

**NATIONAL Assessment Centre Services:** [wef 1 Jan 05] **MNA-119120043**

Date In: 10/1/19-14.00	Job description	Date & Time Completed	Done by
Ref No: NA/INC19016094/24	SAS e-filing		
Veh No: 5JN9121X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 9/2/19-2055	i-Motor Claim Form	M7/1061875-001	10/1/19 18.50
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: 5JE3849D. 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

NA 1906897	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Est Bill	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		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR : Re-inspection \$75		
Dat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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: 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	10/09/2019 14:00
Date Of Accident	09/09/2019 20:55
Exact Location Of Accident	JUNC COMPASSVALE ST & PUNGGOL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN9134X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	IES AUTOMOBILE & CAR RENTAL
Co Reg No	53353709J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94747199
Alternative Phone No	OFFICE-94747199

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107883960
Cover Note Number	

### Driver

Name of Driver	NG CHEE HAN
NRIC No	S8680694J
Date Of Birth	11/11/1986
Occupation	OUTDOOR
Date Of Driving Pass	19/07/2011
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91699631
Fax Number	
Contact Number	OFFICE-91699631
Email Address	NOEMAIL

Address	1 BUTTERWORTH LANE #07-01
Postcode	439444
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	
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: : - 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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS WAITING THE GREEN ARROW SIGNAL. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR 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	SJE3849D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN WENLONG, ADRIAN (CHEN WENLONG, ADRIAN)
NRIC/Passport Number	S8109017C
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.

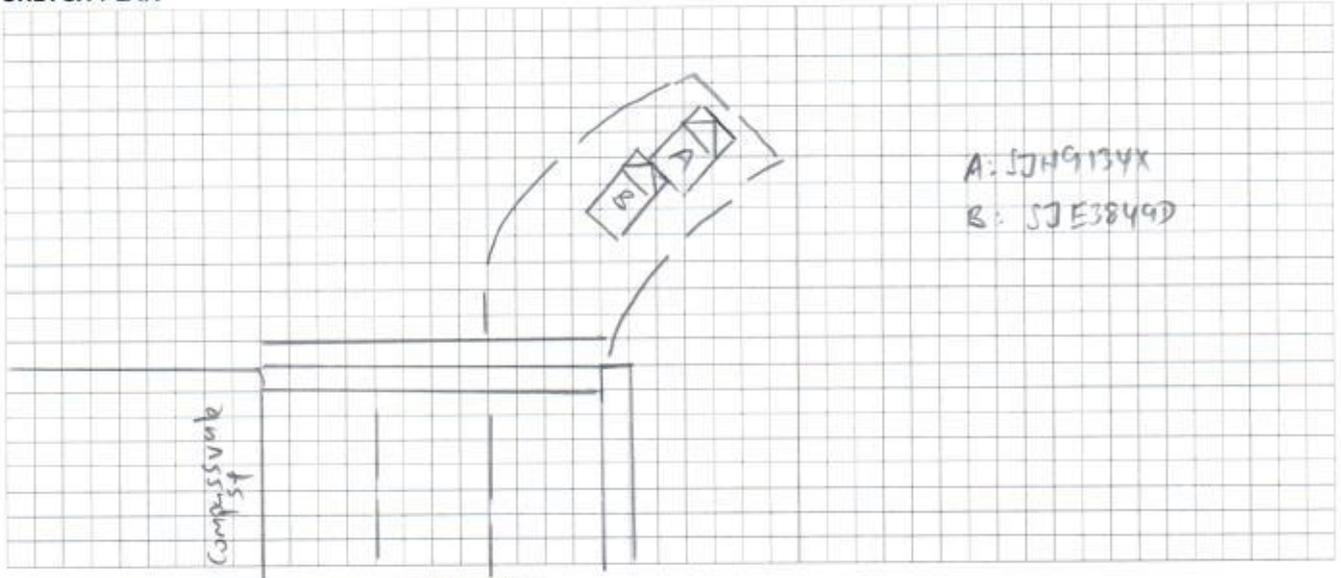


Policyholder's Signature  
Date & Time:

  
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**

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.:

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107883960	5107883960-000004	IES AUTOMOBILE & CAR RENTAL	53353709J	GFM	drive CLASSIC	SJN9134X	SJN9134X	28/02/2019	27/02/2020

Continue

Policy Information

Policy No.	5107883960	Policyholder Name	IES AUTOMOBILE & CAR RENTA	Policyholder NRIC	53353709J
Certificate No.	5107883960-000004				
Address	BLK 755 #06-244 YISHUN STREET 72 SINGAPORE 760755				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	28/02/2019	Effective Date	28/02/2019 00:00	Expiry Date	27/02/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	AA INTERNATIONAL INSURANCE	Agent Tel.	64646022	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 755 #06-244	Address 2	YISHUN STREET 72	Address 3	SINGAPORE 760755
Address 4		Address Type	Singapore address	Post Code	760755
Unit No.	06-244	Related Policy Number	5107346579		

Insured Object: 5107883960-000004

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
<b>Certificate Endorsements</b>					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	07/03/2019 00:00	Basic Information Endorsement	00000000002896	Endorsement Undo	
2	11/03/2019 00:00	Basic Information Endorsement	00000000002897	Endorsement Take Effective	

Continue Cancel

**Claim Handling**

Accident MT/1061875

Policy No.	S107883960	Vehicle No.	S2N9134X	GST Registration No.	
Certificate No.	S107883960-000004				
Policyholder Name	IES AUTOMOBILE & CAR RENTAL			Policyholder NRIC	S33537091
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94747199	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	NIL
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
<b>Accident Details</b>					
Report Date	10/09/2019 18:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	09/09/2019	Time of Accident hh:mm	20:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC COMPASSVALE ST & PUNGGOL RD				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			

<b>GST Registered Information</b>	
GST Registered	No
GST Registration No.	
Modification History	
GST Registration Date	
GST Status Verified	Yes

<b>Policyholder Mailing Address</b>					
Address 1	BLK 755 #06-244	Address 2	YISHUN STREET 72	Address 3	SINGAPORE 760755
Address 4		Address Type	Singapore address	Post Code	760755
Unit No.	06-244	Related Policy Number	S107346579		

<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	11/11/1986
Unnamed driver Name	NG CHEE HAN	Driver NRIC	S8680694J	Driving Experience	8
Register Date of Driver License	19/07/2011	Driver Age	32	Contact No.(Home)	0
Contact No.(Mobile)	91699631	Contact No.(Office)	0	Address 3	SINGAPORE 439444
Address 1	1 BUTTERWORTH LANE	Address 2	DAWN VILLE	Post Code	439444
Address 4		Address Type	Singapore address		
Unit No.	07-01				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

<b>Declaration</b>			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Modification History

Claim 001 **Next**

Claim Type *	DO-MX	Insured Name	IES AUTOMOBILE & CAR RENTA	Insured NRIC	S33537091
Contact No.(Mobile)	94747199	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	S2N9134X	TP Vehicle Number	SJE3849D
Claimant Type Claimant Type*	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	S2N9134X / SJE3849D ON 9 Sept 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Requires Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/09/2019 18:50	Claim Close Date		Date Received	10/09/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

**Attachment**

Accident No.	MT/1061875	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/09/2019 18:51	
Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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