NATIONAL Assessment Centre Services. [wef 1 Jan'06]. MNAB4I9115695

Date In: 02/09/2019 12:33	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/190154601/4	SAS e-filling		
Veh No: SKZ7201Z	E-mail (Within 8hrs, AIC 2hrs)		
D O A: 31/08/2019 08:30	I-Motor Claim Form	MT10600459E002	02/09/2019 12:45
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: SLX1054Y 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: ( )

Follow-up		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

XAB1906630

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Cat. 1:

Invoicing		Charge(s) / Invoiced
1) AR : Accident Reporting ($30);		
2) DA : Damage Assessment ($100);	INC ($80)	
3) TP : Towing Fee	$40/$45	
4) PT : Follow-Through Survey	$120	
5) PT : Follow-Through Survey (Resurvey)	$30	
For claiming against INC Only (wef 10 Jan 2005)		
6) TR : Re-Inspection	$75	
7) N1 : Ideo 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 (Non INC) against INC	$30	
9) N12: Ideo 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	02/09/2019 12:23
Date Of Accident	31/08/2019 08:30
Exact Location Of Accident	SLIP ROAD TOWARDS JALAN EUNOS LAMPOST NO:44
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ7201Z
Insured/Policyholder	
Name Of Registered Owner	SIM CHIN THIAM
NRIC No	S0465681D
Email Address	SIM_TT@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97710547
Alternative Phone No	OTHERS-97710547
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	5106917707
Cover Note Number	
Driver	
Name of Driver	SIM TA TJEH
NRIC No	S7341362A
Date Of Birth	10/11/1973
Occupation	INDOOR
Date Of Driving Pass	23/02/1994
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97710547
Fax Number	
Contact Number	OTHERS-97710547
EMail Address	SIM_TT@YAHOO.COM.SG

Address	BLK 236 PASIR RIS STREET 21 #06-03
Postcode	510236
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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

PLEASE REFER TO SKETCH

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX1054U
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RASHID MOHIUDDIN
NRIC/Passport Number	S7381796Z
Contact Number	96444817
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

eBaoTech GeneralClaim

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Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) SKZ7201Z
Date of Accident 31/08/2019 12:22
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
◉	5106917707		SIM CHIN THIAM	S0465681D	GPC	drivo CLASSIC	SKZ7201Z	SKZ7201Z	29/01/2019	28/01/2020

Continue

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 willful 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.

30/8/19

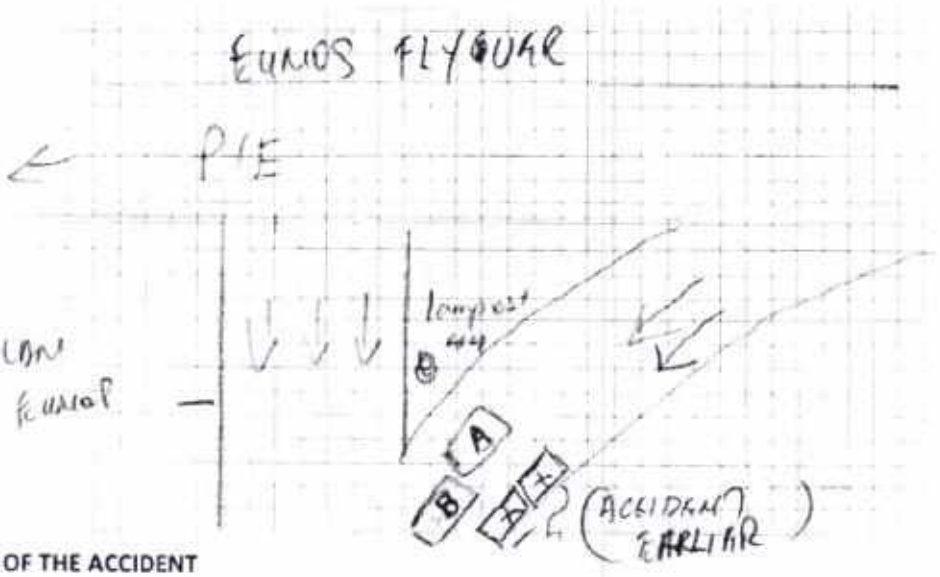
02/08/2019

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) SKZ 7201 Z

B) SLX 1054 4

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 31/08/2019 AT ABOUT 08:29HRS I WAS AT SLIP ROAD
FROM PIE TO TURN LEFT TO JLN EUNOS AT THE GIVE
WAY LINE THE CAR B SUDDENLY JAM BRAKE & I COULD
NOT REACT TO TURN & HIT THE REAR OF CAR B THE
CAR B STOP SUDDENLY WHEN THERE IS NO ONE COMING CAR
ON JALAN EUNOS.

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: 31/8/19	Reporting Centre Personnel's Signature Name: ROAD HERO NRIC/FIN No.: 08/09/2019,

Claim Handling

Accident MT/1060459

Policy No.	5106917707	Vehicle No.	SKZ7201Z	GST Registration No.	
Certificate No.					
Policyholder Name	SIM CHIN THIAM			Policyholder NRIC	S0465681D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	nil	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
APR	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not available

Accident Details

Report Date	02/09/2019 11:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	31/08/2019	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE EXIT TO JALAN EUNOS (TOWARDS CITY)				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
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 236 #06-03	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510236
Address 4		Address Type	Singapore address	Post Code	510236
Unit No.		Related Policy Number	5106917707		

GI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	SIM CHIN THIAM	Insured NRIC	S0465681D
Contact No.(Mobile)	97710547	Contact No.(Home)	65853653	Contact No.(Office)	65300615/692
Email Address		GI Vehicle Number	SKZ7201Z	TP Vehicle Number	SLX1054U
Claim Description	SKZ7201Z / SLX1054U ON 31 Aug 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/09/2019 12:44	Claim Close Date		Date Received	02/09/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1060459	Claim No.	002
Last Doc. Received	● Yes ○ No	Upload Date	02/09/2019 12:45

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (LQ)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 12:45	Photos	Normal	Photos 2019-9-2	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 12:45	Photos	Normal	Photos 2019-9-2	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 12:45	Photos	Normal	Photos 2019-9-2	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 12:45	Photos	Normal	Photos 2019-9-2	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE	Photos	Normal	Photos 2019-9-2	

	S (BUKIT MERAH)) on 02 Sep 2019 12:45				
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 12:45	Photos		Normal	Photos 2019-9-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 12:44	Photos		Normal	Photos 2019-9-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 12:44	Photos		Normal	Photos 2019-9-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 12:44	Photos		Normal	Photos 2019-9-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 12:44	Photos		Normal	Photos 2019-9-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 12:44	Photos		Normal	Photos 2019-9-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 12:44	Photos		Normal	Photos 2019-9-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 12:44	Photos		Normal	Photos 2019-9-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 12:44	Photos		Normal	Photos 2019-9-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 12:44	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 12:44	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 12:44	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 12:44	SAS		Normal	SAS 2019-9-2

▼ **Video List**

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 8 / 19) (DD/MM/YYYY). TIME: (08 : 29) (HH:MM)

LOCATION: Slip Road towards Jln Eunos Lamppost no. 444

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKZ 7201 Z
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5106917707
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Honda Vezel
   f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Privelouse
   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: SIM [redacted] Chin Thiam (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S 0465681D CONTACT: 97710547
   c) ADDRESS: Blk 236 PASIR RIS ST 21 #06-03 51570236

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) (1)

3. DRIVER
   a) NAME: SIM Ta Tjek (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S 7341362A CONTACT: 96259508
   c) ADDRESS: Blk 236 PASIR RIS ST 21 #06-03
   *d) DATE OF BIRTH: (10 / 11 / 1973) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / (NO))
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Son
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:

No of passenger (including driver) (1)

8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: SLX 1054 U MODEL: Honda Civic
   b) DRIVER'S NAME: Rashid mohiuddin
   c) NRIC/FIN/PASSPORT: S 7381796 Z CONTACT: 96494817
9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

No of passenger (including driver) (0)

email = sim_H@Yahoo.com.sg
VIDEO – Yes

eBaoTech GeneralClaim

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Notice of Loss

Policy Query

Policy No. | Date of Accident: 31/08/2019 12:47
Vehicle No.(For Motor): SKZ7201Z | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
●	5106917707		SIM CHIN THIAM	S0465681D	GPC	drivo CLASSIC	SKZ7201Z	SKZ7201Z	29/01/2019	28/01/2020

Continue