NATIONAL Assessment Centre Services. [wef 1 Jan 05] . MMA 119024126.

		Job description	Date & Time Completed	Done by
Date In:	21/2/19 10:52	SAS e-filing		
Ref No:	NA/INC19003256/h4.	E-mail (within 8hrs, AIC 2hrs)		
Veh No:	SJR 5785 Y	I-Motor Claim Form	MT/1033018-001	21/2/19 11:54
D.O.A:	20/2/19 21:30.	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / (TP) / Reporting Only		I-Photo Uploaded		
		Assessment/Survey Report		
TP Insurer:		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: | Veh No: SCL 3118B. 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: 67886616)	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

MA1901360

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

Invoice Preparation Checklist		Amt ($) (Initial)	Amt ($) Add'bill
1) AR : Accident Reporting ($30);		30.00	
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		
9) N12: Idac Mobile	30		[illegible]
Invoice dated	Fee Charged		
Invoice dated	Fee Charged	[illegible]	

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 witholding 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	21/02/2019 10:52
Date Of Accident	20/02/2019 21:30
Exact Location Of Accident	LOWER SELETAR RESERVOIR TWDS YISHUN AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJR5785Y
Insured/Policyholder	
Name Of Registered Owner	TAN DING YI
NRIC No	S9218548F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81576283
Alternative Phone No	OFFICE-81576283
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE
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	5097600117
Cover Note Number	-
Driver	
Name of Driver	SAMUEL NG SEE KIAT (HUANG SHUJIE)
NRIC No	S9100056C
Date Of Birth	02/01/1991
Occupation	INDOOR
Date Of Driving Pass	12/01/2010
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92325843
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 2 EUNOS CRESCENT #02-2575
Postcode	400002
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - COUPLE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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)	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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCL3118B
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJW3503G
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.
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.:

Veh A: SJR 5785 Y
Veh B: SCL 3118 B
Veh C: SJW 3503 G

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date
I was driving Veh A: SJR 5785 Y along Lower Seletar Reservoir towards Yishun Ave 1 on lane 1. A car (Veh C: SJW 3503 G) jammed brakes, luckily I managed to stop in time and did not collide onto him. Suddenly, another car (Veh B: SCL 3118 B) collided onto my rear, causing my vehicle to surge forward and thus colliding onto Veh C.

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.:

Date of Accident : 20/02/2019 Accident Time: 2130 (24-HR-Format)

Accident Place : LOWER SELETAR RESEVOIR TOWARDS YISHUN AVE 1

Vehicle Reg. No. (Car Plate No.) : ~~SJE~~ SJR 5785Y

Vehicle Make/Model : KIA Cerato Forte 1.6A

Insurance Company : NTUC Policy No. 5097600117

Owner or Company Name /IC No. : TAN DING YI S9218548F

Owner or Company Contact No. : 81576283 Owner's Hp _____ Company Tel

DRIVER'S Name / IC No. : SAMUEL NG SEE KIAT S9100056C

DRIVER'S Date Of Birth : 02/01/1991 DRIVER'S License Pass Date 12/01/2010

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: _____

DRIVER'S Address : BLK 2 EUNOS CRESCENT #02-2575 S(400002)

DRIVER'S Contact No./ Alt No. : 1) 92325843 2) _____

DRIVER'S Occupation : (INDOOR)\ OUTDOOR (e.g. working inside or outside office)

Email Address : SAMUELNGSK_1991@HOTMAIL.COM

Weather & Road Surface : (CLEAR & DRY) \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ (Claim Other Party) \ Claim Own Insurance

Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: (YES) \ NO

Exact purpose for which vehicle was being used at the time of accident: (Private use) \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SCL 3118B (B)

Vehicle Make\Model: _____

Name Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Vehicle Reg. No: SJW 3503G (C)

Vehicle Make\Model: _____

Name Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9100056C

Name:

SAMUEL NG SEE KIAT
(HUANG SHUJIE)

Birth Date: 02 Jan 1991

Issue Date: 09 Apr 2016

002555869F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9100056C

Name

SAMUEL NG SEE KIAT
(HUANG SHUJIE)

黄 书 杰

Race

CHINESE

Date of birth

02-01-1991

Sex

M

Country/Place of birth

SINGAPORE

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

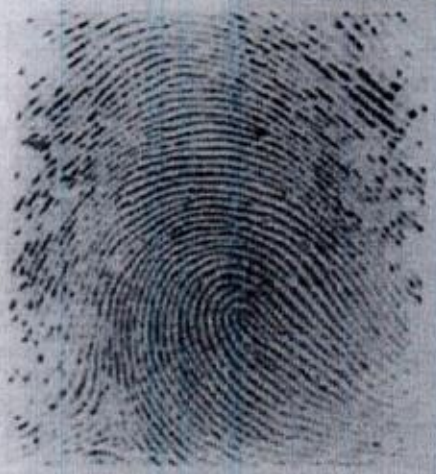
		EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	12 Jan 2010

Licence No:S9100056C

NP 428A

5589684

NRIC No. S9100056C



Date of issue

02-04-2016

Address

APT BLK 2 EUNOS CRESCENT
#02-2575
SINGAPORE 400002

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 20/02/2019 10:37
Vehicle No.(For Motor): SJR5785Y | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5097600117		TAN DING YI	S9218548F	GPC	drivo CLASSIC	SJR5785Y	SJR5785Y	25/01/2018	29/06/2019

Continue

Claim Handling

Accident MT/1033018

Policy No.	5097600117	Vehicle No.	SJR5785Y	GST Registration No.	
Certificate No.					
Policyholder Name	TAN DING YI			Policyholder NRIC	S9218
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	81576283	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No

Accident Details

Report Date	21/02/2019 11:49	Accident Report Within 24 hrs	Yes	Accident Type	Chain (
Date of Accident	20/02/2019	Time of Accident hh:mm	21:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOWER SELETAR RESERVOIR TWDS YISHUN AVE 1				

Excess

Own damage Excess	600.00	Additional Excess	1500	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 365 #08-1550	Address 2	YISHUN RING ROAD	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	76036
Unit No.		Related Policy Number	5097600117		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SAMUEL NG SEE KIAT (HUANG S	Driver NRIC	S9100056C	Driver DOB	02/01/
Register Date of Driver License	12/01/2010	Driver Age	28	Driving Experience	9
Contact No.(Mobile)	92325843	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 2 #02-2575	Address 2	EUNOS CRESCENT	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	40000
Unit No.	02-2575				
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 Type *	OD-MX	Insured Name	TAN DING YI
Contact No.(Mobile)		Contact No. (Home)	67523856
Email Address		OI Vehicle Number	SJR5785Y
Claim Description	SJR5785Y / SCL3118B ON 20 Feb 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
GIA report	Received		
Date Registered	21/02/2019 11:52	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1033018	Claim No.	001

Last Doc. Received ◉ Yes ○ No Upload Date 21/02/2019 11:54

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

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Feb 2019 11:54	NRIC/ Driving License		Normal	NRIC/ Driving License 2019-2-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Feb 2019 11:54	NRIC/ Driving License		Normal	NRIC/ Driving License 2019-2-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Feb 2019 11:54	SAS		Normal	SAS 2019-2-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Feb 2019 11:53	Photos		Normal	Photos 2019-2-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Feb 2019 11:53	Photos		Normal	Photos 2019-2-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Feb 2019 11:53	Photos		Normal	Photos 2019-2-21
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Feb 2019 11:52	Photos		Normal	Photos 2019-2-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Feb 2019 11:52	Photos		Normal	Photos 2019-2-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Feb 2019 11:52	Photos		Normal	Photos 2019-2-21

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window Scan and uploading