NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA118 JY689

Date In: 29/11/18 - 15:27	Job description	Date & Time Completed	Done by
Ref No: NA/INC 802159/24	SAS e-filing		
Veh No: SJL9584S	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 28/11/18 - 09:20	i-Motor Claim Form	MT/102419-001	29/11/18 16:41
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: unknown 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

NA/807798

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
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	$75		
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	30		
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 witholding 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	29/11/2018 15:27
Date Of Accident	28/11/2018 09:20
Exact Location Of Accident	PAYA LEBAR RD TWDS AIRPORT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL9084S
Insured/Policyholder	
Name Of Registered Owner	BETHANY TRANSPORT SERVICES
Co Reg No	53277921E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	HONDA JAZZ 1.3L A
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086627684-01
Cover Note Number	
Driver	
Name of Driver	CHEONG HWEE SEE MRS.SIM HWEE SEE
NRIC No	S0044879F
Date Of Birth	08/07/1953
Occupation	INDOOR
Date Of Driving Pass	03/04/1975
Driving Experience	43 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98581077
Fax Number	
Contact Number	OFFICE-98581077
EMail Address	NOEMAIL

Address	501 DUNMAN ROAD #18-05
Postcode	439193
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	2
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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - 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

REFER TO 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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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.
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 statements 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.

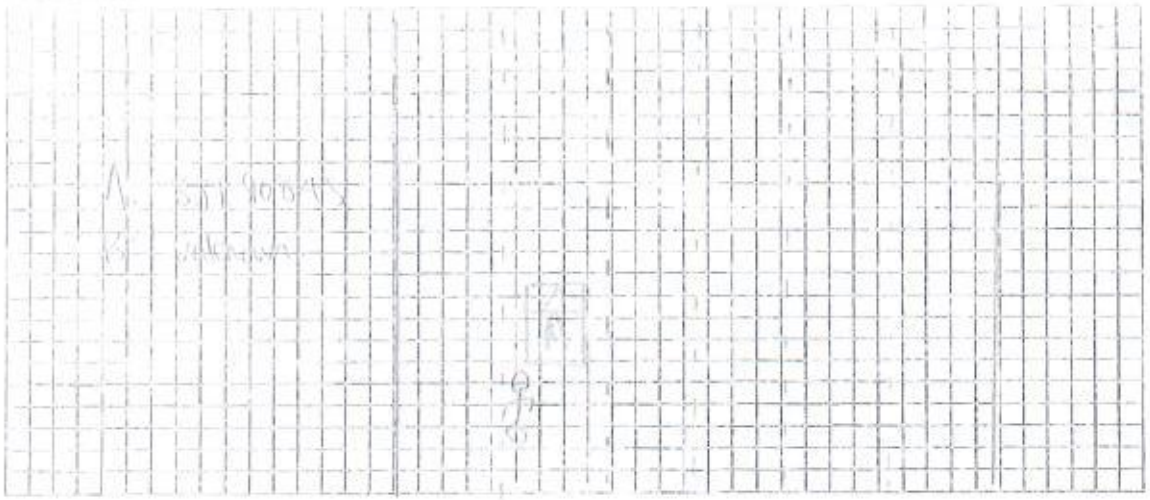
(e) the information so collected under (d) above may be shared / disclosed:

(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.

BETHANY TRANSPORT SERVICES

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Paya Lebar Road towards Aljunied Road on the fifth lane. While I going straight at my own lane. I suddenly hear a sound coming from my vehicle rear portion. After which from my mirror view I saw a motorcycle fell. At that point of time I didn't realise that the rider might had collided into me so I continue my journey. After to miss later I drop off my passengers then I realise the rider could have hit into my car and left. I then went back to the scene but the rider was no where to be found.

DECLARATION

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

BETHANY TRANSPORT

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 ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS		
Date of accident	28 11 2018	(DD/MM/YY)
Time of accident	9.28am	(HH:MM)
Exact location of accident	PAYA LEBAR ROAD towards Airport Road	

DETAILS OF VEHICLE	
Vehicle registration number	SJL 9084S
Vehicle make and model	Honda Jazz
Type of vehicle	Saloon ☑ MPV ☐ CRV ☐ Van ☐ Lorry ☐ Bus ☐ Motorcycle ☐ Others:
Vehicle category	Private ☑ Commercial ☐ Motorcycle ☐
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes ☐ No ☐ if no, please select: Third part claim ☐ Reporting only ☑

INSURANCE INFORMATION	
Insurance company	NTUC
Policy number	
Type of policy	Comprehensive ☐ Third party fire & theft ☐ TP only ☐

INSURED / POLICY HOLDER		
Name	Bethany Transport Services	Male ☐ Female ☐
NRIC / Fin / Passport number		
Contact		
Address		

DRIVER	SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)	
Name	Cheong Hwee See Mrs Sim Hwee Swee	Male ☐ Female ☑
NRIC / Fin / Passport number	S6674879F	
Contact	98581087	
Address	501 Dunman Road #18-05 S(429193)	
Email address		
Date of birth	08/07/1953	
Occupation	Indoor ☑ Outdoor ☐	
Driving date pass	03/04/1975	

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes ☑ No ☐ If no, relationship of the driver and insured:
Accident captured by camera?	Yes ☐ No ☑
Weather condition	Clear ☑ Raining ☐ Others:
Road surface	Dry ☑ Wet ☐
No of passenger	4 (Inclusive of driver)

PASSENGER 1	
Name	
Gender	Male ☐ Female ☑

PASSENGER 2	
Name	
Gender	Male ☑ Female ☐

PASSENGER 3	
Name	
Gender	Male ☑ Female ☐

PASSENGER 4	
Name	
Gender	Male ☐ Female ☐

PASSENGER 5	
Name	
Gender	Male ☐ Female ☐

PASSENGER 6	
Name	
Gender	Male ☐ Female ☐

OTHER INFORMATION	
Was anybody injured?	Yes ☐ No ☑
Was other vehicle damaged?	Yes ☑ No ☐

DETAILS OF POLICE ACTION	
Reported to police?	Yes ☐ No ☑ If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

Vehicle registration number	unknown
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0044879F

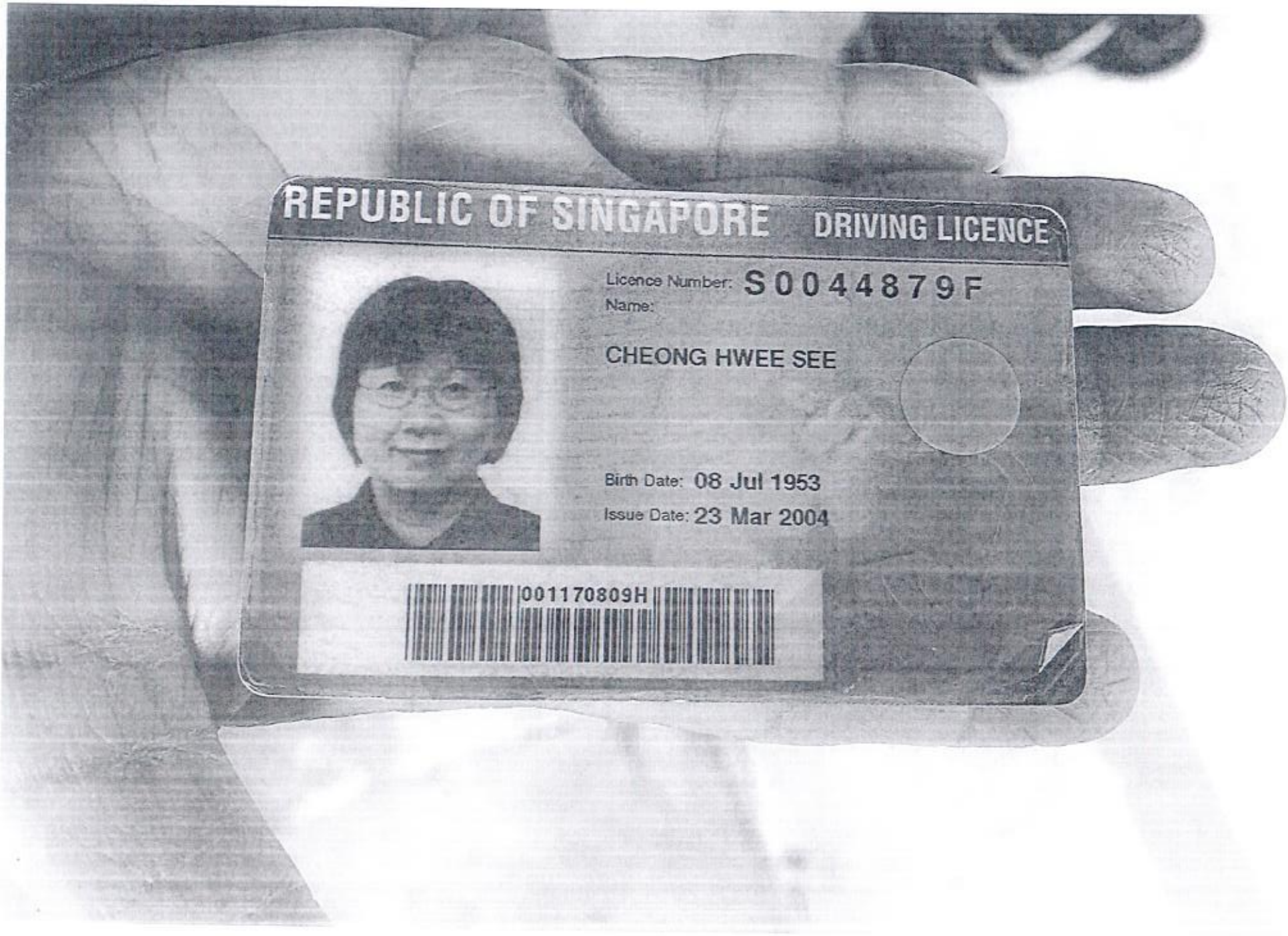
CHEONG HWEE SEE
MRS.SIM HWEE SEE
鍾慧紓
Race
CHINESE
Date of Birth
08-07-1953
Sex
F
Country of Birth
SINGAPORE

NRIC No. S0044879F

Blood Group
O+
Date of Issue
03-01-1994

501 DUNMAN ROAD #18-05
SINGAPORE 439193

NRIC No: S0044879F
Date: 13-08-2015
No: 3263112


REPUBLIC OF SINGAPORE
DRIVING LICENCE
Licence Number: S0044879F
Name:
CHEONG HWEE SEE
Birth Date: 08 Jul 1953
Issue Date: 23 Mar 2004
001170809H

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	03 Apr 1975

64

Licence No: S0044879F

NP 428A

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 28/11/2018 09:20

Vehicle No.(For Motor): SJL9084S | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5086627684-01		BETHANY TRANSPORT SERVICES	53277921E	GPC	drivo CLASSIC	SJL9084S	SJL9084S	16/12/2017	15/12/2018

Continue

Policy Information

Policy No.	5086627684-01	Policyholder Name	BETHANY TRANSPORT SERVICE	Policyholder NRIC	53277921E
Certificate No.					
Address	501 DUNMAN ROAD #18-05 FORTUNE JADE SINGAPORE 439193				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	06/12/2017	Effective Date	16/12/2017 00:00	Expiry Date	15/12/2018 23:59
Excess Type		All Claims Excess			
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		Young/Inexperience Driver Excess
Agent	HOBBES INSURANCE AGENCY	Agent Tel.	64407787	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	501 DUNMAN ROAD	Address 2	#18-05 FORTUNE JADE	Address 3	SINGAPORE 439193
Address 4		Address Type	Singapore address	Post Code	439193
Unit No.	18-05	Related Policy Number	5086627684-01		

Insured Object: SJL9084S

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling Exit

Accident MT/1021919

Policy No.	508662768 4-01	Vehicle No.	S3L9084S	GST Registration No.	
Certificate No.					
Policyholder Name	BETHANY TRANSPORT SERVICES			Policyholder NRIC	S3277921E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	(•) No ( ) Yes	TCA	(•) No ( ) Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes

Accident Details

Report Date	29/11/2018 16:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	28/11/2018	Time of Accident hh:mm	09:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PAYA LEBAR RD TWDS AIRPORT RD				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
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	Yes
Modification History			

Policyholder Mailing Address

Address 1	501 DUNMAN ROAD	Address 2	#18-05 FORTUNE JADE	Address 3	SINGAPORE 439193
Address 4		Address Type	Singapore address	Post Code	439193
Unit No.	18-05	Related Policy Number	508662768 4-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHEONG HWEE SEE MRS SIM H	Driver NRIC	S0044879F	Driver DOB	08/07/1953
Register Date of Driver License	03/04/1975	Driver Age	65	Driving Experience	43
Contact No.(Mobile)	98581077	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	501 DUNMAN ROAD	Address 2	FORTUNE JADE	Address 3	SINGAPORE 439193
Address 4		Address Type	Singapore address	Post Code	439193
Unit No.	18-05				
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 **New**

Claim Type *	OD-MX	Insured Name	BETHANY TRANSPORT SERVICE	Insured NRIC	S3277921E
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	S3L9084S	TP Vehicle Number	UNKNOWN
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	S3L9084S / UNKNOWN ON 28 Nov 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Prefererd Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	29/11/2018 16:41	Claim Close Date		Date Received	29/11/2018 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1021919	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	29/11/2018 16:43

Path *			Category *	Confidential	Urgency *	Description *
	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
Normal
Send Message
Upload
Attachment List
Attachment
Uploaded By/Date
Category
Urgency
Description
Msg Sent? (CD)
Action
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Nov 2018 16:43
NRIC/ Driving License
Normal
NRIC/ Driving License 2018-11-29
Edit
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Nov 2018 16:42
SAS
SAS 2018-11-29
Photos
Photos 2018-11-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Nov 2018 16:41
Video List
Uploaded By/Date
Folder Date
File Name
Source
Action
Display in New Window
Scan and uploading