

NATIONAL Assessment Centre Services

[wef 1 Jan 05] M NA 119 004838

Date In: 11/1/19-13:35	Job description	Date & Time Completed	Done by
Ref No: NA/INC19 000689/24	SAS e-filing		
Veh No: JM10227	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/1/19-13:30	i-Motor Claim Form	MT/1026565-002	11/1/19 13:49
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: SMDE2247 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

NA 1920347	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	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 (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 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	11/01/2019 13:35
Date Of Accident	04/01/2019 10:30
Exact Location Of Accident	JLN BOON LAY TWDS JURONG POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM1022T
Insured/Policyholder	
Name Of Registered Owner	LEE THENG THENG
NRIC No	S7510679C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96164033
Alternative Phone No	OFFICE-96164033

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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	5106527196
Cover Note Number	

Driver

Name of Driver	SIM HEE SAN
NRIC No	S1233586E
Date Of Birth	02/05/1957
Occupation	OUTDOOR
Date Of Driving Pass	06/02/1975
Driving Experience	43 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96164033
Fax Number	
Contact Number	OFFICE-96164033
Email Address	NOEMAIL

Address	BLK 152 YUNG HO ROAD #10-05
Postcode	610152
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	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

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	SMD8224T
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.
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 rescind 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:

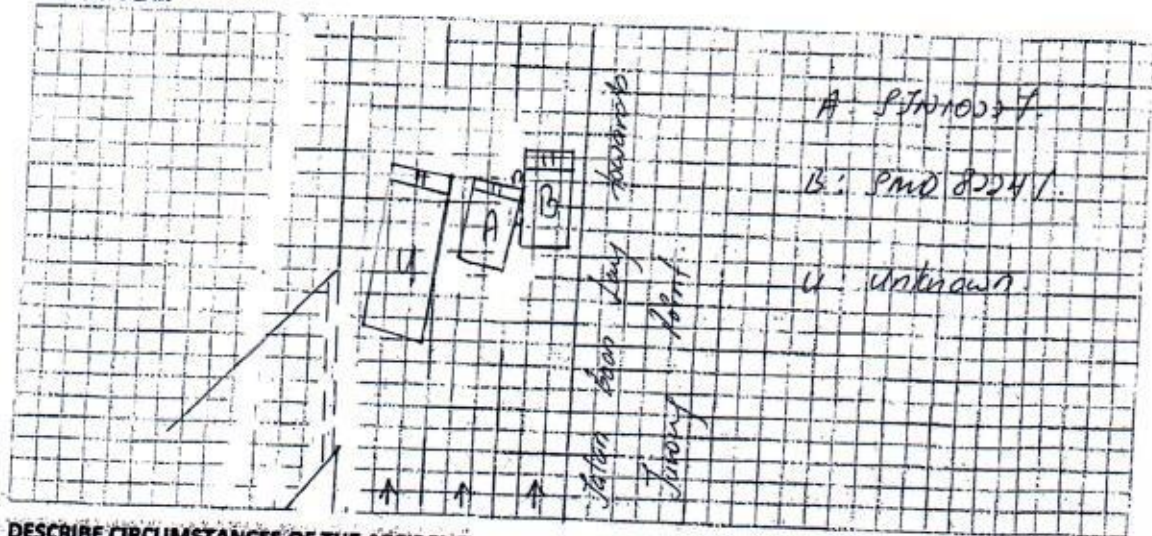
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along Jalan Boas Lay towards Jorong Point. As I was passing by a SPP road, an unknown lorry turn out suddenly and cut into my lane. In order to avoid a collision, I swerved right and came in contact with vehicle (B) who speed pan.

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 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 wilful 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 and time of accident	Date: 04 Jan 2019 (DD/MM/YY) Time: 1030 (HH:MM)
Exact location of accident	Tan Boon Way towards Jurong Point

Details of vehicle

Vehicle registration number	SDN 10227		
Vehicle make and model	Toyota Vios.		
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____		
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>		
Purpose of using at said time	Private.		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, please select: Third part claim <input type="checkbox"/> Reporting only <input checked="" type="checkbox"/>		

Insurance information

Insurance company	NTUC.
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	Lee Theng Theng.	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		

Driver

Same as insured above ☐ (skip to D.O.B)

Name	Sim Hwee San	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S12335866.	
Contact	9616 4033.	
Address	Block 152 Jung Ho Road #10-05 Singapore 2261	
Email address		
Date of birth	02 May 1957	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	06 Feb 1975	

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	1
(Inclusive of driver)	

Passenger 1

Name	_____
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 2

Name	_____
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 3

Name	_____
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 4

Name	_____
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 5

Name	_____
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 6

Name	_____
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Other information

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	_____

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	9MD 8224T.
Vehicle make model	

Third party vehicle 2

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

Third party vehicle 3

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

Third party vehicle 4

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

Third party vehicle 5

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

Third party vehicle 6

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

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 2

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1233586E

Name
SIM HEE SAN

Race
CHINESE

Date of Birth
02-05-1957

Sex
M

Country of Birth
SINGAPORE

51233586E

REPUBLIC OF SINGAPORE DRIVING LICENCE

SIM HEE SAN

Issue Date: 02 May 1977

Valid Until: 21 Feb 2003

MOB225872J

1795228

MOB No. S1233586E

Blood Group
B+

Date of Issue
15-03-1994

Address
APT BLK 152 YUNG HO ROAD
#10-05
SINGAPORE 2261

YOU ARE LID

TRADE PRO-FOOD

96164033

DRIVING CLASSIES

Class	Description	Pass Date
Class 2B	Motor	28 Apr 1977
Class 2A	Motor	28 Apr 1977
Class 2	Motor	28 Apr 1977
Class 3	Motor	28 Apr 1977
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	14 Aug 1978
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	11 Dec 1978

NP 429A

Licence No: S1233586E

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

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5106527196		LEE THENG THENG	S7510679C	GPC	drive CLASSIC	SJM1022T	SJM1022T	21/12/2018	21/12/2019

Continue

Claim Handling

Exit

Accident MT/1026565

Policy No.	S106527196	Vehicle No.	SIM1022T	GST Registration No.	
Certificate No.					
Policyholder Name	LEE THENG THENG	Cover Type	drive CLASSIC	Policyholder NRIC	S7510679C
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	NA	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available
Accident Details					
Report Date	07/01/2019 09:58	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	04/01/2019	Time of Accident hh:mm	10:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				
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	26 MAS KUNING TERRACE	Address 2	THE CLEMENTVALE	Address 3	SINGAPORE 126870
Address 4		Address Type	Singapore address	Post Code	126870
Unit No.		Related Policy Number	S106527196		
OT Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	LEE THENG THENG	Insured NRIC	S7510679C
Contact No. (Mobile)	91191027	Contact No. (Home)	62424915	Contact No. (Office)	
Email Address		OT Vehicle Number	SIM1022T	TP Vehicle Number	SMD8224T
Claimant Type	Claimant Type *	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SIM1022T / SMD8224T ON 4 Jan 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	11/01/2019 13:49	Claim Close Date		Date Received	11/01/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit



Attachment

Accident No.	MT/1026565	Claim No.	002	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/01/2019 13:50	
Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attachments

☐ Send Message **Upload**

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 11 Jan 2019 13:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 11 Jan 2019 13:50	SAS	Normal	SAS 2019-1-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 11 Jan 2019 13:50	Photos	Normal	Photos 2019-1-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 11 Jan 2019 13:50	Photos	Normal	Photos 2019-1-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 11 Jan 2019 13:49	Photos	Normal	Photos 2019-1-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 11 Jan 2019 13:49	Photos	Normal	Photos 2019-1-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 11 Jan 2019 13:49	Photos	Normal	Photos 2019-1-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 11 Jan 2019 13:49	Photos	Normal	Photos 2019-1-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 11 Jan 2019 13:49	Photos	Normal	Photos 2019-1-11		Edit

Video List

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