

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA119/12526

Date In: 26/8/19-1654	Job description	Date & Time Completed	Done by
Ref No: NA/NA1905021/14	SAS e-filing		
Veh No: 62358C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 26/8/19-14:15	i-Motor Claim Form	27/10/59522-001	26/8/19 WTB
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: 9A73M 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

NA119/12526	Invoice Preparation Checklist	Amt (\$) In 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ*		
	*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-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Lat. 1: Lat. 2 / 3:

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	26/08/2019 16:54
Date Of Accident	25/08/2019 14:15
Exact Location Of Accident	TAMPINES RD TWDS HOUGANG AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GW3338C
Insured/Policyholder	
Name Of Registered Owner	TAY KIM HOCK CONSTRUCTION
Co Reg No	29768600C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 D
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5065680798-05
Cover Note Number	
Driver	
Name of Driver	TAY KIM SENG
NRIC No	S2618999C
Date Of Birth	24/07/1958
Occupation	OUTDOOR
Date Of Driving Pass	21/12/1977
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90283199
Fax Number	
Contact Number	OFFICE-90283199
Email Address	NOEMAIL

Address	BLK 239 HOUGANG STREET 22
	#10-13
Postcode	530239
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. VEHICLE B WAS ON 1ST LANE SUDDENLY CUT ONTO MY LANE AND HIT ONTO MY VEHICLE REAR RIGHT 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	SFA73M
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)	2

Passenger 1

NAME: :

GENDER: :

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.

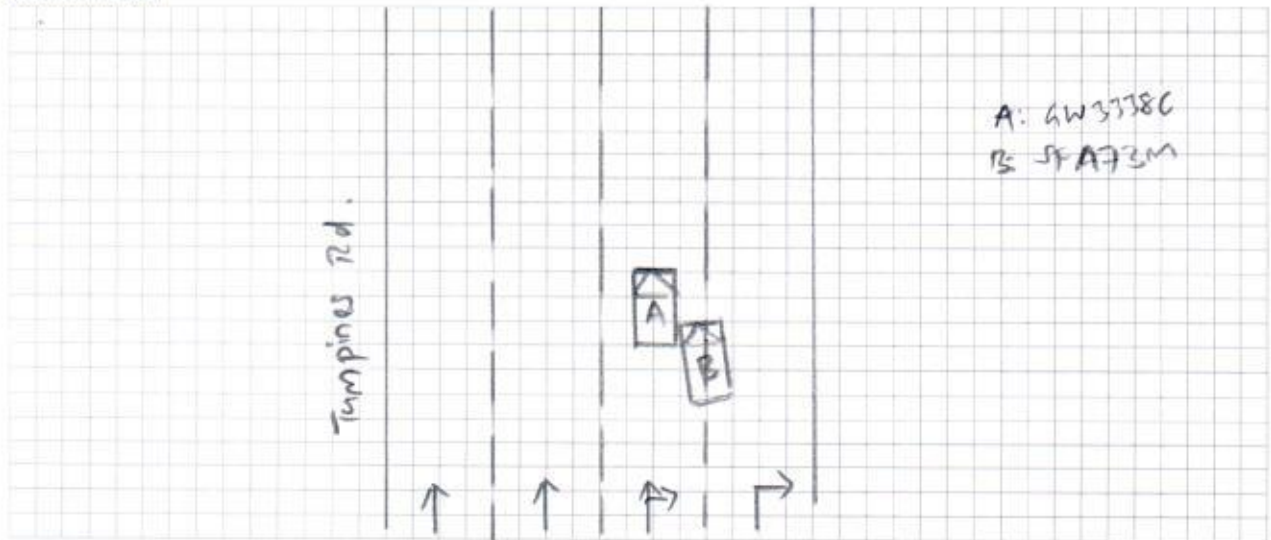


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN



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 DRIVING LICENCE

Licence Number: S2618999C

Name: TAY KIM SENG

Birth Date: 24 Jul 1958

Issue Date: 28 Jan 2016

002522877F

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2618999C

Name: TAY KIM SENG

郑金生

Race: CHINESE

Date of Birth: 24-07-1958

Sex: M

Country of Birth: MALAYSIA

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

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

EFFECTIVE DATE: 21 Dec 1977

NP 428A

Licence No: S2618999C

For LKK/NAC Use Only

8285135

NRIC No: S2618999C

Nationality: MALAYSIAN

Blood Group: B+

Date of Issue: 24-04-1998

Address: APT BLK 239 HOUGANG STREET 22 #10-13 SINGAPORE 530239

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) 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"/>	5065680798-05		TAY KIM HOCK CONSTRUCTION	29768600C	GCV	Third Party, Fire & Theft	GW3338C	GW3338C	30/05/2019	29/05/2020

Policy Information

Policy No.	5065680798-05	Policyholder Name	TAY KIM HOCK CONSTRUCTION	Policyholder NRIC	29768600C
Certificate No.					
Address	BLK 315B #15-317 ANG MO KIO STREET 31 SINGAPORE 563315				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	24/05/2019	Effective Date	30/05/2019 00:00	Expiry Date	29/05/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	THOMSON CREDIT (S) PTE LTD	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 315B #15-317	Address 2	ANG MO KIO STREET 31	Address 3	SINGAPORE 563315
Address 4		Address Type	Singapore address	Post Code	563315
Unit No.		Related Policy Number	5065680798-05		

Insured Object: GW3338C

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

• Exit

Accident MT/1059522

Policy No.	5065680798-05	Vehicle No.	GW3338C	GST Registration No.	
Certificate No.					
Policyholder Name	TAY KIM HOCK CONSTRUCTION	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	29768600C
Product Code	COMMERCIAL VEHICLE (INSUR)	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	0	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	1
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	26/08/2019 20:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	25/08/2019	Time of Accident (hh:mm)	14:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES RD TWDS HOUGANG AVE 1				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	26/08/2019 20:56:09 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address					
Address 1	BLK 315B #15-317	Address 2	ANG MO KIO STREET 31	Address 3	SINGAPORE 563315
Address 4		Address Type	Singapore address	Post Code	563315
Unit No.		Related Policy Number	5065680798-05		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/07/1958
Unnamed driver Name	TAY KIM SENG	Driver NRIC	S2618999C	Driving Experience	41
Register Date of Driver License	21/12/1977	Driver Age	61	Contact No. (Home)	0
Contact No. (Mobile)	90283199	Contact No. (Office)	0	Address 3	SINGAPORE 530239
Address 1	BLK 239	Address 2	HOUGANG STREET 22	Post Code	530239
Address 4		Address Type	Singapore address		
Unit No.	10-13				
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		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TAY KIM HOCK CONSTRUCTION	Insured NRIC	29768600C
Contact No. (Mobile)	91595115	Contact No. (Home)		Contact No. (Office)	62872253
Email Address	thetoonarmy9@hotmail.com	OT Vehicle Number	GW3338C	TP Vehicle Number	SFA73M
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GW3338C / SFA73M ON 25 Aug 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	26/08/2019 20:56	Claim Close Date		Date Received	26/08/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					







Save Submit

Attachment

Accident No.	MT/1059522	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/08/2019 20:57
Path *		Category *	Please Select
	Browse... Clear	Confidential	<input type="radio"/> Yes <input checked="" type="radio"/> No
		Urgency *	Normal
		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	
Browse...	Clear	Please Select	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 26 Aug 2019 20:57	NRIC/ Driving License	Y	NRIC/ Driving License 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 26 Aug 2019 20:57	SAS	Normal	SAS 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 26 Aug 2019 20:57	Photos	Normal	Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 26 Aug 2019 20:57	Photos	Normal	Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 26 Aug 2019 20:56	Photos	Normal	Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 26 Aug 2019 20:56	Photos	Normal	Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 26 Aug 2019 20:56	Photos	Normal	Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 26 Aug 2019 20:56	Photos	Normal	Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 26 Aug 2019 20:56	Photos	Normal	Photos 2019-8-26		Edit

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"/>				