

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MAA119128381

Date In: 28/09/2019 09:33	Job description	Date & Time Completed	Done by
Ref No: NA/119128381/4	SAS e-filing		
Veh No: SGT 5615D	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 27/09/2019 08:05	I-Motor Claim Form	MT11064435-001	28/09/2019 10:43
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: GBC 9512R	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 ()	

() 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: (

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date/Time	Accident

NA1907235	
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Additional Comments:	
2/3	

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$10)	
3) TP: Towing Fee \$40/\$45	
4) PT: Follow-Through Survey \$120	
5) PT: Follow-Through Survey (Resurvey) \$30	
For claiming against INC Only (ver 10 Jan 2005)	
6) TR: Re-inspection \$75	
7) NI: Idao DA + SMRT Survey \$160	
8) NTUC Additional Services:	
ON:	
*N5: Courtesy Car / Tpt Allowance \$3	
*N6: Repair Co-ordination \$10	
*N7: Post Repair Inspection \$23	
*N8: DV / Collect Excess Coordination \$3	
TE (Nil): TP (N-in INC) against INC \$20	
9) N12: Idao 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	28/09/2019 09:33
Date Of Accident	27/09/2019 08:05
Exact Location Of Accident	LORNIE HIGHWAY TOWARDS BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGF5615D
Insured/Policyholder	
Name Of Registered Owner	TAN YANG LAY
NRIC No	S1589986G
Email Address	HUI_THOMAS@YMAIL.COM
Mobile Phone No	(LOCAL) +65-91786226
Alternative Phone No	OTHERS-90105884
Vehicle Particulars	
Manufacturer	VOLVO
Model	XC90
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5059454237-06
Cover Note Number	
Driver	
Name of Driver	THOMAS HUI JOR BOON
NRIC No	S2223410B
Date Of Birth	19/06/1963
Occupation	INDOOR
Date Of Driving Pass	24/01/1983
Driving Experience	36 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90105884
Fax Number	
Contact Number	OTHERS-91786226
Email Address	HUI_THOMAS@YMAIL.COM

Address	48 JALAN SENYUM
Postcode	418197
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	4
Was any body injured in the Accident?	YES
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 PLAN

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	GBC9512R
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LI CHAO
NRIC/Passport Number	G8526337X
Contact Number	91219476
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLL8415D
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Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMAD NIZAM BIN OMAR
NRIC/Passport Number	S7512632H
Contact Number	93220861
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMC6198D
Vehicle Make/Model/Colour	TOYOTA SIENTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM MIEN BIN JOO, LINA
NRIC/Passport Number	S7310849G
Contact Number	96951323
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	THOMAS HUI JOR BOON
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGF5615D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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: 28/9/19 9:40am


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

SKETCH PLAN

- A) SGF 5615D
- B) GBC 9512R
- C) SLL 8415D
- D) SMC 6198D

LORNE HIGHWAY TOWARDS
BUKIT TIMAH ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 8:08am. Driving along Lorne Highway towards
Bukit Timah direction. Between MacRitchie and PIE.
Heavy traffic. Vehicle in front stopped (SMC 6198D)
I stopped.
Lorry (GBC 9512R) hit back of SGF 5615D (my wife's
car) that I was driving.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Thomas Hui Jiv Boon
Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/9/19 09:40am

28/09/2019
Roshan
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident MT/1064435

▼ Accident Details

▼ Total Excess Applicable

▼ **Benefits**

▼ **GST Registered Information**

▼ Policyholder Mailing Address

OI Driver Info

Declaration

Modification History

Claim 001 New

<https://qclaim.income.com.sg/qcs/icm/eclaim/registrationSave.do>

Save Submit

Attachment

Accident No. MT/1064435

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 28/09/2019 10:43

Path *

Category *

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 10:43	Photos	Normal	Ph
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Video List

Uploaded By/Date	Folder Date	File Name	
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ACCIDENT STATEMENT

ACCIDENT DATE: (27/09/2019) (DD/MM/YYYY), TIME: (08:08) (HH:MM)

LOCATION: Lornie Highway (between MacFitchie and PIE)
towards Bukit Timah

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGF 5615 D
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: VOLVO XC90
f) TYPE: (SALEON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO WORK/OFFICE
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: TAN YANG LAY (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S15899866 CONTACT: 91786226
c) ADDRESS: 48 JALAN SENTUM
SINGAPORE 418197

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: THOMAS HUI JOR BOON (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S22234103 CONTACT: 90105884
c) ADDRESS: 48 JALAN SENTUM
SINGAPORE 418197

* d) DATE OF BIRTH: (19/06/1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 24 Jan 1983

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBC 9512R MODEL: Toyota Dynac (lorry)
b) DRIVER'S NAME: LI CHAO
c) NRIC/FIN/PASSPORT: G8526337X CONTACT: 91219476

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLL8415D MODEL: Toyota Corolla Altis
e) DRIVER'S NAME: MOHAMAD NIZAM BIN OMAR
f) NRIC/FIN/PASSPORT: S7512632H CONTACT: 93220861

10. THIRD PARTY VEHICLE: SMC 6198D MODEL: Toyota Sienna

DRIVER NAME: LIM MIEN JOO, LINA

NRIC: S7310849G CONTACT: 96951323

Email: hui_thomas@ymail.com

VIDEO

No of passenger
(including driver)
(1)

No of passenger
(including driver)
(1)

No of passenger
(including driver)
(1)

No. of passenger
(1)

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

27/09/2019 09:28

Vehicle No.(For Motor)

SGF5615D

Certificate Number

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"/>	5059454237-06		TAN YANG LAY	S1589986G	GPC	Third Party, Fire & Theft	SGF5615D	SGF5615D	23/04/2019	22/04/2020

Continue