

NATIONAL Assessment Centre Services. [net 1 Jan 05] MNA 119049725

Date In: 16/14/19 16:18	Job description	Date & Time Completed	Done by
Ref No: NA/INC19006773/h4	SAS e-filing		
Veh No: SJX 37805	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 16/14/19 08:40	I-Motor Claim Form	M7/1040463-001	16/14/19 16:43
OD: <input checked="" type="checkbox"/> 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: SLG111C	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

MNA1902748

Claimant's Particulars:	Invoice/Repairation Checklist	Am (C)	Pay (C)
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		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Ref 1:	For claiming against INC Only (wef 10 Jan 2005)		
Ref 2/3:	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 (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	16/04/2019 16:18
Date Of Accident	16/04/2019 08:40
Exact Location Of Accident	ECP TWDS CHANGI AFTER BAYSHORE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJX3780S
Insured/Policyholder	
Name Of Registered Owner	YEN SHEN SUNNY
NRIC No	S7589838Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83682646
Alternative Phone No	OFFICE-83682646
Vehicle Particulars	
Manufacturer	VOLVO
Model	XC90 2.5T A/T ABS D/AB 4WD 5DR TC
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5072961119-03
Cover Note Number	-
Driver	
Name of Driver	SHAO LI MIN
NRIC No	S7888727C
Date Of Birth	02/11/1978
Occupation	INDOOR
Date Of Driving Pass	25/07/2015
Driving Experience	3 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90028576
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	1 JALAN RUMBIA #02-01
Postcode	239616
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG1111C
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	SHD4354L
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

16/4/19

GIA/ACC (Sketch Plan Form) V1

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

16/04/2019
9.45am.

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

[Signature]

SKETCH PLAN

VEH A: SJA 3780S L

VEH B: SLG 1111 C

VEH C: SHD 4354 L

ECR TOWARD CHANGI AIRPORT AFTER DAYSHORE EXIT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE AND TIME, I'M TRAVELLING

STRAIGHT ON THE STATED VENUE. SUDDENLY VEHICLE C

JAMMED BRAKE, I APPLIED BRAKE AS WELL. MOMENTS LATER

VEHICLE B, SLG 1111 C, HIT ON TO MY VEHICLE REAR

PORTION, CAUSING ME TO SURGE FORWARD TO HIT ONTO

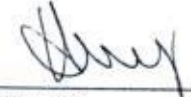
VEHICLE C, SHD 4354 L.

DECLARATION

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


 Policyholder's Signature
 Date & Time:

16/4/19


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

16/04/19
 9.45 am


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 04 / 2019 (DD/MM/YYYY), TIME: 108 : 40 (HH:MM)

LOCATION: ECP TOWARDS CHANGI AIRPORT AFTER BAYSWAY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 55X 3780 S
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5072 961119-03
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: VOLVO XC 90
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM) / REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: YEN SHEN SUNNY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 758 98387 CONTACT: 8368 2646
 c) ADDRESS: A JALAN RUMBIA #02-01
(S) 239616

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SHAO G MIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 7888727C CONTACT: 902 8526
 c) ADDRESS: A JALAN RUMBIA #02-01
(S) 239616

* d) DATE OF BIRTH: 02 / 11 / 1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS
 b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLG 111 C MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SHD 4354 L MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
(01)

* No of passenger
 (including driver)
(02)

* No of passenger
 (including driver)
(02)

email =

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7888727C**



Name

SHAO LI MIN

邵力旻

Race

CHINESE

Date of birth

02-11-1978

Sex

F

S7888727C

Country/Place of birth

CHINA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7888727C**

Name:

SHAO LI MIN



Birth Date: **02 Nov 1978**

Issue Date: **25 Jul 2015**



002455340H

**SG
50**

9359049



NRIC No. **S7888727C**



Nationality

CHINESE

Date of issue

05-02-2015

**1 JALAN RUMBIA #02-01
SINGAPORE 239616**

NRIC No: **S7888727C**

Date: **11/10/2015**

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

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 25 Jul 2015

NP 428A



Licence No: S7888727C

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

16/04/2019 16:18

Vehicle No.(For Motor)

SJX3780S

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5072961119-03		YEN SHEN SUNNY	S7589838Z	GPC	Thirld Party	SJX3780S	SJX3780S	09/06/2018	08/06/2019

Claim Handling

Accident MT/1040463

Policy No.	5072961119-03	Vehicle No.	SJX37805	GST Registration No.	
Certificate No.					
Policyholder Name	YEN SHEN SUNNY	Cover Type	Third Party	Policyholder NRIC	575891
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	83682646	Special Remark		Contact No.(Home)	
Email Address				eCode	No
KPK	<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(%)	30	Private Hire	No

▼ Accident Details

Report Date	16/04/2019 16:40	Accident Report Within 24 hrs	Yes	Accident Type	Chain (
Date of Accident	16/04/2019	Time of Accident hh:mm	08:40	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	ECP TWDS CHANGI AFTER BAYSHORE				

▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	1 JALAN RUMBIA	Address 2	#02-01 THE IMPERIAL	Address 3	SINGAI
Address 4		Address Type	Singapore address	Post Code	239611
Unit No.	09-12	Related Policy Number	5072961119-03		

▼ OI Driver Info

Driver Name	SHAO LI MIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7888727C	Driver DOB	02/11/
Register Date of Driver License	01/01/2005	Driver Age	40	Driving Experience	14
Contact No.(Mobile)	90028576	Contact No.(Office)		Contact No.(Home)	
Address 1	1 JALAN RUMBIA	Address 2	#02-01 THE IMPERIAL	Address 3	SINGAI
Address 4		Address Type	Singapore address	Post Code	239611
Unit No.	02-01				
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
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	YEN SHEN SUNNY
Contact No.(Mobile)	83682646	Contact No. (Home)	
Email Address	HJSUNNY@NETVIGATOR.COM	Vehicle Number	SJX37805
Claim Description	SJX37805 / SLG1111C ON 16 Apr 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	16/04/2019 16:42
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1040463	Claim No.	001
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Last Doc. Received

☒ Yes
 ☐ No

Upload Date

16/04/2019 16:43

Path *

Choose File No file chosen

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Message Read

Clear

Category *

Please Select

Confidential

NO

Urgency *

Normal

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NO

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NO

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NO

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:43	SAS	Normal	SAS 2019-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:43	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:43	Photos	Normal	Photos 2019-4-16
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:42	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:42	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:42	Photos	Normal	Photos 2019-4-16
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:42	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 16:42	Photos	Normal	Photos 2019-4-16

Video List

Uploaded By/Date

Folder Date

File Name

Source

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