NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA 1190382J 6

Date In: 23/3/19 - 14:00	Job description	Date & Time Completed	Done by
Ref No: MA/INC 1900528/24	SAS e-filing		
Veh No: SJA2324Y	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 22/3/19 - 17:10	i-Motor Claim Form	MM/1038142-001	23/3/19 14:17
OD / (TP) / 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: SJA6504S 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: 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

NA1902158

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
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:-			
QD*			
*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		
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 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	23/03/2019 14:02
Date Of Accident	22/03/2019 17:10
Exact Location Of Accident	AYE TWDS MCE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJQ2323Y
Insured/Policyholder	
Name Of Registered Owner	AMIN BIN HARON
NRIC No	S1628302I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90232323
Alternative Phone No	OFFICE-90232323
Vehicle Particulars	
Manufacturer	BMW
Model	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV
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	5106206503
Cover Note Number	
Driver	
Name of Driver	AMIN BIN HARON
NRIC No	S1628302I
Date Of Birth	20/01/1964
Occupation	INDOOR
Date Of Driving Pass	28/10/1986
Driving Experience	32 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90232323
Fax Number	
Contact Number	OFFICE-90232323
EMail Address	NOEMAIL

Address	BLK 186 PUNGGOL CENTRAL #02-259
Postcode	820186
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	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	4
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)	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

REFER TO STATEMENT.

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	SLQ6504S
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	SLG5797Y

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 3

Vehicle Registration Number	SKZ2283U
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 INJURED PERSON 1

Name	AMIN BIN HARON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJQ2323Y
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

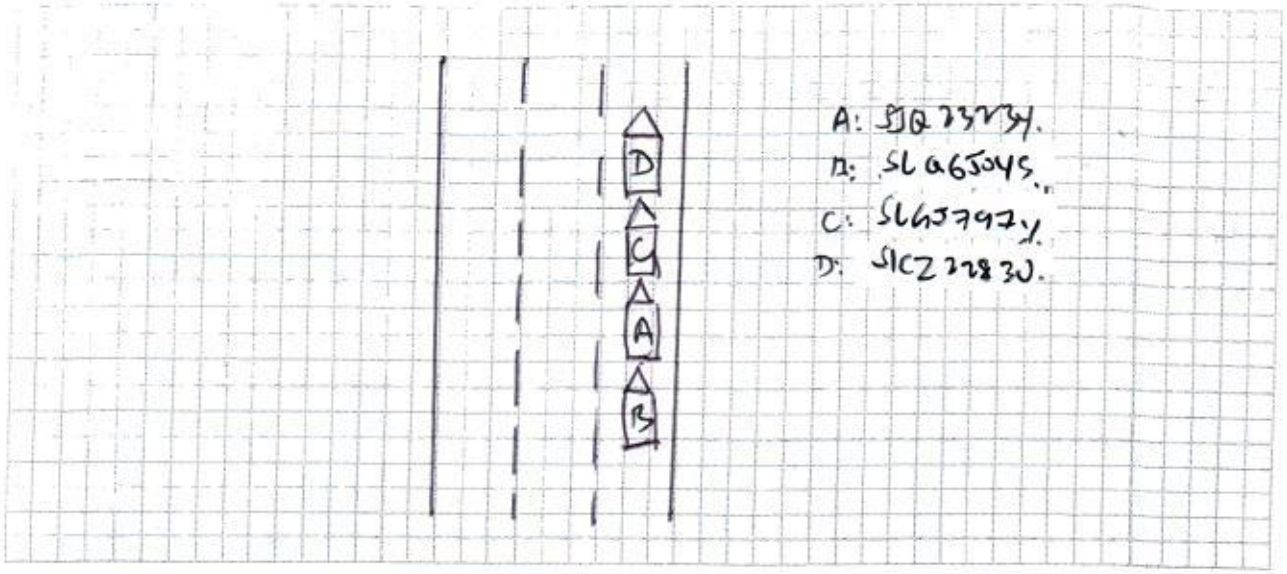
   (ii) for complying with requirements under any regulations, laws or court orders.

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/3/19 @ 5:10pm, I WAS DRIVING MY VEHICLE ALONG AYE TOWARDS MCE. SUDDENLY IN FRONT VEHICLE STOPPED SO I FOLLOW, THEN BEHIND VEHICLE HIT ON MY VEHICLE. THERE WERE 4 VEHICLES INVOLVED IN THIS ACCIDENT.

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.:

ACCIDENT STATEMENT

Date of accident: 22/3/2019 Time: 5:10PM

Location of accident: AYE TOWARDS MCE

Details of Own Vehicle

Vehicle Number: SJQ 2323 Y

Insurer: NTUC INCOME

Policy No: 5106206503

Make/Model: BMW 520I 2.0L

Passenger (incl. Driver): 1

Policy Type: (C) TPFT/ TPO

Policyholder

Name: AMIN BIN HARON

Contact no.: ~~9688 8741~~ 9023 2323

NRIC/FIN no.: S1628302I

Driver

Name: AMIN BIN HARON

Contact no.: ~~9688 8741~~ 9023 2323

NRIC/FIN no: S1628302I

Email:

D.O.B: 20-01-1964

Address: BIK 186 PUNGGOL CENTRAL #02-259 S'PORE 820186

Occupation: SALES

Driving pass date: 28 OCT 1986

Relationship with Policyholder: owner.

General Information

Weather conditions: (C)lear/ Raining DM

Police report: Yes/ (N)o

Road surface: (D)ry/ Wet

Prosection Letter: Yes/ No

Video Footage: Yes/ (N)o

Injuries: (Y)es/ No

If Yes against whom:

If Yes, provide injuries details:-

Name	Veh No.	Seatbelt (Y/N)	Conveyed to hospital (Y/ N)

Details of Third party

	Vehicle B	Vehicle C
Vehicle no.:		
Driver name:		
NRIC/ FIN no.:		
Contact no:		
Insurance Co:		
Remarks: (Made/Model, Passenger, property info & etc)		

Detail of Witness

	Witness 1	Witness 2
Name:		
Contact no.:		

Claim Type & Acknowledgement

Claim Type: Own Damage/ Third Party/ Reporting Only

Workshop:

Policyholder/ driver Signature:

REPUBLIC OF SINGAPORE DRIVING LIC

Licence Number: S1628302I

Name:

AMIN BIN HARON

Birth Date: 20 Jan 1964

Issue Date: 30 Dec 2002

000079818B

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1628302I

Name

AMIN BIN HARON

Race

MALAY

Date of birth

20-01-1964

Sex

M

Country of birth

SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	11 Apr 1987
Class 2A	Motorcycles between 201 cc and 400 cc	11 Apr 1987
Class 2	Motorcycles exceeding 400 cc	11 Apr 1987
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	28 Oct 1986

Licence No: S1628302I

P 426A

4874341

NRIC No. S1628302I

Date of issue

23-08-2012

Address

APT BLK 186 PUNGGOL CENTRAL
#02-259
SINGAPORE 820186

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 22/03/2019 17:10
Vehicle No.(For Motor) SJQ2323Y
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5106206503		AMIN BIN HARON	S1628302I	GPC	drivo CLASSIC	SJQ2323Y	SJQ2323Y	20/12/2018	19/12/2019

Continue

Policy Information

Policy No.	5106206503	Policyholder Name	AMIN BIN HARON	Policyholder NRIC	S1628302I
Certificate No.					
Address	BLK 186 #-02-259 PUNGGOL CENTRAL SINGAPORE 820186				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/12/2018	Effective Date	20/12/2018 00:00	Expiry Date	19/12/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	SIX PHASE E & T	Agent Tel.	65523600	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 186 #-02-259	Address 2	PUNGGOL CENTRAL	Address 3	SINGAPORE 820186
Address 4		Address Type	Singapore address	Post Code	820186
Unit No.	02-259	Related Policy Number	5106206503		

Insured Object: SJQ2323Y

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling · Exit

Accident MT/1037147

Policy No.	5106206503	Vehicle No.	SJQ2323Y	GST Registration No.	
Certificate No.					
Policyholder Name	AMIN BIN HARON			Policyholder NRIC	S1628302I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90232323	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	(•) No ( ) Yes	TCA	(•) No ( ) Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	23/03/2019 14:11	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	22/03/2019	Time of Accident hh:mm	17:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE TWDS MCE				

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 186 #-02-259	Address 2	PUNGGOL CENTRAL	Address 3	SINGAPORE 820186
Address 4		Address Type	Singapore address	Post Code	820186
Unit No.	02-259	Related Policy Number	5106206503		

OI Driver Info

Driver Name	AMIN BIN HARON	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1628302I	Driver DOB	20/01/1964
Register Date of Driver License	28/10/1986	Driver Age	55	Driving Experience	32
Contact No.(Mobile)	90232323	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 186	Address 2	PUNGGOL CENTRAL	Address 3	SINGAPORE 820186
Address 4		Address Type	Singapore address	Post Code	820186
Unit No.	02-259				
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	AMIN BIN HARON	Insured NRIC	S1628302I
Contact No.(Mobile)	90232323	Contact No.(Home)		Contact No.(Office)	
Email Address	orange@orange.com.sg	OI Vehicle Number	SJQ2323Y	TP Vehicle Number	SLQ6504S
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SJQ2323Y / SLQ6504S ON 22 Mar 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	23/03/2019 14:12	Claim Close Date		Date Received	23/03/2019 00:00
Report Taken By	Jackson				

[x] Print AK letter

Save Submit

Attachment

Accident No.	MT/1037147	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	23/03/2019 14:14

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2019 14:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2019 14:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2019 14:14	SAS	Normal	SAS 2019-3-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2019 14:14	Photos	Normal	Photos 2019-3-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2019 14:14	Photos	Normal	Photos 2019-3-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2019 14:14	Photos	Normal	Photos 2019-3-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2019 14:14	Photos	Normal	Photos 2019-3-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2019 14:14	Photos	Normal	Photos 2019-3-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2019 14:13	Photos	Normal	Photos 2019-3-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2019 14:13	Photos	Normal	Photos 2019-3-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2019 14:13	Photos	Normal	Photos 2019-3-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2019 14:13	Photos	Normal	Photos 2019-3-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2019 14:13	Photos	Normal	Photos 2019-3-23		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2019 14:13	Photos	Normal	Photos 2019-3-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2019 14:13	Photos	Normal	Photos 2019-3-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2019 14:13	Photos	Normal	Photos 2019-3-23		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading