

# NATIONAL Assessment Centre Services.

[part 1 Jan 09]

MMA 119049792.

Date In: 16/14/19 17:11	Job description	Date & Time Completed	Done by
Ref No: NA11MC19006792164	SAS e-filing		
Veh No: SJT 3261 U	E-mail (within 3hrs, AIC 2hrs)		
DOA: 15/14/19 19:15:	I-Motor Claim Form	MT/1040457- <sup>002</sup>	16/14/19 17:40.
OD / TP / 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 / GW: ( ) Tel: ( ) Fax: ( )

TP Particulars:	Veh No: SJS 9454X.	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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: ( )

Date/Time	Actions

NA1902746

Claimant's Particulars:	Invoice Preparation Checklist	Am (S)	Trans (S)
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: 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		
At 1:	For claiming against INC Only (wef 10 Jan 2009)		
At 2/3:	6) TR: Re-Inspection \$75		
	7) NI: Idan DA + EMRT 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: Idan 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 17:11
Date Of Accident	15/04/2019 19:15
Exact Location Of Accident	SLIP RD B4 ENTERING PIE(TUAS) FROM SERANGOON RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJT3261U
Insured/Policyholder	
Name Of Registered Owner	YEO TAY TEE
NRIC No	S1610154J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92976661
Alternative Phone No	OFFICE-92976661
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR
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	REPORTING ONLY
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	5103814450
Cover Note Number	-
Driver	
Name of Driver	LEE ALICE
NRIC No	S1681151C
Date Of Birth	10/10/1964
Occupation	INDOOR
Date Of Driving Pass	18/10/2005
Driving Experience	13 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90059779
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 770 CHOA CHU KANG ST 54 #03-01
Postcode	680770
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	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

I WAS TRAVELLING ALONG THE SLIP RD BEFORE ENTERING PIE(TUAS) FROM SERANGOON RD. THE TRAFFIC WAS CONGESTED, MY VEH ACCIDENTALLY TOUCH ONTO VEH B (BEARING NO SJS9454X) REAR PORTION.

#### 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	SJS9454X
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.:

# SKETCH PLAN

A = SJT 3261U  
B = SJS 9454X

Slip Rd B4 Entering PIE (Tuas) From Serangoon Rd

## 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.:



**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S1681151C**



Name  
**LEE ALICE**

Race  
**CHINESE**

Date of Birth  
**10-10-1964**

Country of Birth  
**SINGAPORE**

Sex  
**F**



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number **S1681151C**

Name  
**LEE ALICE**

Birth Date: **10 Oct 1964**

Issue Date: **18 Oct 2005**




001376084A

0792580



NRIC No: **S1681151C**



Blood Group: **O+** Date of issue: **25-02-1993**

**APT BLK 770 CHOA CHU KANG STREET 54 #03-01  
 SINGAPORE 680770**

NRIC No: **S1681151C** Date: **09/08/2008** No: **6046122**

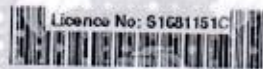
**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class 3 Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers, exclusive of the driver; and motor tractors / vehicles  $\leq$  2500 kg

PASS DATE  
**15 Oct 2005**

**NP 428A**

Licence No: **S1681151C**



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="15/04/2019 16:52"/>							
Vehicle No.(For Motor)	<input type="text" value="SJT3261U"/>	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"/>	5103814450		YEO TAY TEE	S1610154J	GPC	drivo CLASSIC	SJT3261U	SJT3261U	13/09/2018	30/09/2019
<input type="button" value="Continue"/>										

## Claim Handling

## Accident MT/1040457

Policy No.	5103814450	Vehicle No.	SJT3261U	GST Registration No.	
Certificate No.					
Policyholder Name	YEO TAY TEE			Policyholder NRIC	S1610
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	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	Not av

## ▼ Accident Details

Report Date	16/04/2019 16:21	Accident Report Within 24 hrs	Yes	Accident Type	Unknow
Date of Accident	15/04/2019	Time of Accident hh:mm	19:05	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TOWARDS TUAS				

## ▼ 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 770 #03-01	Address 2	CHOA CHU KANG STREET 54	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	680770
Unit No.	03-01	Related Policy Number	5103814450		

## ▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	YEO TAY TEE
Contact No.(Mobile)	92976661	Contact No. (Home)	
Email Address		OI Vehicle Number	SJT3261U
Claim Description	SJT3261U / SJS9454X ON 15 Apr 2019		
Preferred Workshop	<input type="radio"/> Yes <input checked="" type="radio"/> No	Insured Liability	Fully at Fault
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/04/2019 17:40	Claim Close Date	
Report Taken By	LIEW SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter.			

Save Submit

## Attachment

Accident No.	MT/1040457	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/04/2019 17:40
Path *		Category *	Please Select
Choose File	No file chosen	Confidential	NO
		Urgency *	Normal



[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](#)[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 16 Apr 2019 17:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 17:40	SAS	Normal	SAS 2019-4-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 17:40	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 17:40	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 17:40	Photos	Normal	Photos 2019-4-16
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 17:40	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 17:40	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 17:40	Photos	Normal	Photos 2019-4-16
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 17:40	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 17:40	Photos	Normal	Photos 2019-4-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Apr 2019 17:40	Photos	Normal	Photos 2019-4-16

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>