NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA11908019

Date In: 19/6/19-17:23	Job description	Date & Time Completed	Done by
Ref No: NA/INC1903089919/24	SAS e-filing		
Veh No: SJB7794	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 19/6/19-17:23	i-Motor Claim Form	M7/1044737-001	19/6/19 17:31
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: SLU7854Z 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

NA1904547

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idao DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
QD*			
*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	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

MNA119080102 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 19/06/2019 17:23
SUBMITTED BY: Jackson Ho Zhao Tian

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 witholding 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	19/06/2019 17:23
Date Of Accident	19/06/2019 10:20
Exact Location Of Accident	JUNC MARINA BLVD & MARINA GARDENS DR
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJQ1579H
Insured/Policyholder	
Name Of Registered Owner	KIM JUNG ME (MRS LEE JUNG ME)
NRIC No	S2569102D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93375852
Alternative Phone No	OFFICE-93375852
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS E AUTO
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	5080231899-03
Cover Note Number	
Driver	
Name of Driver	KIM JUNG ME
NRIC No	S2569102D
Date Of Birth	11/02/1966
Occupation	INDOOR
Date Of Driving Pass	15/05/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-93375852
Fax Number	
Contact Number	OFFICE-93375852
EMail Address	NOEMAIL

Address	5B TRENGGANU STREET
Postcode	058459
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	RAINING
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?	YES
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

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

REFER TO 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	SLU2859Z
Vehicle Make/Model/Colour	MAZDA
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 INJURED PERSON 1

Name	KIM JUNG ME
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJQ1579H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

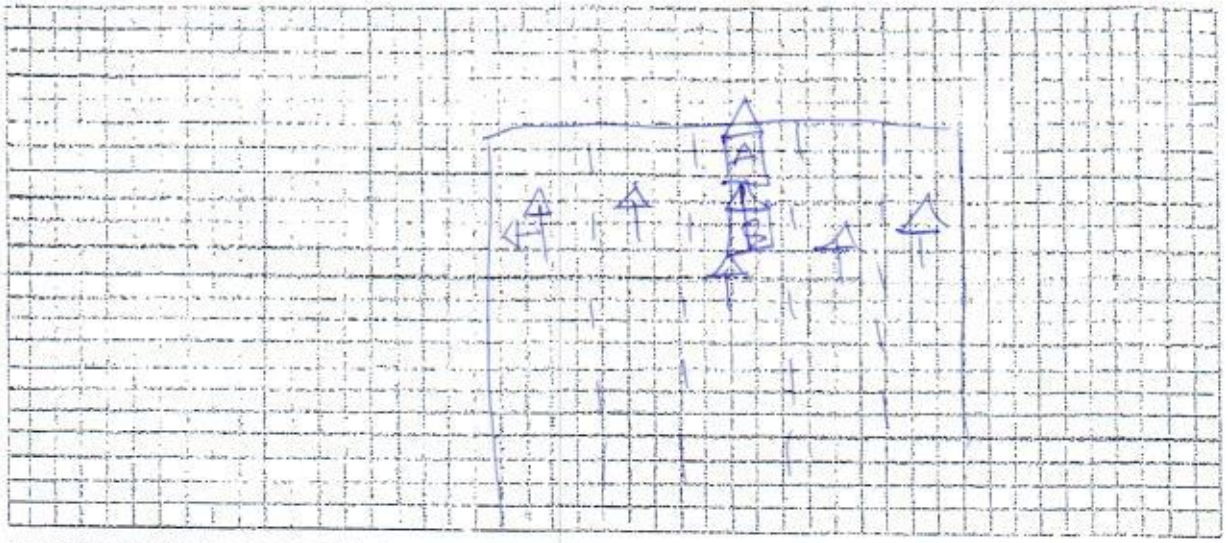
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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.:

Veh-A-SJQ1579H
Veh B-SLU2859Z

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was stationary on Marina Blvd. Suddenly Veh B collided on to my back causing my car to move forward.

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.:

Date of Accident : 19/06/19 Accident Time: 1020 (24-HR-Format)

Accident Place : Marina Blvd, Marina Gardens Dr (Junction)

Vehicle Reg. No. (Car Plate No.) : SSQ 1579H

Vehicle Make/Model : Toyota Vios.

Insurance Company : NTUC Policy No.

Owner or Company Name /IC No. : Kim Sung Me

Owner or Company Contact No. : 93375852 Owner's Hp 8189 1823 Company Tel

DRIVER'S Name / IC No. : S2569102D

DRIVER'S Date Of Birth : 11/02/1965 DRIVER'S License Pass Date 15 May 2009

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: owner.

DRIVER'S Address : 5B TRENGGANU STREET 058459

DRIVER'S Contact No./ Alt No. :1) 2)

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address :

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 03 2 male passanger, 1 driver injuries

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLU 28592

Vehicle Make\Model: Mazda.

Name Driver:

IC No. Driver:

Driver's Contact & Add:

Vehicle Reg. No:

Vehicle Make\Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2569102D

Name

KIM JUNG ME

For LKK/NAC Use Only

Race

KOREAN

Date of birth

11-02-1966

Sex

F

Country/Place of birth

KOREA, SOUTH

9509913

NRIC No. S2569102D

Nationality

KOREAN, SOUTH

For LKY/NAC Use Only

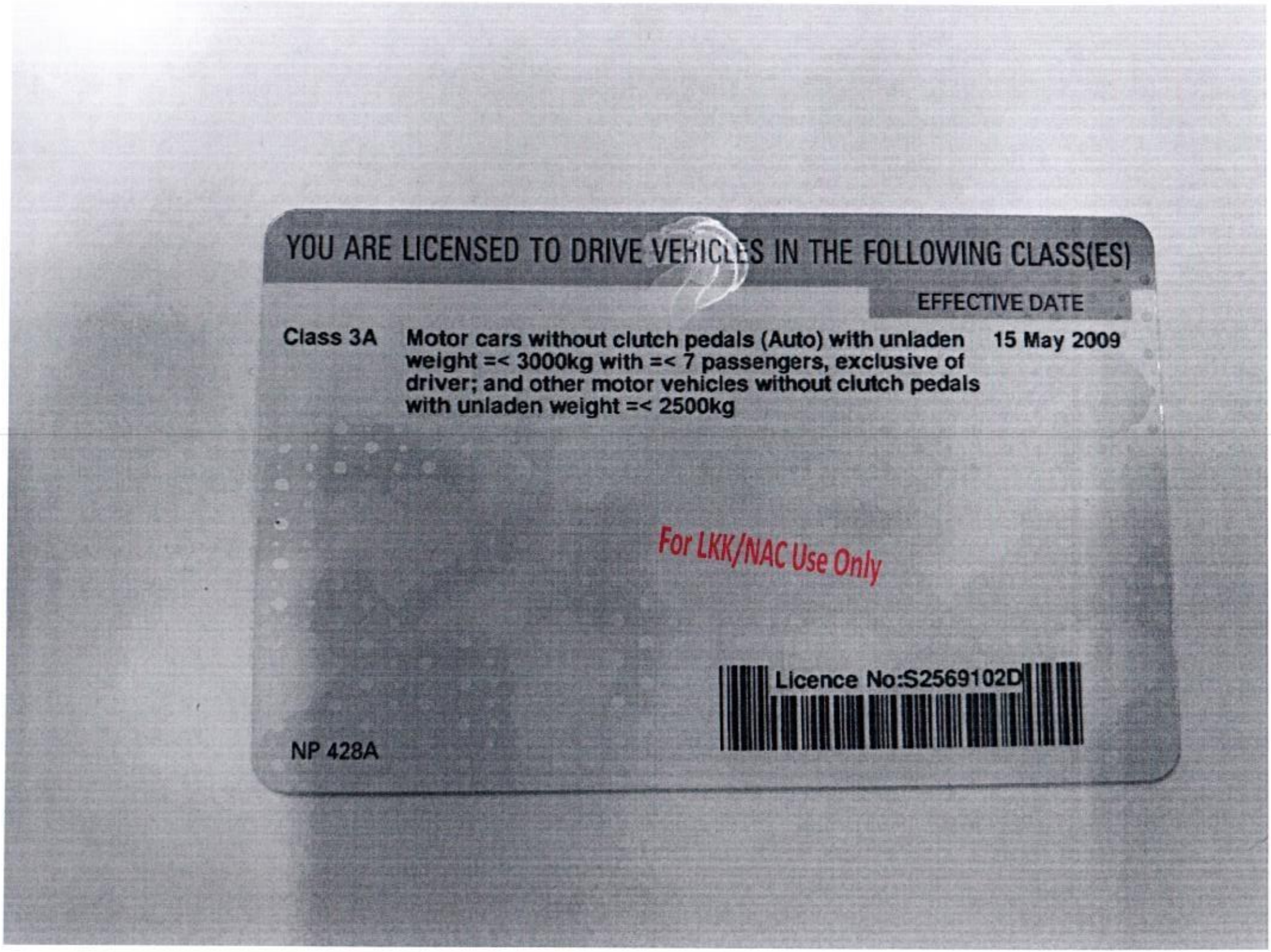
Date of issue

28-11-2018

Address

5B TRENGGANU STREET
SINGAPORE 058459


REPUBLIC OF SINGAPORE
DRIVING LICENCE
Licence Number: S2569102D
Name:
KIM JUNG ME
MRS LEE JUNG ME
For LKK/NAC Use Only
Birth Date: 11 Feb 1966
Issue Date: 20 Jun 2017
002695741G


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 3A
Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg
15 May 2009
For LKK/NAC Use Only
Licence No:S2569102D
NP 428A

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601

› Change Language › Change Password › Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SJQ1579H

Date of Accident 19/06/2019 10:20

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5080231899-03		KIM JUNG ME (MRS LEE JUNG ME)	S2569102D	GPC	drivo CLASSIC	SJQ1579H	SJQ1579H	27/04/2019	26/04/2020

Continue

Policy Information

Policy No.	5080231899-03	Policyholder Name	KIM JUNG ME (MRS LEE JUNG M	Policyholder NRIC	S2569102D
Certificate No.					
Address	5B TRENGGANU STREET SINGAPORE 058459				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	21/04/2019	Effective Date	27/04/2019 00:00	Expiry Date	26/04/2020 23:59
Excess Type	Per Accident	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	HAMILTON AUTOHUB PTE. LTD.	Agent Tel.	64751946	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	5B TRENGGANU STREET	Address 2	SINGAPORE 058459	Address 3	
Address 4		Address Type	Singapore address	Post Code	058459
Unit No.		Related Policy Number	5080231899-03		

Insured Object: SJQ1579H

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1049737

Exit

Policy No.	5080231899-03	Vehicle No.	SJQ1579H	GST Registration No.	
Certificate No.					
Policyholder Name	KIM JUNG ME (MRS LEE JUNG ME)			Policyholder NRIC	S2569102D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	93375852	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	40	Private Hire	No

Accident Details

Report Date	19/06/2019 17:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	19/06/2019	Time of Accident hh:mm	10:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC MARINA BLVD & MARINA GARDENS DR				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIEO OD Excess	0.00	YIEO TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	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	58 TRENGGANU STREET	Address 2	SINGAPORE 058459	Address 3	
Address 4		Address Type	Singapore address	Post Code	058459
Unit No.		Related Policy Number	5080231899-03		

OI Driver Info

Driver Name	KIM JUNG ME (MRS LEE JUNG ME)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2569102D	Driver DOB	11/02/1966
Register Date of Driver License	15/05/2009	Driver Age	53	Driving Experience	10
Contact No.(Mobile)	93375852	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	58 TRENGGANU STREET	Address 2	SINGAPORE 058459	Address 3	
Address 4		Address Type	Singapore address	Post Code	058459
Unit No.					
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	◉ Yes ○ No		

Modification History

Claim 001 **New**

Claim Type *	GD-MX	Insured Name	KIM JUNG ME (MRS LEE JUNG M	Insured NRIC	S2569102D
Contact No.(Mobile)	93375852	Contact No.(Home)	62463004	Contact No.(Office)	
Email Address	VISA7568@GMAIL.COM	OI Vehicle Number	SJQ1579H	TP Vehicle Number	SLU2859Z
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SJQ1579H / SLU2859Z ON 19 Jun 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/06/2019 17:51	Claim Close Date		Date Received	19/06/2019 00:00
Report Taken By	Jackson				

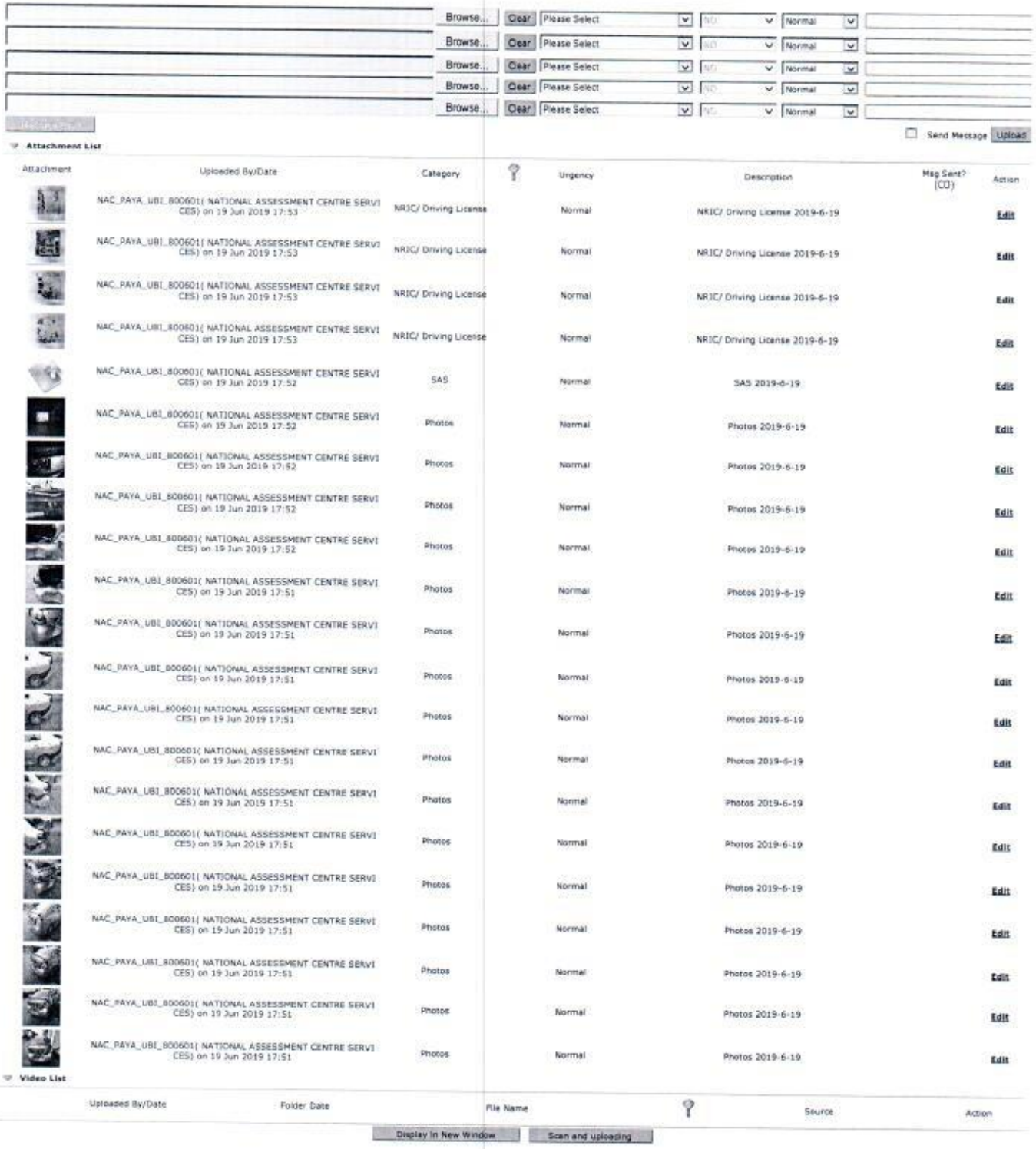
☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1049737	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	19/06/2019 17:53

Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	No	Normal	


Browse...
Clear
Please Select
NO
Normal
Send Message
Upload
Attachment List
Attachment
Uploaded By/Date
Category
Urgency
Description
Msg Sent? (CO)
Action
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2019 17:53
NRIC/ Driving License
Normal
NRIC/ Driving License 2019-6-19
Edit
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2019 17:52
SAS
SAS 2019-6-19
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2019 17:52
Photos
Photos 2019-6-19
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2019 17:51
Video List
Uploaded By/Date
Folder Date
File Name
Source
Action
Display In New Window
Scan and uploading