

NATIONAL Assessment Centre Services.

(wef 1 Jan'03)

MMA 119118714-01

Date In: 7/19/19 13:27	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/1MC19015858144	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SJN 8639M	I-Motor Claim Form	MT/1061387-001	7/19/19 14:00
DDA: 7/19/19 11:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> Reporting Only	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: FOP 7947 P.	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 repaler.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	INC Ref No:	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	Action

NA1906715	Invoice Itemization Checklist	Am't (\$)	R: Amt (\$)
Claimants Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	* N5: Courtesy Car / Tpt Allowance \$3		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$23		
	* N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idan Mobile \$0		
	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	07/09/2019 13:27
Date Of Accident	07/09/2019 11:00
Exact Location Of Accident	UPP BT TIMAH RD JUNC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN8639M
Insured/Policyholder	
Name Of Registered Owner	CHEN LIU SY
NRIC No	S6904202C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90126210
Alternative Phone No	OFFICE-90126210

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107878085
Cover Note Number	-

Driver

Name of Driver	CHEN WEY SY
NRIC No	S7015176F
Date Of Birth	03/05/1970
Occupation	OUTDOOR
Date Of Driving Pass	20/08/1988
Driving Experience	31 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97661623
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 53 PIPIT RD #04-114
Postcode	370053
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

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?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP7947P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	NUR AUSHAF BIN NORZALI
NRIC/Passport Number	S9815384E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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)

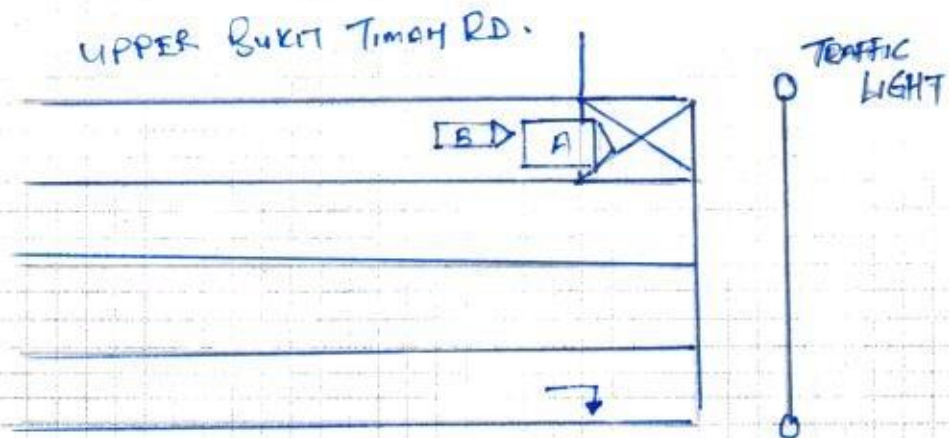
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TRAFFIC LIGHT TURNING RED , SO I SLOWED DOWN AND STOPPED.

Suddenly , A motorcycle HIT onto my REAR Portion.
(LEFT SIDE) .

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.:

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 : MNA119118714 Vehicle Registration No: SJN8639M
Name(as shown in NRIC) : CHEN WEY SY NRIC/FIN/Passport No : S7015176F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 97661623
Email Address : _____
Date of Accident : 07/09/2019 Time of Accident : 11:00
Place of Accident : UPP BT TIMAH RD JUNC
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 REVERT FROM THIRD PARTY TO REPORTING ONLY

 7/9/19.

Policyholder / Driver's Signature
Date:



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

MUTUAL SETTLEMENT

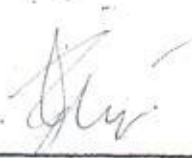
Date :

7/9/19


We, the undersigned hereby agree to mutually settle among ourselves, for the accident on 7/9/19 involving vehicle numbers : SJN 8639M & FBP 7949P along _____

I have paid \$ 500.00 for the repair of SJN 8639M

We further agree that we will not be reporting to the relevant authorities and there will not be any claims in respect of property damage or loss of use or bodily injury that arise or may arise out of this accident. We will not be making claims against each other's insurer.



Name : Chen Wey Sy
I/C : S7015176F
Veh No. : SJN 8639M



Name : Nur Aushaf
I/C : S9815384E
Veh No. : FBP 7949P

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="07/09/2019 13:24"/>
Vehicle No.(For Motor)	<input type="text" value="SJN8639M"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107878085		CHEN LIU SY	S6904202C	GPC	drive CLASSIC	SJN8639M	SJN8639M	01/03/2019	02/03/2020

Claim Handling

Accident MT/1061387

Policy No.	5107878085	Vehicle No.	SJN8639M	GST Registration No.	
Certificate No.					
Policyholder Name	CHEN LIU SY	Cover Type	drive CLASSIC	Policyholder NRIC	56904202C
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90126210	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Yes

Accident Details

Report Date	07/09/2019 13:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/09/2019	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP BT TIMAH RD JUNC				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	500.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	2500.00	Total TP Excess Applicable	1,500.00		

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 53 #04-114	Address 2	PIPI ROAD	Address 3	SINGAPORE 370053
Address 4		Address Type	Singapore address	Post Code	370053
Unit No.		Related Policy Number	5107878085		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/05/1970
Unnamed driver Name	CHEN WEY SY	Driver NRIC	S7015176F	Driving Experience	31
Register Date of Driver License	20/08/1988	Driver Age	49	Contact No.(Home)	
Contact No.(Mobile)	97661623	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 53 #04-114	Address 2	PIPI ROAD	Address 3	SINGAPORE 370053
Address 4		Address Type	Singapore address	Post Code	370053
Unit No.	04-114				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHEN LIU SY	Insured NRIC	56904202C
Contact No.(Mobile)	90126210	Contact No.(Home)	67460974	Contact No.(Office)	62966690
Email Address	jenny@dreamgroup.com.sg	O1 Vehicle Number	SJN8639M	TP Vehicle Number	FBP7947P
Claim Description	SJN8639M / FBP7947P ON 7 Sept 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received
Preferred Repair Option	Yes	Preferred Workshop, Name unknown		Claim Close Date	07/09/2019 13:59
Date Registered		Report Taken By	LIEW SHAN HUI	Date Received	07/09/2019 01

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1061387	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/09/2019 14:00			
Path *		Category *	Confidential	Urgency *	Description	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Send M

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 07 Sep 2019 14:00	NRIC/ Driving License	Y	NRIC/ Driving License 2019-9-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 07 Sep 2019 14:00	SAS		SAS 2019-9-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 07 Sep 2019 14:00	Photos		Photos 2019-9-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 07 Sep 2019 14:00	Photos		Photos 2019-9-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 07 Sep 2019 14:00	Photos		Photos 2019-9-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 07 Sep 2019 14:00	Photos		Photos 2019-9-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 07 Sep 2019 13:59	Photos		Photos 2019-9-7	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 07 Sep 2019 13:59	Photos		Photos 2019-9-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 07 Sep 2019 13:59	Photos		Photos 2019-9-7	

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading