

NATIONAL Assessment Centre Services

[ver 1 Jan 00]

MMA 119129260

Date In: 30/19/19 15:07	Job description	Date & Time Completed	Done by
Ref No: MMA 119129260 17168/164	SAS e-filing		
Veh No: FS 1321X	E-mail (within 3hrs, AIC 2hrs)		
TPA: 29/19/19 14:55	I-Motor Claim Form	M7/1064783 ²⁰¹	30/19/19 19:50
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:

SLH 4996X

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 repeler.

() 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

MMA 1907327

Client's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Tel: 1

Invoice Preparation Checklist

Am (S)

Am (S)

1) AR: Accident Reporting (\$30):

30.00

2) DA: Damage Assessment (\$100):

INC (\$30)

3) TF: Towing Fee

\$40/\$45

4) FT: Follow-Through Survey

\$120

5) PT: Follow-Through Survey (Resurvey)

\$30

For claimant's use: INC Only (wef 10 Jan 2003)

6) TR: Re-Inspection

\$75

7) NI: Idao DA + SMRT Survey

\$160

8) NTUC Additional Services:-

OD:

*N5: Courtesy Car / Tpl 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) NI2: 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	30/09/2019 15:07
Date Of Accident	29/09/2019 14:55
Exact Location Of Accident	CHANCERY LANE TWDS THOMSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FS1321X
Insured/Policyholder	
Name Of Registered Owner	TEH BUCK YONG ALEX
NRIC No	S7609290G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81572923
Alternative Phone No	OFFICE-81572923

Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX
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	MOTORCYCLE

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	5108361516
Cover Note Number	

Driver

Name of Driver	TEH BUCK YONG ALEX
NRIC No	S7609290G
Date Of Birth	08/04/1976
Occupation	OUTDOOR
Date Of Driving Pass	11/09/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81572923
Fax Number	
Contact Number	OFFICE-81572923
EMail Address	NOEMAIL

Address	BLK 195 KIM KEAT AVE #07-332
Postcode	310195
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	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)	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

I STOP AT THE CHANCERY LANE TO CHECK TRAFFIC COMING FROM THE THOMSON RD, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I REALIZED VEH B FROM BEHIND COLLIDED ONTO MY BIKE REAR PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE FAIL TO UPLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH4896X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
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.
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:

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

SKETCH PLAN

Thomson Rd

A = FS 1321X

B = SLH 4896X

Chengery Lane

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

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

36/9/12

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5108361516		TEH BUCK YONG ALEX	S7609290G	GMC	Third Party, Fire & Theft	FS1321X	FS1321X	21/03/2019	19/03/2020

Claim Handling

Accident MT/1064783

Policy No.	5108361516	Vehicle No.	FS1321X	GST Registration No.	
Certificate No.					
Policyholder Name	TEH BUCK YONG ALEX			Policyholder NRIC	S7609290G
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	81572923	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	No

▼ Accident Details

Report Date	30/09/2019 19:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/09/2019	Time of Accident hh:mm	14:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHANCERY LANE TWDS THOMSON RD				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	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 195 #07-332	Address 2	KIM KEAT AVENUE	Address 3	KIM KEAT VIEW
Address 4	SINGAPORE 310195	Address Type	Singapore address	Post Code	310195
Unit No.	07-332	Related Policy Number	5108361516		

▼ OI Driver Info

Driver Name	TEH BUCK YONG (ZHENG MURONG)	Driver Type	Main Driver	Driver DOB	08/04/1976
Unnamed driver Name		Driver NRIC	S7609290G	Driving Experience	6
Register Date of Driver License	11/09/2013	Driver Age	43	Contact No.(Home)	
Contact No.(Mobile)	81572923	Contact No.(Office)		Address 3	KIM KEAT VIEW
Address 1	BLK 195 #07-332	Address 2	KIM KEAT AVENUE	Post Code	310195
Address 4	SINGAPORE 310195	Address Type	Singapore address		
Unit No.	07-332	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

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	TEH BUCK YONG ALEX	Insured NRIC	S7609290G
Contact No.(Mobile)	96806378	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	FS1321X	TP Vehicle Number	SLH48
Claim Description	FS1321X / SLH4896X ON 29 Sept 2019				
Preferred Workshop	<input type="radio"/> Insured Liability <input checked="" type="radio"/> Not at Fault				
Report No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	30/09/2019 19:49	Date Received	30/09/2019
Report Taken By	LIEW SHAN HUI				

☒ Print AK letterSave Submit

Attachment

Accident No.	MT/1064783	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/09/2019 19:50
Path *			
Choose File No file chosen		Category *	Confidential
Choose File No file chosen		Please Select <input type="radio"/> NO <input type="radio"/> YES	Urgency *
Choose File No file chosen		Please Select <input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent
Choose File No file chosen		Please Select <input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent
Choose File No file chosen		Please Select <input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent
Choose File No file chosen		Please Select <input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent
Choose File No file chosen		Please Select <input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent
Choose File No file chosen		Please Select <input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent
Message Read		Please Select <input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Sep 2019 19:50	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-9-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Sep 2019 19:50	SAS	Normal	SAS 2019-9-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Sep 2019 19:50	Photos	Normal	Photos 2019-9-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Sep 2019 19:50	Photos	Normal	Photos 2019-9-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Sep 2019 19:50	Photos	Normal	Photos 2019-9-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Sep 2019 19:50	Photos	Normal	Photos 2019-9-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Sep 2019 19:50	Photos	Normal	Photos 2019-9-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Sep 2019 19:50	Photos	Normal	Photos 2019-9-30	
Video List					
Uploaded By/Date	Folder Date	File Name		Source	
<div>Display in New Window</div> <div>Scan and uploading</div>					