

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA110257872**

Date In: <b>6/1/19 - 10:51</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC16027857/24</b>	SAS e-filing		
Veh No: <b>5J22356E</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>6/1/19 - 07:30</b>	i-Motor Claim Form	<b>6/1/19 10:30:08 - 201</b>	<b>6/1/19 12:18</b>
OD: <b>(TP)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>6W7544</b>	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

<b>NA11025787</b>	<b>Invoice Preparation Checklist</b>	Am't (\$)	Am't (\$)
		Int. Bill	Add. Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	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:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	06/05/2019 10:51
Date Of Accident	06/05/2019 07:30
Exact Location Of Accident	PIE (CHANGI) NEAR EXIT 17D
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ2356E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AGUSTIN MARY JANE MISA
NRIC No	S7280489I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91892969
Alternative Phone No	OFFICE-91892969

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.4 AUTO ABS AIRBAG
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	5099335195
Cover Note Number	

### Driver

Name of Driver	LAY WAI CHOONG
NRIC No	S2763436B
Date Of Birth	19/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	13/10/2005
Driving Experience	13 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81218787
Fax Number	
Contact Number	OFFICE-81218787
EMail Address	NOEMAIL

Address	30 BUKIT BATOK STREET 21 #06-05
Postcode	659636
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)	2
Passenger 1	NAME: : AGUSTIN MARY JANE MISA 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. FRONT VEHICLE BRAKE, I BRAKE MY VEHICLE AS WELL. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE 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	SLM754Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM WEI BIAO
NRIC/Passport Number	S8830507H
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

## 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: JJZ 2356E  
B: SLM 754Y

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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. S2763436B



Name  
**LAY WAI CHOONG**

賴偉忠

Race  
**CHINESE**

Date of birth  
**19-08-1965**

Sex  
**M**

Country of birth  
**MALAYSIA**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S2763436B**

Name  
**LAY WAI CHOONG**

Birth Date: **19 Aug 1965**

Issue Date: **28 Sep 2010**




9060703




NRIC No: **S2763436B**

Nationality  
**MALAYSIAN**

Date of Issue  
**16-09-2009**


Address  
**30 BUKIT BATOK STREET 21  
#06-05  
SINGAPORE 659636**

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

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	13 Oct 2005
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	13 Oct 2005

NP 428A

Licence No: S2763436B



eBaoTech

GeneralClaim

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="06/05/2019 07:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SJZ2356E"/>	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"/>	5099335195		AGUSTIN MARY JANE MISA	572804891	GPC	drivo CLASSIC	SJZ2356E	SJZ2356E	28/03/2018	07/05/2019
<input type="button" value="Continue"/>										

## ▼ Policy Information

Policy No.	5099335195	Policyholder Name	AGUSTIN MARY JANE MISA	Policyholder NRIC	S7280489I
Certificate No.					
Address	30 BUKIT BATOK STREET 21 #06-05 THE DEW SINGAPORE 659636				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	28/03/2018	Effective Date	28/03/2018 00:00	Expiry Date	07/05/2019 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	SENG LEE HONG VEHICLE TRAC	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	30 BUKIT BATOK STREET 21	Address 2	#06-05 THE DEW	Address 3	SINGAPORE 659636
Address 4		Address Type	Singapore address	Post Code	659636
Unit No.	06-05	Related Policy Number	5099335195-01		

## ► Insured Object: SJZ2356E

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	28/03/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	intl adj to waive NCDP refund \$85.34 Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 28 Mar 2018 TO 07 May 2019 In view of this amendment, an additional premium of \$95.86 (inclusive of GST) is payable under your policy. This amount will be debited to your credit card account number 4265-88xx-xxxx-2124.
2	15/10/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	

Continue

Cancel

## Claim Handling

EXIT

Accident MT/1043068

Policy No.	5099335195	Vehicle No.	5J22356E	GST Registration No.	
Certificate No.					
Policyholder Name	AGUSTIN MARY JANE MISA			Policyholder NRIC	S72B04891
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91892969	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	12
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

**Accident Details**

Report Date	06/05/2019 12:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/05/2019	Time of Accident rh:mm	07:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (CHANGI) NEAR EXIT 17D				

**Excess**

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured 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	30 BUKIT BATOK STREET 21	Address 2	#06-05 THE DEW	Address 3	SINGAPORE 659636
Address 4		Address Type	Singapore address	Post Code	659636
Unit No.	06-05	Related Policy Number	5099335195-01		

**01 Driver Info**

Driver Name	LAY WAI CHOONG	Driver Type	Main Driver	Driver DOB	19/08/1965
Unnamed driver Name		Driver NRIC	S27634368	Driving Experience	13
Register Date of Driver License	13/10/2005	Driver Age	53	Contact No.(Home)	0
Contact No.(Mobile)	81218787	Contact No.(Office)	0	Address 3	SINGAPORE 659636
Address 1	30 BUKIT BATOK STREET 21	Address 2	THE DEW	Post Code	659636
Address 4		Address Type	Singapore address		
Unit No.	06-05				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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-MK	Insured Name	AGUSTIN MARY JANE MISA	Insured NRIC	S72B04891
Contact No.(Mobile)	91892969	Contact No.(Home)	N/A	Contact No.(Office)	
Email Address	JANEAGUSTIN@HOTMAIL.COM	01 Vehicle Number	5J22356E	TP Vehicle Number	SLM754Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	5J22356E / SLM754Y ON 6 May 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	06/05/2019 12:38	Claim Close Date		Date Received	06/05/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1043068	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/05/2019 12:39

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	

☐ Send Message

### Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 May 2019 12:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 May 2019 12:39	SAS	Normal	SAS 2019-5-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 May 2019 12:39	Photos	Normal	Photos 2019-5-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 May 2019 12:39	Photos	Normal	Photos 2019-5-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 May 2019 12:39	Photos	Normal	Photos 2019-5-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 May 2019 12:39	Photos	Normal	Photos 2019-5-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 May 2019 12:39	Photos	Normal	Photos 2019-5-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 May 2019 12:39	Photos	Normal	Photos 2019-5-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 May 2019 12:39	Photos	Normal	Photos 2019-5-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 May 2019 12:39	Photos	Normal	Photos 2019-5-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 May 2019 12:39	Photos	Normal	Photos 2019-5-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 May 2019 12:39	Photos	Normal	Photos 2019-5-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 May 2019 12:39	Photos	Normal	Photos 2019-5-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 May 2019 12:39	Photos	Normal	Photos 2019-5-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 May 2019 12:39	Photos	Normal	Photos 2019-5-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 May 2019 12:39	Photos	Normal	Photos 2019-5-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 May 2019 12:39	Photos	Normal	Photos 2019-5-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 May 2019 12:39	Photos	Normal	Photos 2019-5-6		<a href="#">Edit</a>

### Video List

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