

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

MNA 119023082

Date In: 19/12/19 11:50	Job description	Date & Time Completed	Done by
Ref No: MNA 119003051164	SAS e-filing		
Veh No: SLE 2957H	E-mail (within 3hrs, AIC 2hrs)		
DOA: 19/12/19 08:10	I-Motor Claim Form	MT/1032718-001	19/12/19 14:24
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/WKSP		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJH 9074S	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 rep/ler.

() 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

Claimant's Particulars:	Invoice/Repairation Charge	Am't (\$)	Adj. bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) PT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (Nil): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:			
At: 1:			
2/3			

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	19/02/2019 11:50
Date Of Accident	19/02/2019 08:10
Exact Location Of Accident	LOYANG WAY AFTER TECH-LINK STORAGE ENGINEERING
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLE2957H
Insured/Policyholder	
Name Of Registered Owner	NG WUSHEN
NRIC No	S8724016I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98209687
Alternative Phone No	OFFICE-98209687
Vehicle Particulars	
Manufacturer	NISSAN
Model	NOTE
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	5106878410
Cover Note Number	-
Driver	
Name of Driver	NG WUSHEN
NRIC No	S8724016I
Date Of Birth	09/08/1987
Occupation	INDOOR
Date Of Driving Pass	07/04/2008
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98209687
Fax Number	
Contact Number	OFFICE-98209687
EMail Address	NOEMAIL

Address	BLK 310A PUNGGOL WALK #13-524
Postcode	821310
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?	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: : LIM SEK TENG
	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 STOP AT THE TRAFFIC JUNCTION OF LOYANG WAY DUE TO RED LIGHT, WHEN THE LIGHT TURN GREEN, MY VEH INCHED FORWARD AND STOP BECAUSE OF THE VEH INFRONT TURNING RIGHT, MY VEH WAS IN A STATIONARY POSITION WHEN ALL OF A SUDDEN I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SJH9074S) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

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	SJH9074S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAW LOY POO
NRIC/Passport Number	S7665493Z
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.:

A = SLE 2957 H
B = SJH 90745

Layang Way

Please Refer to Statement

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

Date & Time:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No: S87240161

Name: NG WUSHEN

Birth Date: 09 Aug 1987

Issue Date: 19 Dec 2015

002504928J

SG 50

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S87240161

Name: NG WUSHEN

黄 戊 申

Race: CHINESE

Date of birth: 09-08-1987

Sex: M

Country of birth: SINGAPORE

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 07 Apr 2008

Licence No: S87240161

NP 425A

4890836

NRIC No: S87240161

Date of issue: 14-09-2012

APT BLK 310A PUNGOL WALK #13-524

SINGAPORE 821310

NRIC No: S87240161

Date: 31/03/2018

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="19/02/2019 11:45"/>							
Vehicle No.(For Motor)	<input type="text" value="SLE2957H"/>	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"/>	5106878410		NG WUSHEN	S87240161	GPC	drivo CLASSIC	SLE2957H	SLE2957H	15/01/2019	14/01/2020
<input type="button" value="Continue"/>										

Accident MT/1032718

Modification History

Claim 001 New

Claim Type *	OD-MX		Insured Name	NG WUSHEN
Contact No. (Mobile)	98209667		Contact No. (Home)	63856221
Email Address	WUSHEN.NG@GMAIL.COM		Or Vehicle Number	SLE2957H
Claim Description	SLE2957H / SH9074S ON 19 Feb 2019			
Preferred Workshop	0	Insured Liability	Not at fault	
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered			Received	
Report Taken By			Claim Close Date	19/02/2019 14:22
				LIEW SHAN HUI

Save Submit

Attachment

Accident No.	MT/1032718	Claim No.	001
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Last Doc. Received

☒ Yes
 ☐ No

Upload Date

19/02/2019 14:24

Path *

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

Message Read

Clear

Category *

Please Select ▼

Confidential

NO ▼

Urgency *

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

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Please Select ▼

NO ▼

Normal ▼

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Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼













Clear

Please Select ▼

NO ▼

Normal ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 14:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 14:24	SAS	Normal	SAS 2019-2-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 14:24	Photos	Normal	Photos 2019-2-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 14:24	Photos	Normal	Photos 2019-2-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 14:24	Photos	Normal	Photos 2019-2-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 14:23	Photos	Normal	Photos 2019-2-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 14:23	Photos	Normal	Photos 2019-2-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 14:23	Photos	Normal	Photos 2019-2-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 14:23	Photos	Normal	Photos 2019-2-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 14:23	Photos	Normal	Photos 2019-2-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 14:23	Photos	Normal	Photos 2019-2-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 14:22	Photos	Normal	Photos 2019-2-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 14:22	Photos	Normal	Photos 2019-2-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 14:22	Photos	Normal	Photos 2019-2-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 14:22	Photos	Normal	Photos 2019-2-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 14:22	Photos	Normal	Photos 2019-2-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Feb 2019 14:22	Photos	Normal	Photos 2019-2-19

Video List

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