

NATIONAL Assessment Centre Services

[ver 1 Jan 05]

MNA 119129914

Date In: 11/01/19 13:25	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 19017252/64	E-mail (within 3hrs, A/C 2hrs)		
Web No: STS 38174	i-Motor Claim Form	MT/1064877	11/01/19 13:54
DOA: 11/01/19 11:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OT: <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: SLP 59682	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 () / Non-INC ()	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:

MA1907362	Invoice/Repairation Charge	30.00
Client's Particulars:	1) AR: Accident Reporting (\$30);	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)	
Contact No:	3) TP: 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 (ver 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: 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 (Nil) : 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	01/10/2019 13:25
Date Of Accident	01/10/2019 11:30
Exact Location Of Accident	11 WOODLANDS CLOSE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS3817Y
Insured/Policyholder	
Name Of Registered Owner	PHUA JUN JIE
NRIC No	S9123589G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88188121
Alternative Phone No	OFFICE-88188121

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	5109754926
Cover Note Number	

Driver

Name of Driver	PHUA JUN JIE
NRIC No	S9123589G
Date Of Birth	13/07/1991
Occupation	INDOOR
Date Of Driving Pass	13/06/2015
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88188121
Fax Number	
Contact Number	OFFICE-88188121
EMail Address	NOEMAIL

Address	BLK 338A ANCHORVALE CRES #06-81
Postcode	541338
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	DRIZZLING
Road Surface	WET

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?	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 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	SLP5968Z
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)	

DETAILS OF INJURED PERSON 1

Name	PHUA JUN JIE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJS3817Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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

Refer to sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

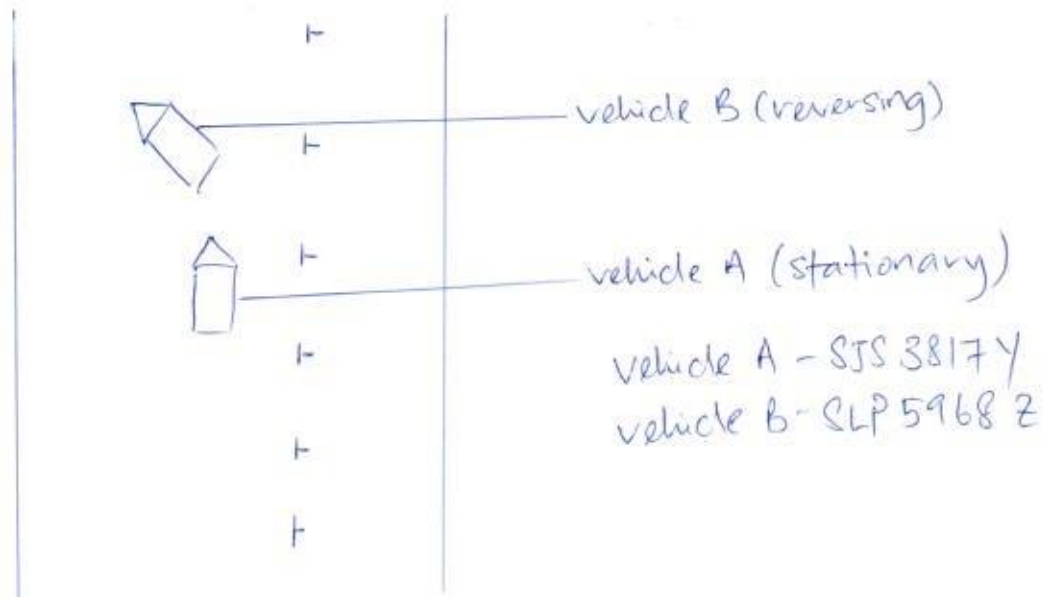
DECLARATION

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.:



On the above-mentioned date & time, I was travelling along 11 Woodlands Close. Vehicle B, SLP 5968 Z, was ahead of me. He came to a stop and I stopped my vehicle as well. While I was stationary, vehicle B suddenly reversed and collided into my vehicle. As a result of the collision, I was injured and my vehicle was damaged. I have video footage of the accident.

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="01/10/2019 13:24"/>
Vehicle No.(For Motor)	<input type="text" value="SJS3817Y"/>	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"/>	5109754926		PHUA JUN JIE	S9123589G	GPC	drivo CLASSIC	SJS3817Y	SJS3817Y	27/05/2019	26/05/2020

Claim Handling

Accident MT/1064877

Policy No.	5109754926	Vehicle No.	SJS3817Y	GST Registration No.	
Certificate No.					
Policyholder Name	PHUA JUN JIE			Policyholder NRIC	S9123589G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	88188121	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	01/10/2019 13:51	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	01/10/2019	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	11 WOODLANDS CLOSE				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	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 338A #06-81	Address 2	ANCHORVALE CRESCENT	Address 3	ANCHORVALE PARKVIEW
Address 4	SINGAPORE 541338	Address Type	Singapore address	Post Code	541338
Unit No.	06-81	Related Policy Number	5109754926		

▼ OI Driver Info

Driver Name	PHUA JUN JIE, JOHNATHAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9123589G	Driver DOB	13/07/1991
Register Date of Driver License	01/07/2013	Driver Age	28	Driving Experience	6
Contact No.(Mobile)	88188121	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 338A #06-81	Address 2	ANCHORVALE CRESCENT	Address 3	ANCHORVALE PARKVIEW
Address 4	SINGAPORE 541338	Address Type	Singapore address	Post Code	541338
Unit No.	06-81				
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 checked="" type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	PHUA JUN JIE	Insured NRIC	S9123589G	
Contact No.(Mobile)		Contact No. (Home)	N/L	Contact No. (Office)		
Email Address		OI Vehicle Number	SJS3817Y	TP Vehicle Number	SLP5968Z	
Claim Description	SJS3817Y / SLP5968Z ON 1 Oct 2019				Name of Preferred Workshop	D
Preferred Workshop	D	Insured Liability	Not at Fault			
Preferred Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered	01/10/2019 13:53	Claim Close Date		Date Received	01/10/2019	
Report Taken By	LIEW SHAN HUI					








☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1064877	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/10/2019 13:54		
Path *		Category *	Confidential	Urgency *	Descr
Choose File No file chosen		Clear	Please Select	NO	Normal
Choose File No file chosen		Clear	Please Select	NO	Normal
Choose File No file chosen		Clear	Please Select	NO	Normal
Choose File No file chosen		Clear	Please Select	NO	Normal
Choose File No file chosen		Clear	Please Select	NO	Normal
Choose File No file chosen		Clear	Please Select	NO	Normal
Message Read		Clear	Please Select	NO	Normal

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 01 Oct 2019 13:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 01 Oct 2019 13:54	SAS		Normal	SAS 2019-10-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 01 Oct 2019 13:54	Photos		Normal	Photos 2019-10-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 01 Oct 2019 13:54	Photos		Normal	Photos 2019-10-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 01 Oct 2019 13:53	Photos		Normal	Photos 2019-10-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 01 Oct 2019 13:53	Photos		Normal	Photos 2019-10-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 01 Oct 2019 13:53	Photos		Normal	Photos 2019-10-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 01 Oct 2019 13:53	Photos		Normal	Photos 2019-10-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 01 Oct 2019 13:53	Photos		Normal	Photos 2019-10-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 01 Oct 2019 13:53	Photos		Normal	Photos 2019-10-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 01 Oct 2019 13:53	Photos		Normal	Photos 2019-10-1	
Video List						
Uploaded By/Date	Folder Date	File Name		Source		
<div>Display in New Window</div> <div>Scan and uploading</div>						