

NATIONAL Assessment Centre Services

Date In	11/02/2019 14:42	Job description	Date & Time Completed	Done by
Ref No	NA/INC19002365/K4	SAS e-filing		
Veh No	SFN 5915H	E-mail (w/In: 3hrs, AIC 2hrs)		
D.O.A	06/02/2019 13:10	i-Motor Claim Form	MT/1031611-001	12/2/19 13:36
OD TP Reporting Only		i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer		i-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: SHC 7571L 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

NA1901094

Invoice Preparation Checklist

Amt (\$) 1st Bill

Amt (\$) Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2/3:

- 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
- 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	11/02/2019 14:42
Date Of Accident	06/02/2019 13:10
Exact Location Of Accident	UPPER EAST COAST ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFN5915H
Insured/Policyholder	
Name Of Registered Owner	NG BEE ENG DEBBIE
NRIC No	S0111856J
Email Address	DEBBIE.NGBEEENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98353029
Alternative Phone No	OTHERS-98353029
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS 1.5E 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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5009842232-13
Cover Note Number	
Driver	
Name of Driver	NG BEE ENG DEBBIE
NRIC No	S0111856J
Date Of Birth	19/06/1950
Occupation	INDOOR
Date Of Driving Pass	10/04/1987
Driving Experience	31 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98353029
Fax Number	
Contact Number	OTHERS-98353029
Email Address	DEBBIE.NGBEEENG@GMAIL.COM

Address	BLK 212A PASIR RIS STREET 21 #10-618
Postcode	511212
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 (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)	3
Passenger 1	NAME: : NIL GENDER: : MALE
Passenger 2	NAME: : NIL 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

PLS REFER TO THE ATTACHED 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	SHC7571L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR. TAN
NRIC/Passport Number	
Contact Number	92394752
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

7/2/19
15:05pm

GIA RMC Sketch Plan Form

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

7/2/19
15:05pm

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

11/2/2019

SKETCH PLAN

A - SFN5915H
B - SHE7571L

Upper East Coast Rd.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A driving along Upper East Coast Road
Slowed down to try to change lane.
Stopped to check.
Taxi drove past scratched my car and
then he stopped
My car left rear side near tyre slight scratches
/

DECLARATION

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

Policyholder's Signature

Date & Time:

7/2/19
15:05 pm

GIARMC SketchPlan Form V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

7/2/19
15:05 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

11/2/2019

Reported on 7/2/2019

1450 HRS

ACCIDENT STATEMENT

ACCIDENT DATE: 06/02/2019 (DD/MM/YYYY), TIME: 13:15 (HH:MM)

LOCATION: Upper East Coast Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFN 5915 H ✓
b) INSURANCE COMPANY: NTHC INCOME
c) POLICY NUMBER: 5009842232-13
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) ✓

2. INSURED / POLICY HOLDER

- a) NAME: NG BEE ENG DEBBIE (MALE / FEMALE) ✓
b) NRIC/FIN/PASSPORT: 50111856J CONTACT: 98353829
c) ADDRESS: 212A Pasir Ris Street 21
#10-618 Singapore 511212

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER ✓

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____ ✓
c) ADDRESS: _____
d) DATE OF BIRTH: 19/06/1950 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR ✓

f) YEARS OF DRIVING EXPERIENCE: 32 ✓

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) ✓

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: same person ✓

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) ✓
b) ROAD SURFACE: (DRY / WET / OTHERS) ✓

6. WAS ANYBODY INJURED (YES / NO) ✓

7. a) REPORTED TO POLICE (YES / NO) ✓

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC 7571 L ✓ MODEL: _____
b) DRIVER'S NAME: Mr. Tan
c) NRIC/FIN/PASSPORT: _____ CONTACT: 92394752

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)

(3) ✓

7 - Male
1 - Female

* No of passenger
(including driver)

(3)

* No of passenger
(including driver)

()

→ Taxi

✓ Email = debbie.ngbeee@gmail.com

fax = -

video = -

photo ✓

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S0111856J



Name
 NG BEE ENG, DEBBIE



黄美英
 Race
 CHINESE
 Date of Birth
 19-06-1950 Sex
 F
 Country of Birth
 SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
 S0111856J
 Name
 NG BEE ENG, DEBBIE
 Birth Date
 19 Jun 1950
 Issue Date
 02 Jul 2003



2567482




NRIC No. S0111856J

Blood Group
 A+ Date of issue
 25-01-1995


APT BLK 212A PASIR RIS STREET 21 #10-618
 SINGAPORE 511212
 NRIC No: S0111856J Date: 01/04/2014

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

PASS DATE
 10 Apr 1987

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

Licence No: S0111856J



NP 42CA

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="06/02/2019 13:10"/>							
Vehicle No.(For Motor)	<input type="text" value="SFN5915H"/>	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"/>	5009842232-13		NG BEE ENG DEBBIE	S0111856J	GPC	Third Party, Fire & Theft	SFN5915H	SFN5915H	27/10/2018	26/10/2019
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5009842232-13	Policyholder Name	NG BEE ENG DEBBIE	Policyholder NRIC	S0111856J
Certificate No.					
Address	BLK 212A #10-618 PASIR RIS STREET 21 SINGAPORE 511212				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	19/10/2018	Effective Date	27/10/2018 00:00	Expiry Date	26/10/2019 23:59
Third Party Excess	0.0	Own damage Excess	0.0	Windscreen Excess	0.0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0.0		
Agent	DIRECT BUSINESS DEPT	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 212A #10-618	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 511212
Address 4		Address Type	Singapore address	Post Code	511212
Unit No.		Related Policy Number	5009842232-13		

► Insured Object: SFN5915H

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Accident MT/1031611

Policy No.	5009842232-13	Vehicle No.	SFN5915H	GST Registration No.
Certificate No.				
Policyholder Name	NG BEE ENG DEBBIE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	98353029	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	12/02/2019 13:28	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/02/2019	Time of Accident hh:mm	13:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	UPPER EAST COAST ROAD			

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00	
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 212A #10-618	Address 2	PASIR RIS STREET 21	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5009842232-13	

▼ OI Driver Info

Driver Name	NG BEE ENG DEBBIE	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S0111856J	Driver DOB
Register Date of Driver License	01/01/1990	Driver Age	68	Driving Experience
Contact No.(Mobile)	98353029	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 212A	Address 2	PASIR RIS STREET 21	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#10-618			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	NG BEE
Contact No.(Mobile)	98353029	Contact No, (Home)	663300
Email Address	debbie.ngbeeeng@gmail.com	OI Vehicle Number	SFN591
Claim Description	SFN5915H / SHC7571L ON 6 Feb 2019		
Preferred Workshop	Yes	Insured Liability	Partially at Fault
Workshop No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	12/02/2019 13:37	Claim Close Date	
Report Taken By		Workshop Repairer	

☒ Print AK letter

Save Submit

Attachment



Accident No.	MT/1031611	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/02/2019 13:30
Path *		Category *	Confidential
<div>Choose File No file chosen</div>	<div>Clear</div>	<div>Please Select ▼</div>	<div>NO</div>
<div>Choose File No file chosen</div>	<div>Clear</div>	<div>Please Select ▼</div>	<div>NO</div>
<div>Choose File No file chosen</div>	<div>Clear</div>	<div>Please Select ▼</div>	<div>NO</div>
<div>Choose File No file chosen</div>	<div>Clear</div>	<div>Please Select ▼</div>	<div>NO</div>
<div>Choose File No file chosen</div>	<div>Clear</div>	<div>Please Select ▼</div>	<div>NO</div>
<div>Choose File No file chosen</div>	<div>Clear</div>	<div>Please Select ▼</div>	<div>NO</div>
<div>Message Read</div>			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 13:36	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 13:34	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 13:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 13:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 13:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 13:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 13:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 13:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 13:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 13:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 13:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 13:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 13:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 13:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Feb 2019 13:33	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
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