

NATIONAL Assessment Centre Services.

[ver 1 Jan 09]

MNA 119031588

Date In: 8/13/19 16:49	Job description	Date & Time Completed	Done by
Ref No: NA 11 MC 19004292/64	SAS e-filing		
Veh No: SJF 3236S	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 7/13/19 17:50	I-Motor Claim Form	MT11035175 ⁰⁰¹	8/13/19 17:11
OD: <u>TP</u> 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: SHA 7075M	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

NA 1901780

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Remarks (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Est. 1:	For claiming against INC Only (wef 10 Jan 2009)		
Est. 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idao 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: Idao 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	08/03/2019 16:49
Date Of Accident	07/03/2019 17:50
Exact Location Of Accident	PIE TWDS CHANGI AT LORNIE RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF3236S
Insured/Policyholder	
Name Of Registered Owner	SIM WEE TEE PERRY
NRIC No	S8726716D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93209283
Alternative Phone No	OFFICE-93209283

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	EVO-10 GSR 2.0 M
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	5099956541
Cover Note Number	-

Driver

Name of Driver	SIM WEE TEE PERRY
NRIC No	S8726716D
Date Of Birth	30/08/1987
Occupation	INDOOR
Date Of Driving Pass	01/07/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93209283
Fax Number	
Contact Number	OFFICE-93209283
EMail Address	NOEMAIL

Address	BLK 523D TAMPINES CENTRAL 7 #09-119
Postcode	524523
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: : UNKNOWN
	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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7075M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KNG POH SENG
NRIC/Passport Number	S0010145A
Contact Number	96735315
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.

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

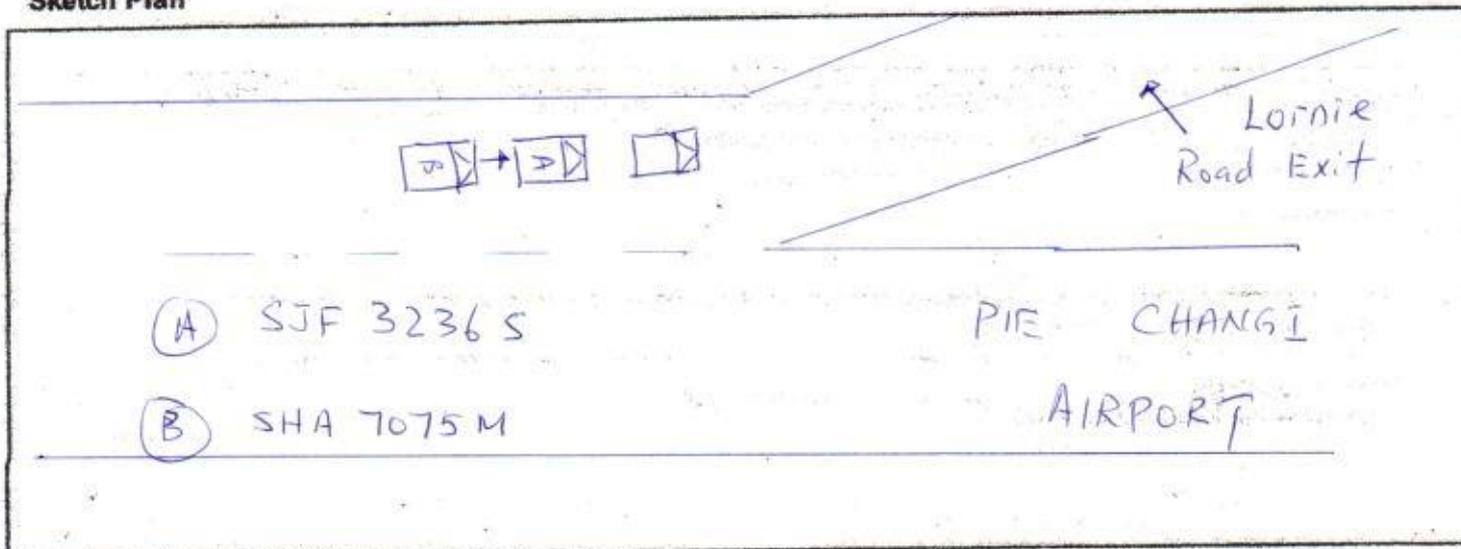
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

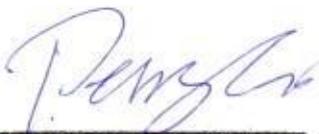


Describe Circumstances of the Accident

When I was on my way home at 7/3/2019, 17:57 I was filtering out to Lornie Road on P16 towards Changi airport. Due to heavy traffic during rush hour, the vehicle in front of me slowed down and came to a stop. I followed and came to a stop. However, after I came to a stop I felt a hard impact from the rear. I went down to take a look and realised that I have been ~~knocked~~ knocked by the taxi (vehicle B). We exchange particulars and he agreed that it was his mistake. We have decided to claim his insurance.

Declaration

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



Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (7 / 3 / 2019) (DD/MM/YYYY), TIME: (17 : 57) (HH:MM)

LOCATION: PIE Toward Changi Airport at Lornie Rd Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJF 3236 S
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5099956541
d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: MIT EVO 10
f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: After working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: Sim Wee Tee, Perry (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8726716-D CONTACT: 93209283
c) ADDRESS: Blk 523-D, Tampines Central 7
#09-119, Spore ~~525~~ 524523

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (30 / 8 / 1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 17 / 2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS _____

b) ROAD SURFACE: (DRY) / WET / OTHERS _____

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA 7075-M MODEL: TAXI NTUC
b) DRIVER'S NAME: KNG POH SENG
c) NRIC/FIN/PASSPORT: S0010145-A CONTACT: 96735315

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)

(2)

Female

* No of passenger
(Including driver)

(1)

unknown

* No of passenger
(Including driver)

()

Email =

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8726716D**
 Name: **SIM WEE TEE, PERRY**

Birth Date: **30 Aug 1987**
 Issue Date: **15 Jan 2009**

001699327E

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S8726716D**



Name: **SIM WEE TEE, PERRY**
 沈 焯 智

Race: **CHINESE**
 Date of birth: **30-08-1987**
 Country/Place of birth: **SINGAPORE**

Sex: **M**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Pass Date
Class 2B	MOTORCYCLES NOT EXCEEDING 300 CC	15 Jan 2009
Class 2A	MOTORCYCLES BETWEEN 200 CC AND 400 CC	20 May 2013
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	01 Jul 2014

S / No. 9000234147

NP 426A

License No: S8726716D

6067210



NRIC No: **S8726716D**



Date of issue: **19-11-2018**

Address: **APT BLK 523D TAMPINES CENTRAL 7 #09-119 SINGAPORE 524523**

Owner }
 Driver } 93209283 ✓

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="07/03/2019 16:48"/>
Vehicle No.(For Motor)	<input type="text" value="SJF3236S"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5099956541		SIM WEE TEE PERRY	S8726716D	GPC	drive CLASSIC	SJF3236S	SJF3236S	20/04/2018	26/05/2019

Continue

Claim Handling

Accident MT/1035175

Policy No.	5099956541	Vehicle No.	SJF3236S	GST Registration No.	
Certificate No.					
Policyholder Name	SIM WEE TEE PERRY			Policyholder NRIC	S8726
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93209283	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	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	08/03/2019 17:08	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	07/03/2019	Time of Accident hh:mm	17:50	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI AT LORNE RD EXIT				

Excess

Own damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	1,500.00		
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 523D #09-119	Address 2	TAMPINES CENTRAL 7	Address 3	SINGAI
Address 4		Address Type	Singapore address	Post Code	52452
Unit No.		Related Policy Number	5099956541		

OI Driver Info

Driver Name	SIM WEE TEE PERRY	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8726716D	Driver DOB	30/08/
Register Date of Driver License	31/03/2016	Driver Age	31	Driving Experience	2
Contact No.(Mobile)	93209283	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 523D #09-119	Address 2	TAMPINES CENTRAL 7	Address 3	SINGAI
Address 4		Address Type	Singapore address	Post Code	52452
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer 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 **New**

Claim Type *	OD-MX	Insured Name	SIM WEE TEE PERRY
Contact No.(Mobile)	93209283	Contact No.(Home)	NIL
Email Address	perrysim63@gmail.com	OI Vehicle Number	SJF3236S
Claim Description	SJF3236S / SHA7075M ON 7 Mar 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report Received
Date Registered	08/03/2019 17:10		Claim Close Date
Report Taken By	LIEW SHAN HUI		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1035175	Claim No.	001
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Last Doc: Received

Yes No

Upload Date

08/03/2019 17:11

Path *

- Choose File No file chosen
- Message Read

Clear	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 08 Mar 2019 17:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Mar 2019 17:11	SAS	Normal	SAS 2019-3-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Mar 2019 17:11	Photos	Normal	Photos 2019-3-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Mar 2019 17:11	Photos	Normal	Photos 2019-3-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Mar 2019 17:11	Photos	Normal	Photos 2019-3-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Mar 2019 17:11	Photos	Normal	Photos 2019-3-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Mar 2019 17:11	Photos	Normal	Photos 2019-3-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Mar 2019 17:11	Photos	Normal	Photos 2019-3-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Mar 2019 17:10	Photos	Normal	Photos 2019-3-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Mar 2019 17:10	Photos	Normal	Photos 2019-3-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Mar 2019 17:10	Photos	Normal	Photos 2019-3-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Mar 2019 17:10	Photos	Normal	Photos 2019-3-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Mar 2019 17:10	Photos	Normal	Photos 2019-3-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Mar 2019 17:10	Photos	Normal	Photos 2019-3-8

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	