

NATIONAL Assessment Centre Services. [ver 1 Jan 05] MNA 119009848

Date In: 21/1/19 15:28	Job description	Date & Time Completed	Done by
Ref No: NA/INC19001297164	SAS e-filing		
Veh No: SLN 3877B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/1/19 14:00	1-Motor Claim Form	MT/1028803 ⁰⁰¹	21/1/19 16:17
OD: <input checked="" type="checkbox"/> Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SF8 26365	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

NA1900593	Invoice Preparation Checklist	Am (\$)	Ad (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
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)		
Tel 1:	6) TR: Re-inspection \$75		
Tel 2 / 3:	7) N1: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (N-on INC) against INC \$20		
	9) N12: Idan Mobile \$0		
	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	21/01/2019 15:28
Date Of Accident	21/01/2019 14:00
Exact Location Of Accident	AMK ST 22 CARPARK OF 226A
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLN3877B
Insured/Policyholder	
Name Of Registered Owner	CHAI MUI THAI
NRIC No	S2000519Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92344932
Alternative Phone No	OFFICE-92344932
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	5100192993
Cover Note Number	-
Driver	
Name of Driver	TONG CHIN YEK
NRIC No	S2006715B
Date Of Birth	01/09/1953
Occupation	INDOOR
Date Of Driving Pass	10/10/1972
Driving Experience	46 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91821830
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 125 GEYLANG EAST AVE 1 #08-19
Postcode	381125
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : CHAI MUI THAI GENDER: : FEMALE

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

I WAS TRAVELLING ALONG AMK ST 22, SUDDENLY VEH B (BEARING NO SFQ2636S) DASHED OUT FROM THE CARPARK OF BLK 226A AND HIT ONTO MY VEH RIGHT HAND SIDE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFQ2636S
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**.
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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.:

AmK St 22.

A = SLN 3277 B
B = SFQ 2636S

Please Refer to Statement

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



[Signature]

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

1000039735H

License Number: S2006715B

Name: TONG CHIN YEK

Birth Date: 01 Sep 1953

Issue Date: 17 Sep 2003




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2006715B

Name: TONG CHIN YEK

唐進益

Race: CHINESE

Date of Birth: 01-09-1953

Sex: M

Country of Birth: JOHORE




25T


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

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

PASS DATE: 10 Oct 1972

NP 428A

License No: S2006715B



0953502

NRC No: S2006715B

Blood Group: AB+

Date of issue: 13-05-1993

Address: APT BLK 125 GEYLANG EAST AVENUE 1 #08-19 SINGAPORE 1438




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="21/01/2019 15:19"/>							
Vehicle No.(For Motor)	<input type="text" value="SLN3877B"/>	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"/>	S100192993		CHAI MU1 THAI	S2000519Z	GPC	drivo CLASSIC	SLN3877B	SLN3877B	02/05/2018	01/05/2019
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1028803

Policy No.	5100192993	Vehicle No.	SLN3877B	GST Registration No.	
Certificate No.					
Policyholder Name	CHAI MUJ THAI			Policyholder NRIC	S2006715B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92344932	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	21/01/2019 16:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	21/01/2019	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AMK ST 22 CARPARK OF 226A				

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	BLK 125 #08-19	Address 2	GEYLANG EAST AVENUE 1	Address 3	GEYLANG EAST AVENUE 1
Address 4	SINGAPORE 381125	Address Type	Singapore address	Post Code	381125
Unit No.		Related Policy Number	5100192993		

OI Driver Info

Driver Name	TONG CHIN YEK	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S2006715B	Driver DOB	01/09/1972
Register Date of Driver License	10/10/1972	Driver Age	65	Driving Experience	46
Contact No.(Mobile)	91821830	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 125 #08-19	Address 2	GEYLANG EAST AVENUE 1	Address 3	GEYLANG EAST AVENUE 1
Address 4	SINGAPORE 381125	Address Type	Singapore address	Post Code	381125
Unit No.	08-19				
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 Handling

Accident MT/1028803

Policy No.	5100192993	Vehicle No.	SLN3877B	GST Registration No.	
Certificate No.					
Policyholder Name	CHAI MUJ THAI			Policyholder NRIC	S2006715B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92344932	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	21/01/2019 16:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	21/01/2019	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AMK ST 22 CARPARK OF 226A				

Excess

Total Excess Applicable

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		
Excess Type		Windscreen Excess	100.00		

1/21/2019

Claim Handling(accident reporting Claim Task)

All Claims Excess

YIED All Claim Excess

Total All Claim Excess Applicable

OD Standard Excess

YIED OD Excess

Additional Excess

0.00

Total OD Excess Applicable

Driver is Covered?

TP Standard Excess

YIED TP Excess

Driver is Covered?

Total TP Excess Applicable

Benefits

GST Registered Information

Policyholder Mailing Address

Address 1	BLK 125 #08-19	Address 2	GEYLANG EAST AVENUE 1	Address 3	GEYL
Address 4	SINGAPORE 381125	Address Type	Singapore address	Post Code	3811
Unit No.		Related Policy Number	5100192993		

OI Driver Info

Driver Name	TONG CHIN YEK	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S2006715B	Driver DOB	01/05
Register Date of Driver License	10/10/1972	Driver Age	65	Driving Experience	46
Contact No.(Mobile)	91621830	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 125 #08-19	Address 2	GEYLANG EAST AVENUE 1	Address 3	GEYL
Address 4	SINGAPORE 381125	Address Type	Singapore address	Post Code	3811
Unit No.	08-19				
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
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	CHAI MUI THAI
Contact No.(Mobile)	92344932	Contact No. (Home)	
Email Address	leen052002@yahoo.com.sg	OI Vehicle Number	SLN3877B
Claim Description	SLN3877B / SFQ2636S ON 21 Jan 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	21/01/2019 16:14
		Workshop Repairer	LIEW SHAN HUI

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1028803	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/01/2019 16:17
Path *		Category *	Confidential Urgency *
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Message Read		Clear	Please Select NO Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on	21 Jan 2019 16:17	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-21

[illegible]

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Source

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