

NATIONAL Assessment Centre Services. [Ref: Jan'03] MNA 119021782.

Date In: 16/12/19 14:59	Job description	Date & Time Completed	Done by
Ref No: MA/IMC19002928/44.	SAS e-filing		
Veh No: SJT 8022K	E-mail (within 3hrs, AIC 2hrs)		
D O A: 16/12/19 13:00	I-Motor Claim Form	MT/1032323-001	16/12/19 16:35.
OD: <input checked="" type="radio"/> 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: XG 2146 P.	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:	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

MNA 1901196		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
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/\$43		
Damaged Portion:		4) FT: Follow-Through Survey	\$120		
QC Checked by (Engr-In-Charge):		5) PT: Follow-Through Survey (Resurvey)	\$30		
Auditors Comments:		For claiming against INC Only (wof 10 Jan 2003)			
		6) TR: Re-inspection	\$75		
		7) NI: Idao DA + SMRT Survey	\$160		
		8) NTUC Additional Services:-			
		OD:			
		*N5: Courtesy Car / Tpt Allowance	\$3		
		*N6: Repair Co-ordination	\$10		
		*N7: Post Repair Inspection	\$25		
		*N8: DV / Collect Excess Coordination	\$5		
		TP (N11): TP (N'n INC) against INC	\$20		
		9) N12: Idao 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	16/02/2019 14:59
Date Of Accident	16/02/2019 13:00
Exact Location Of Accident	UPPER EAST COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT8022K
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Insured/Policyholder

Name Of Registered Owner	WEE ANN MAY ADRIENNE
NRIC No	S7705861C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90889929
Alternative Phone No	OFFICE-90889929

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN
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	5092556070-01
Cover Note Number	-

Driver

Name of Driver	WEE ANN MAY ADRIENNE
NRIC No	S7705861C
Date Of Birth	22/02/1977
Occupation	INDOOR
Date Of Driving Pass	14/01/1997
Driving Experience	22 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90889929
Fax Number	
Contact Number	OFFICE-90889929
Email Address	NOEMAIL

Address	813B UPPER EAST COAST RD
Postcode	466609
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	COLLISION - HEAD TO REAR
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?	YES
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)	2
Passenger 1	NAME: : BRANDON SEOW 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

AFTER TURNING OUT FROM MY CONDO INTO UPPER EAST COAST RD, THE TRUCK WAS INFRONT OF ME, SUDDENLY THE TRUCK REVERSING WITHOUT CHECKING THE TRAFFIC, I SOUNDED MY HORN BUT THE TRUCK STILL REVERSING INTO MY VEH AND HIT ONTO MY VEH FRONT PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	RECORDING VIDEO WITH THE TRUCK DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE2146P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN SIAN POH
NRIC/Passport Number	S1495870C
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name WEE ANN MAY ADRIENNE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJT8022K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name BRANDON SEOW

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJT8022K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

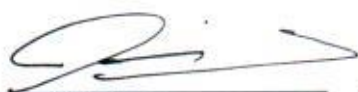
SKETCH PLAN


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

Reversed

A = S3T 8022K
B = XE 2146P.

↑ ↑ Vpp East Coast Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to 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 DRIVING LICENCE

Licence Number **S7705861C**

Name
**WEE ANN MAY ADRIENNE
(HUANG ANMEI ADRIENNE)**

Birth Date: **22 Feb 1977**
Issue Date: **13 Jan 2004**

001085659E




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7705861C

Name
WEE ANN MAY ADRIENNE

Race
CHINESE

Date of birth
22-02-1977

Sex
F

Country of birth
SINGAPORE




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
14 Jan 1997

Licence No: **S7705861C**

NP 426A



4483242

NRIC No. **S7705861C**

Date of issue
30-10-2009

Address
**813B UPPER EAST COAST ROAD
SINGAPORE 466609**




Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

16/02/2019 14:53

Vehicle No.(For Motor)

SJT8022K

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092556070-01		WEE ANN MAY ADRIENNE	S7705861C	GPC	drive CLASSIC	SJT8022K	SJT8022K	30/08/2018	29/08/2019

Claim Handling

Accident MT/1032323

Policy No.	5092556070-01	Vehicle No.	SJT8022K	GST Registration No.	
Certificate No.					
Policyholder Name	WEE ANN MAY ADRIENNE			Policyholder NRIC	S77051
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90889929	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input 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	No
Accident Details					
Report Date	16/02/2019 16:29	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	16/02/2019	Time of Accident hh:mm	13:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPPER EAST COAST RD				
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	813B UPPER EAST COAST ROAD	Address 2	BAGNALL COURT	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	466601
Unit No.		Related Policy Number	5092556070-01		
OI Driver Info					
Driver Name	WEE ANN MAY ADRIENNE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7705861C	Driver DOB	22/02/
Register Date of Driver License	14/01/1997	Driver Age	41	Driving Experience	22
Contact No.(Mobile)	90889929	Contact No.(Office)		Contact No.(Home)	
Address 1	813B UPPER EAST COAST ROAD	Address 2	BAGNALL COURT	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	466601
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	WEE ANN MAY ADRIENNE
Contact No.(Mobile)	90889927	Contact No.(Home)	
Email Address		OI Vehicle Number	SJT8022K
Claim Description	SJT8022K / XE2146P ON 16 Feb 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	
Report No. Finalisation	Yes	GIA report	Received
Date Registered		Claim Close Date	16/02/2019 16:32
Report Taken By			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1032323

Claim No. 001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

16/02/2019 16:35

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Message Read

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Please Select ▼

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2019 16:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2019 16:33	SAS	Normal	SAS 2019-2-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2019 16:33	Photos	Normal	Photos 2019-2-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2019 16:33	Photos	Normal	Photos 2019-2-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2019 16:33	Photos	Normal	Photos 2019-2-16
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2019 16:33	Photos	Normal	Photos 2019-2-16

Video List

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