

NATIONAL Assessment Centre Services [part 1 Jan 2005] MMA1190 24834

Date In: 22/12/19 14:27	Job description	Date & Time Completed	Done by
Ref No: NIA/INC19003364/h4	SAS e-filing		
Veh No: SJX 64772	E-mail (within 3hrs, AIC 2hrs)		
DOA: 22/12/19 12:30	I-Motor Claim Form	MT/1033249-001	22/12/19 15:38
OT: <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: SDM 5405 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 repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC Hotline: 6788 6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: () Actions: ()

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	22/02/2019 14:27
Date Of Accident	22/02/2019 12:30
Exact Location Of Accident	BLK 326 HOUGANG AVE 7 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX6477Z
Insured/Policyholder	
Name Of Registered Owner	LEONG QIAN YI, EUNICE
NRIC No	S9328154C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92222875
Alternative Phone No	OFFICE-92222875

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5104706359
Cover Note Number	-

Driver

Name of Driver	LEONG QIAN YI, EUNICE
NRIC No	S9328154C
Date Of Birth	04/08/1993
Occupation	INDOOR
Date Of Driving Pass	23/12/2016
Driving Experience	2 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-92222875
Fax Number	
Contact Number	OFFICE-92222875
Email Address	NOEMAIL

Address	BLK 326 HOUGANG AVE 7 #07-333
Postcode	530326
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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

MY VEH WAS PARKED AT THE BLK 326 HOUGANG AVE 7 OPEN CARPARK, EVERYTHING WAS INTACT, ON TODAY AROUND 1230HRS I WENT BACK TO RETRIEVE MY VEH, I FOUND MY VEH LEFT FRONT WAS BADLY DAMAGE AND A NOTE WAS PUT ON MY WINDSCREEN.

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	SDM540S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG POH HENG
NRIC/Passport Number	S6918027B
Contact Number	97930566
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.
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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

BIK 326

A = SIX 6477 Z
B = SDM 540 S

Hougang Ave 7

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.:

Hi Sir / Madam

I accidentally hit your front left
bumper while parking.

Do call me at 97930566. Do claim
insurance. My vehicle no. SDM 5405

Nissan Terrano. My apologize.

Oye - your neighbor.

21/02/19

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9328154C



Name

LEONG QIAN YI, EUNICE

梁倩怡

Race

CHINESE

Date of birth

04-08-1993

Sex

F

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Unique Number S9328154C

LEONG QIAN YI, EUNICE

Birth Date: 04 Aug 1993

Issue Date: 23 Dec 2016



002641614K



4565700

NRIC No. S9328154C



Date of issue
31-03-2010

APT BLK 326 HOUGANG AVENUE 7 #07-333
SINGAPORE 530326

NRIC No: S9328154C

Date: 26/03/2017

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

EFFECTIVE DATE

Class 3

Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

23 Dec 2016



Licence No: S9328154C

NP 428A

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="21/02/2019 14:24"/>							
Vehicle No.(For Motor)	<input type="text" value="SJX6477Z"/>	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"/>	5104706359		LEONG QIAN YI, EUNICE	S9328154C	GPC	drive CLASSIC	SJX6477Z	SJX6477Z	15/10/2018	14/10/2019
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1033249

Policy No.	5104706359	Vehicle No.	SJX6477Z	GST Registration No.	
Certificate No.					
Policyholder Name	LEONG QIAN YI, EUNICE			Policyholder NRIC	59328
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92222875	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	22/02/2019 15:34	Accident Report Within 24 hrs	Yes	Accident Type	Damag
Date of Accident	22/02/2019	Time of Accident hh:mm	12:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 326 HOUGANG AVE 7 OPEN CARPARK				
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	BLK 326 #07-333	Address 2	HOUGANG AVENUE 7	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	53032
Unit No.	08-187	Related Policy Number	5104706359		
OI Driver Info					
Driver Name	LEONG QIAN YI, EUNICE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	59328154C	Driver DOB	04/08/
Register Date of Driver License	23/12/2016	Driver Age	25	Driving Experience	2
Contact No.(Mobile)	92222875	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 326 #07-333	Address 2	HOUGANG AVENUE 7	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	53032
Unit No.	08-187				
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 type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LEONG QIAN YI, EUNICE
Contact No.(Mobile)	92222875	Contact No.(Home)	NIL
Email Address	EUNICELEONGQY@GMAIL.COM	DI Vehicle Number	SJX6477Z
Claim Description	SJX6477Z / SDMS405 ON 22 Feb 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	22/02/2019 15:37
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1033249

Claim No. 001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

22/02/2019 15:38

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

Category *

Confidential

Urgency *

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

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 22 Feb 2019 15:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2019 15:38	SAS	Normal	SAS 2019-2-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2019 15:38	Photos	Normal	Photos 2019-2-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2019 15:38	Photos	Normal	Photos 2019-2-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2019 15:38	Photos	Normal	Photos 2019-2-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2019 15:38	Photos	Normal	Photos 2019-2-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2019 15:38	Photos	Normal	Photos 2019-2-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2019 15:38	Photos	Normal	Photos 2019-2-22
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2019 15:38	Photos	Normal	Photos 2019-2-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2019 15:37	Photos	Normal	Photos 2019-2-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2019 15:37	Photos	Normal	Photos 2019-2-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2019 15:37	Photos	Normal	Photos 2019-2-22
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2019 15:37	Photos	Normal	Photos 2019-2-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Feb 2019 15:37	Photos	Normal	Photos 2019-2-22

Video List

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