## 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.



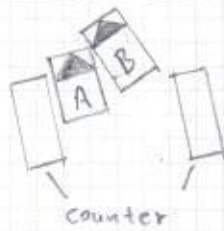
Policyholder's Signature  
Date & Time:

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



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

SKETCH PLAN



A = SLV 7054 R.

B = SLN 655 U

Malaysia custom towards Singapore

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.:



Hello, NAC\_PAYA\_UBI\_800601

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## 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"/>	5103301056		NG RUI JIN	S8779440G	GPC	drive CLASSIC	SLV7054R	SLV7054R	30/08/2018	31/08/2019

Claim Handling

Accident MT/1021636

Policy No.	S103301056	Vehicle No.	SLV7054R	GST Registration No.	
Certificate No.					
Policyholder Name	NG RUI JIN			Policyholder NRIC	S8779440G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	86793334	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFR	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
➤ Accident Details					
Report Date	27/11/2018 17:11	Accident Report Within 24 hrs	Yes	Accident Type	Side Sw
Date of Accident	26/11/2018	Time of Accident hh:mm	11:00	Country of Accident	Outside
Reporting Centre		Orange Force		ICM No.	
Accident Location	MALAYSIA CUSTOM TWDS SINGAPORE				
➤ Excess					
Own damage Excess	500.00	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 238 #17-386	Address 2	JURONG EAST STREET 21	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	600236
Unit No.	17-386	Related Policy Number	S103301056		
➤ OI Driver Info					
Driver Name	NG RUI JIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8779440G	Driver DOB	09/09/
Register Date of Driver License	01/01/2010	Driver Age	31	Driving Experience	8
Contact No.(Mobile)	86793334	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 238 #17-386	Address 2	JURONG EAST STREET 21	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	600236
Unit No.	17-386				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 **Now**

Claim Type *	OD-MX	Insured Name	NG RUI JIN
Contact No.(Mobile)		Contact No. (Home)	63447667
Email Address		OI Vehicle Number	SLV7054R
Claim Description	SLV7054R / SLN655U ON 26 Nov 2018		
Preferred Workshop (Referral No. Finalisation)	Yes	Insured Liability	Not at Fault
	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
Report Taken By		27/11/2018 17:19	Claim Close Date
		LIEW SHAN HUI	
Print AK letter			
Save Submit			
Attachment			

Accident No. MT/1021636 Claim No. 001

Last Doc. Received

\* Yes ☐ No ☐

Upload Date

27/11/2018 17:21

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category \*

Please Select ▼

Confidential

NO ▼

Urgency \*

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

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Please Select ▼

NO ▼

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NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 17:21	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 17:21	SAS	Normal	SAS 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 17:21	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 17:21	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 17:21	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 17:21	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 17:21	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 17:19	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 17:19	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 17:19	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 17:19	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 17:19	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 17:19	Photos	Normal	Photos 2018-11-27

## Video List

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