

NATIONAL Assessment Centre Services

Date In: 15/06/2019 10:51	Job description: NA/INC19010624/K4SAS e-filing	Date & Time Completed:	Done by:
Ref No:			
Veh No: SMD 8469 D	E-mail (within 8hrs, AP 2hrs):		
DOA: 06/06/2019 06:40	i-Motor Claim Form: MT/1049189-001 15/6/19 15:52		
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: SBT5688D	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

NA1904318

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	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:-		
	OD*		
	*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 (N-on 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 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	15/06/2019 10:51
Date Of Accident	06/06/2019 06:40
Exact Location Of Accident	CLEMENTI AVE 6 TWDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD8469D
Insured/Policyholder	
Name Of Registered Owner	FENG MIN
NRIC No	S2696619A
Email Address	VIOLET6_FM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96259323
Alternative Phone No	OTHERS-96259323

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION 1.5 A
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	5104946059
Cover Note Number	

Driver

Name of Driver	FENG MIN
NRIC No	S2696619A
Date Of Birth	07/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	13/08/2003
Driving Experience	15 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96259323
Fax Number	
Contact Number	OTHERS-96259323
Email Address	VIOLET6_FM@HOTMAIL.COM

Address	BLK 406 JURONG WEST STREET 42 #08-595
Postcode	640408
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	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?	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

PLS REFER TO THE 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	SBT5688D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S1824628G
Contact Number	96867935
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:

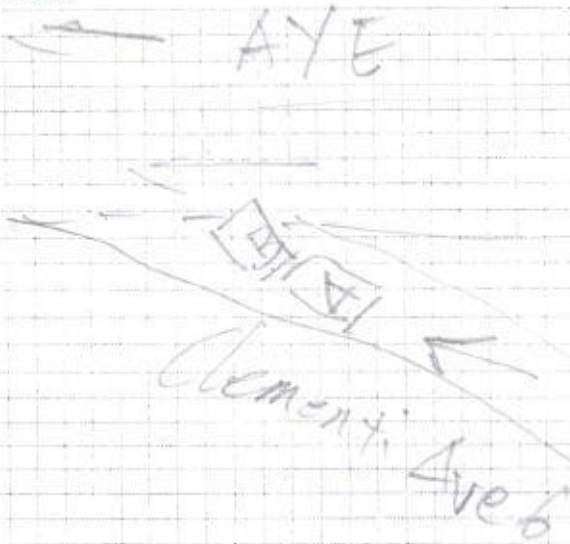
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



A - SMD 8469 D
B - SBT 5688 D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Vehicle A was driving along Clementi Ave 6 toward AYE. When Vehicle B slow down and Vehicle A was too close and just hit slightly on Vehicle B rear portion. Vehicle A was slightly damages at the front portion of my Vehicle A.

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.:

Call Driver on (Bulcit Merah) - Reported on 6/6/2019
8/6/19 @ 1611HRS
she told me she will check
with insurance
and send me

134572

ACCIDENT STATEMENT

CTI
Certificate
of
Insurance
by Mon
10/6/19
Vire

ACCIDENT DATE: 6/6/2019 (DD/MM/YYYY), TIME: 06.40 AM (HH:MM)

LOCATION: Clementi Ave 6 towards AYE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMD 8469 D
b) INSURANCE COMPANY:
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
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: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 96259323
c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

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: SBT 5688 D MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: 51824628 G CONTACT: 96867935

9. THIRD PARTY VEHICLE

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

No of passengers
(including driver)
(1)

No of passengers
(including driver)
(1)

No of passengers
(including driver)

7/6/19 @ 1320HRS
No response
Call Driver?
7/6/19 @ 1520HRS
No response
Call Driver?

Violet6_fm@hotmail.com

Violet6_fm@hotmail.com

email =
VIDEO

CTI

Waiting for Certificate?

11/6/19 - WAC

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2696619A



FENG MIN

封敏

Race

CHINESE

Date of Birth

07-09-1966

Sex

F

Country of Birth

CHINA

A0215217



NRIC No. S2696619A



Blood Group

O+

Date of issue

06-09-2002

APT BLK 406 JURONG WEST STREET 42 #08-595
SINGAPORE 640406

NRIC No: S2696619A

Date:

11/12/2009

No: 8239783

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S2696619A

Name

FENG MIN

Birth Date 07 Sep 1966

Issue Date 25 Feb 2013



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 13 Aug 2003

NP 428A



Licence No: S2696619A

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="06/06/2019 06:40"/>
Vehicle No.(For Motor)	<input type="text" value="SMD8469D"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104946059		FENG MIN	S2696619A	GPC	drivo CLASSIC	SMD8469D	SMD8469D	25/10/2018	04/11/2019

Continue

▼ Policy Information

Policy No.	5104946059	Policyholder Name	FENG MIN	Policyholder NRIC	S2696619A
Certificate No.					
Address	BLK 406 #08-595 JURONG WEST STREET 42 SINGAPORE 640406				
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N		
Policy issue Date	25/10/2018	Effective Date	25/10/2018 00:00	Expiry Date	04/11/2019 23:59
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		
Agent	LQ INSURANCE AGENCY PTE LTD	Agent Tel.	63340783	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 406 #08-595	Address 2	JURONG WEST STREET 42	Address 3	SINGAPORE 640406
Address 4		Address Type	Singapore address	Post Code	640406
Unit No.		Related Policy Number	5104946059		

► Insured Object: SMD8469D

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>ContinueCancel</div>				

Claim Handling

Accident MT/1049189

Policy No.	S104946059	Vehicle No.	SMD8469D	GST Registration No.
Certificate No.				
Policyholder Name	FENG MIN			Policyholder NRJC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96259323	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	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	15/06/2019 15:43	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/06/2019	Time of Accident hh:mm	06:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CLEMENTI AVE 6 TWDS AYE			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
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 406 #08-595	Address 2	JURONG WEST STREET 42	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	S104946059	

▼ OI Driver Info

Driver Name	FENG MIN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S2696619A	Driver DOB
Register Date of Driver License	13/08/2003	Driver Age	52	Driving Experience
Contact No.(Mobile)	96259323	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 406	Address 2	JURONG WEST STREET 42	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#08-595			
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	FENG MIN
Contact No.(Mobile)	96259323	Contact No. (Home)	689632
Email Address	violet6_fm@hotmail.com	Vehicle Number	SMD8469D
Claim Description	SMD8469D / SBT5688D ON 6 Jun 2019		
Preferred Workshop	Insured Liability	Partially at Fault	
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	15/06/2019 15:53	GIA report	Received
Report Taken By		Claim Close Date	
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	

Attachment



Accident No.	MT/1049189	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/06/2019 15:45
Path *		Category *	
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO <input type="button" value="x"/>
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO <input type="button" value="x"/>
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO <input type="button" value="x"/>
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO <input type="button" value="x"/>
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO <input type="button" value="x"/>
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO <input type="button" value="x"/>
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO <input type="button" value="x"/>
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:52	NRIC/ Driving License	Normal	NRIC/ Driving 1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:50	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 15:49	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
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