

NATIONAL Assessment Centre Services

[ver 1 Jan'05]

MMA 119128297

Date In: 27/1/19 17:49	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA11MC19017091/h4	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SMH 344L	I-Motor Claim Form	MT/1064525-001	30/1/19 09:13.
DOA: 27/1/19 07:58.	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/Wk312		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKU 9777M	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

WMA 1907312	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Customer's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: 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) N1: Idao 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: Idao 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	27/09/2019 17:49
Date Of Accident	27/09/2019 07:55
Exact Location Of Accident	WOODLANDS STREET 32 BLOCK 325 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH344L
Insured/Policyholder	
Name Of Registered Owner	PAPER MARK PTE LTD
Co Reg No	199400853K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67461919

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
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	5107617680
Cover Note Number	

Driver

Name of Driver	SEE HAK KIOK
NRIC No	S1537137D
Date Of Birth	21/08/1962
Occupation	OUTDOOR
Date Of Driving Pass	13/12/1983
Driving Experience	35 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93838093
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 115 MARSILING RISE #06-388
Postcode	730115
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	SIDE SWIPE
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

PLEASE REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU9787M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	V D NEDUMARAN
NRIC/Passport Number	S1222439G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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**.
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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

325 WOODLANDS STREET 32 CARPARK

A - SMH 344L

B - SKV 9787M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date & time, I was parking into a parking lot at BLK 325 WOODLANDS STREET 32 CARPARK. As I stopped to wait for traffic to clear before parking my car into the lot nicely, Vehicle B came from my right and hit onto my vehicle front portion.

I wish to state that my vehicle was stationary at the point of impact.

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.	<input type="text"/>	Date of Accident	<input type="text" value="27/09/2019 17:49"/>
Vehicle No.(For Motor)	<input type="text" value="SMH344L"/>	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 checked="" type="radio"/>	5107617680		PAPER MARK PTE LTD	199400853K	GPC	drive CLASSIC	SMH344L	SMH344L	20/02/2019	16/03/2020

Claim Handling

Accident MT/1064525

Policy No.	5107617680	Vehicle No.	SMH344L	GST Registration No.
Certificate No.				
Policyholder Name	PAPER MARK PTE LTD			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	67461919	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<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

▼ Accident Details

Report Date	30/09/2019 09:09	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/09/2019	Time of Accident hh:mm	07:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Woodlands Street 32 Block 325 CARPARK			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	600.00	TP Standard Excess	0.00
YIED OD Excess	500.00	YIED TP Excess	
Additional Excess	0		
Total OD Excess Applicable	1100.00	Total TP Excess Applicable	

Driver is Covered?

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	18/03/2002
GST Registration No.	199400853K	GST Status Verified	Yes
Modification History	30/09/2019 09:11:17 System changed GST Registered from No to Yes 30/09/2019 09:11:17 System changed GST Registration No. from null to 199400853K 30/09/2019 09:11:17 System changed GST Registration Date from null to 18/03/2002		

▼ Policyholder Mailing Address

Address 1	5 KAKI BUKIT ROAD 2	Address 2	#03-04 CITY WAREHOUSE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5080879139-03	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	SEE HAK KIOK	Driver NRIC	S1537137D
Register Date of Driver License	13/12/1983	Driver Age	57
Contact No.(Mobile)	93838093	Contact No.(Office)	
Address 1	BLK 115 #06-388	Address 2	MARSILING RISE
Address 4		Address Type	Singapore address
Unit No.	06-388		
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
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	PAPER MARK PTE LTD	Insured NRIC
Contact No.(Mobile)	NIL	Contact No.(Home)	NIL	Contact No.(Office)
Email Address		OI Vehicle Number	SMH344L	TP Vehicle Number
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	
Claimant Name *		Claimant NRIC *		
Claimant Address				
Claim Description	SMH344L / SKU9787M ON 27 Sept 2019			
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	30/09/2019 09:13	Claim Close Date		Date Received
Report Taken By	LIEW SHAN HUI			

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1064525 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 30/09/2019 09:13

Path *	Category *	Confidential	Urgency
<input type="text"/> Browse... Clear	Please Select	NO	Normal
<input type="text"/> Browse... Clear	Please Select	NO	Normal
<input type="text"/> Browse... Clear	Please Select	NO	Normal
<input type="text"/> Browse... Clear	Please Select	NO	Normal
<input type="text"/> Browse... Clear	Please Select	NO	Normal
<input type="text"/> Browse... Clear	Please Select	NO	Normal

Release Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 30 Sep 2019 09:13	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-9-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 30 Sep 2019 09:13	SAS	Normal	SAS 2019-9-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 30 Sep 2019 09:13	Photos	Normal	Photos 2019-9-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 30 Sep 2019 09:13	Photos	Normal	Photos 2019-9-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 30 Sep 2019 09:13	Photos	Normal	Photos 2019-9-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 30 Sep 2019 09:13	Photos	Normal	Photos 2019-9-30
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 30 Sep 2019 09:13	Photos	Normal	Photos 2019-9-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 30 Sep 2019 09:13	Photos	Normal	Photos 2019-9-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 30 Sep 2019 09:13	Photos	Normal	Photos 2019-9-30

Video List

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

Scan and uploading