

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 08/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19008071/13	SAS e-filing		
Veh No: SKM17909	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 08/05/19 0850	i-Motor Claim Form		
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: SKM7102G	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%; F: 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

NA1903394	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
	5) RT : 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:-			
QC Checked by (Engr-In-Charge):	OD*			
	*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			
Cat. 1:	9) N12: Idac Mobile \$30			
Cat. 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	08/05/2019 09:29
Date Of Accident	08/05/2019 08:50
Exact Location Of Accident	ALONG PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM1790Y
Insured/Policyholder	
Name Of Registered Owner	SIM MONG CHUAN MERVYN
NRIC No	S7913354Z
Email Address	MERVYNSIM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98771965
Alternative Phone No	OTHERS-98512860

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
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	5087418161-02
Cover Note Number	

Driver

Name of Driver	LAU LEY SAN(LIU LISHAN)
NRIC No	S8008657A
Date Of Birth	29/02/1980
Occupation	INDOOR
Date Of Driving Pass	24/02/2016
Driving Experience	3 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98512860
Fax Number	
Contact Number	
EMail Address	LLISHAN@HOTMAIL.COM

Address	10 GEYLANG EAST AVENUE #15-06
Postcode	389758
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	AFTER RAIN
Road Surface	WET

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?	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

I WAS DRIVING ON THE OUTERMOST RIGHT LANE ALONG PAYA LEBAR RD, WHEN A CAR SUDDENLY CUT INTO MY LANE AND I COULDN'T STOP IN TIME. THE VEH B DRIVER NEVER CHECK HIS BLIND SPOT AND JUST CUT INTO MY LANE WHICH I HAD A RIGHT OF WAY. HE LATER APOLOGISED AND SAID HE WOULD SETTLE EVERYTHING FOR ME. AFTER THE IMPACT WE EXCHANGE PARTICULARS AND HE ASKED TO REVERSE MY VEH SO THAT HE CAN MOVE HIS VEH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK7102G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ADDHA RAHUMAN LEBBE MOHAMED HISHAM
NRIC/Passport Number	S7855439H
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN


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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:

 08/05/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

PAYA LEBAR RD

A - SKM 17904
B - SMK 71024

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s ref to the statement.

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

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

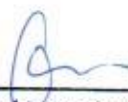
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119059286 Vehicle Registration No: SKM1790Y
Name (as shown in NRIC) : LAU LEY SAN (LIU LISHAN) NRIC/FIN/Passport No : S8008657A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 10 GEYLANG EAST AVENUE #15-06 Singapore(389758)
Contact (Tel) : _____ Mobile No. : 98512860
Email Address : _____
Date of Accident : 08/05/19 Time of Accident : 0850
Place of Accident : ALONG PAYA LEBAR RD
Insurance Company: NTUC


(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND SKETCH PLAN



Policyholder / Driver's Signature
Date:

 08/05/19

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8008657A



Name

LAU LEY SAN
(LIU LISHAN)

柳 丽 珊

Race

CHINESE

Date of birth

29-02-1980

Sex

F

Country of birth

SINGAPORE

S8008657A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S8008657A



LAU LEY SAN
(LIU LISHAN)

Birth Date: 29 Feb 1980

Issue Date: 24 Feb 2016



4843038



NRIC No. S8008657A



Date of issue

25-02-2012

10 GEYLANG EAST AVENUE 2 #15-08
SINGAPORE 389758

Do: S8008657A

Date: 15/01/2015

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg 24 Feb 2016

NP 428A



Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.

Date of Accident

08/05/2019 09:05

Vehicle No.(For Motor)

SKM1790Y

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"/>	5087418161-02		SIM MONG CHUAN MERVYN	S7913354Z	GPC	drivo PREMIUM	SKM1790Y	SKM1790Y	01/02/2019	31/01/2020

Claim Handling

Accident MT/1043595

Policy No.	5087418161-02	Vehicle No.	SKM1790Y	GST Registration No.
Certificate No.				
Policyholder Name	SIM MONG CHUAN MERVYN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	98771965	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	20	Private Hire

▼ Accident Details

Report Date	08/05/2019 18:26	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/05/2019	Time of Accident hh:mm	08:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG PAYA LEBAR RD			

▼ Excess

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

▼ Benefits

Coverage		Sum Insured	
Excess Waiver		99999999.99	

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	10 GEYLANG EAST AVENUE 2	Address 2	#15-06 SIMSVILLE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	15-06	Related Policy Number	5087418161-02	

▼ OI Driver Info

Driver Name	LAU LEY SAN	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S8008657A	Driver DOB
Register Date of Driver License	24/02/2016	Driver Age	39	Driving Experience
Contact No.(Mobile)	98512860	Contact No.(Office)	0	Contact No.(Home)
Address 1	10 GEYLANG EAST AVENUE 2	Address 2	SIMSVILLE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#15-06			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com.

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 OD-MX

New

Claim Type *	OD-MX	Insured Name	SIM MC
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		OI Vehicle Number	SKM1790Y
Claim Description	SKM1790Y / SMK7102G ON 8 May 2019		
Preferred Workshop		Insured Liability	Not at Fault
Start No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	08/05/2019 18:31
		Workshop Repairer	ROSLINDA

✓ Print AK letter

Save Submit

Attachment



Accident No. MT/1043595 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 08/05/2019 00:00

Path *

Category *

Confidential

Choose File No file chosen

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 18:31	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 18:31	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 18:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 18:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 18:31	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 18:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 18:30	Photos	Normal	Photos
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08 May 2019 18:30

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08 May 2019 18:30

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
08 May 2019 18:30

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Folder Date

File Name



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