

NATIONAL Assessment Centre Services

Date In: 25/01/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19001669/13	SAS e-filing		
Veh No: 5JB85725	E-mail (w/tn: 8hrs, A/C 2hrs)		
DOA: 24/01/19 1630	i-Motor Claim Form	MT/1029494-001	
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: 5HA8012M	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

NA1900761	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: 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)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP*		
	*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	25/01/2019 11:58
Date Of Accident	24/01/2019 16:30
Exact Location Of Accident	BLK 6 HOUGANG AVE 3 OPEN CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJB8572J
Insured/Policyholder	
Name Of Registered Owner	TING SIEW KIM
NRIC No	S1632568F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96713336
Alternative Phone No	OTHERS-96713336
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	5095371453
Cover Note Number	
Driver	
Name of Driver	TAN SOON TEE
NRIC No	S1256020F
Date Of Birth	25/11/1957
Occupation	INDOOR
Date Of Driving Pass	13/01/1977
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96713336
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 339 HOUGANG AVE 7 #08-415
Postcode	530339
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	SIDE SWIPE
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?	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

I WAS EXITING MY VEH FROM THE PARKING LOT AT BLK 6 HOUGANG AVE 3 OPEN CARPARK. WHILE EXITING MY VEH FROM THE PARKING LOT VEH(B) FROM OPPOSITE PARKING LOT MADE A WIDE RIGHT TURNING AND GRAZED ONTO MY FRT LEFT PORTION OF MY VEH. VEH B DRIVER MAKE A WIDE TURNING LANE COZ THERE WAS ROAD CONSTRUCTION.

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	SHA8012M
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
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

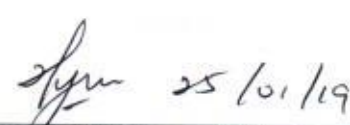
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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 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:

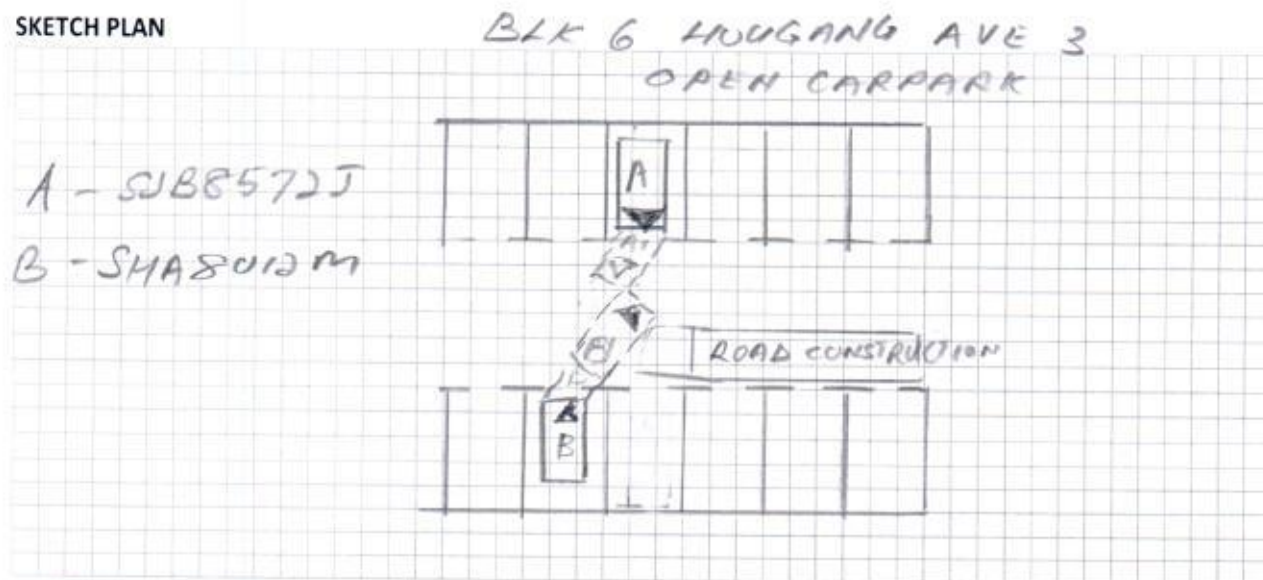
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Pls refer to the 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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1256020F



Name

TAN SOON TEE

陳 峻 弟

Race

CHINESE

Date of birth

25-11-1957

Sex

M

Country/Place of birth

SINGAPORE



5934923



NRIC No. S1256020F



Date of issue

11-05-2018

Address

APT BLK 339 HOUGANG AVENUE 7
#08-415
SINGAPORE 530339

DRIVER

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1256020F

Name

TAN SOON TEE

Birth Date: 25 Nov 1957

Issue Date: 30 Dec 2002



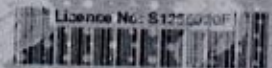
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

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

PASS DATE

13 Jan 1977

NP 42aA



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1632568F



TING SIEW KIM

鄧 綺 儀

Race

CHINESE

Date of birth

25-02-1964

Sex

F

Country of Birth

SINGAPORE

S1632568F

OWNER

2457686



NRIC No. S1632568F



Blood Group

A+

Date of issue

07-10-1994

Address

APT BLK 339 HOUGANG AVENUE 7
#08-415
SINGAPORE 1953

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="24/01/2019 16:30"/>							
Vehicle No. (For Motor)	<input type="text" value="SJB8572J"/>	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"/>	5095371453		TING SIEW KIM	S1632568F	GPC	drive CLASSIC	SJB8572J	SJB8572J	30/10/2017	24/01/2019
<input type="button" value="Continue"/>										

Claim Handling

[Task Transfer](#)
[Exit](#)

▼ Accident MT/1029494

[LOS](#)
[SAL](#)
[SUB](#)

Policy No.	5095371453	Vehicle No.	SJB8572J	GST Registration No.	
Certificate No.					
Policyholder Name	TING SIEW KIM			Policyholder NRIC	S1632568F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96713336	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No ▼
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	25/01/2019 12:42	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	24/01/2019	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	BLK 6 HOUGANG AVE 3 OPEN CARPARK				

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	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 339 #08-415	Address 2	HOUGANG AVENUE 7	Address 3	SINGAPORE 530339
Address 4		Address Type	Singapore address	Post Code	530339
Unit No.		Related Policy Number	5095371453-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/11/1957
Unnamed driver Name	TAN SOON TEE	Driver NRIC	S1256020F	Driving Experience	42
Register Date of Driver License	13/01/1977	Driver Age	61	Contact No.(Home)	0
Contact No.(Mobile)	96713336	Contact No.(Office)	0	Address 3	SINGAPORE 530339
Address 1	BLK 339	Address 2	HOUGANG AVENUE 7	Post Code	530339
Address 4		Address Type	Singapore address		
Unit No.	#08-415				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

▼ Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

▼ Investigation

Claim 001 OD-MX [New](#)

▼ Claim Case Officer

Claim Type	OD-MX	Insured Name	TING SIEW KIM	Insured NRIC	S1632568F
Contact No.(Mobile)	90084367	Contact No.(Home)	62853336	Contact No.(Office)	
Email Address		OI Vehicle Number	SJB8572J	TP Vehicle Number	SHA80
Claim Description	SJB8572J / SHA8012M ON 24 Jan 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability		Date Received	25/01/
Preferred Repair Option		Insured at Fault		Total Loss but Repaired	
Preferred Workshop, Name	unknown	Claim Close Date			
Date Registered	25/01/2019 12:47	Workshop Repairer			
Report Taken By	ROSLINDA				

Print AK letter









Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	
Attachment	

Accident No.	MT/1029494	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/01/2019 12:46		
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
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read					

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jan 2019 12:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jan 2019 12:46	SAS	Normal	SAS 2019-1-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jan 2019 12:46	Photos	Normal	Photos 2019-1-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jan 2019 12:46	Photos	Normal	Photos 2019-1-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jan 2019 12:46	Photos	Normal	Photos 2019-1-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jan 2019 12:46	Photos	Normal	Photos 2019-1-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jan 2019 12:46	Photos	Normal	Photos 2019-1-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Jan 2019 12:46	Photos	Normal	Photos 2019-1-25

Video List

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