NATIONAL Assessment Centre Services (wef 1 Jan'05) MHA 119 JJJ J17

Date In: 8/10/19-17:16	Job description	Date & Time Completed	Done by
Ref No: NA/14C190773878/24	SAS e-filing		
Veh No: JUR5759J	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 22/9/19-19:30	i-Motor Claim Form	MY/10649557-00R	8/10/19 17:36
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: JMN49999 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

NA190773N

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD)*			
*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*		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 08/10/2019 17:32

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 witholding 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	08/10/2019 17:16
Date Of Accident	27/09/2019 19:00
Exact Location Of Accident	DHOBY GHAUT MRT OUTSIDE PLAZA SINGAPURA
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB5759J
Insured/Policyholder	
Name Of Registered Owner	PIXEL LINK
Co Reg No	53378778E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88778742
Alternative Phone No	OFFICE-88778742
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VELLFIRE 2.5V CVT ABS AIRBAG 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	YES
Policy Number	5110508243
Cover Note Number	
Driver	
Name of Driver	LIM SHING KAI, JOEY (LIN XINKAI, JOEY)
NRIC No	S8200985Z
Date Of Birth	16/01/1982
Occupation	INDOOR
Date Of Driving Pass	26/09/2001
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97898277
Fax Number	
Contact Number	OFFICE-97898277
EMail Address	NOEMAIL

Address	BLK 225 COMPASSVALE WALK #04-355
Postcode	543225
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 - CHANGE/CROSS LANE
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

REFER TO STATEMENT.

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	SMN4999P
Vehicle Make/Model/Colour	MERCEDES C CLASS
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

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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 orpossessed 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.

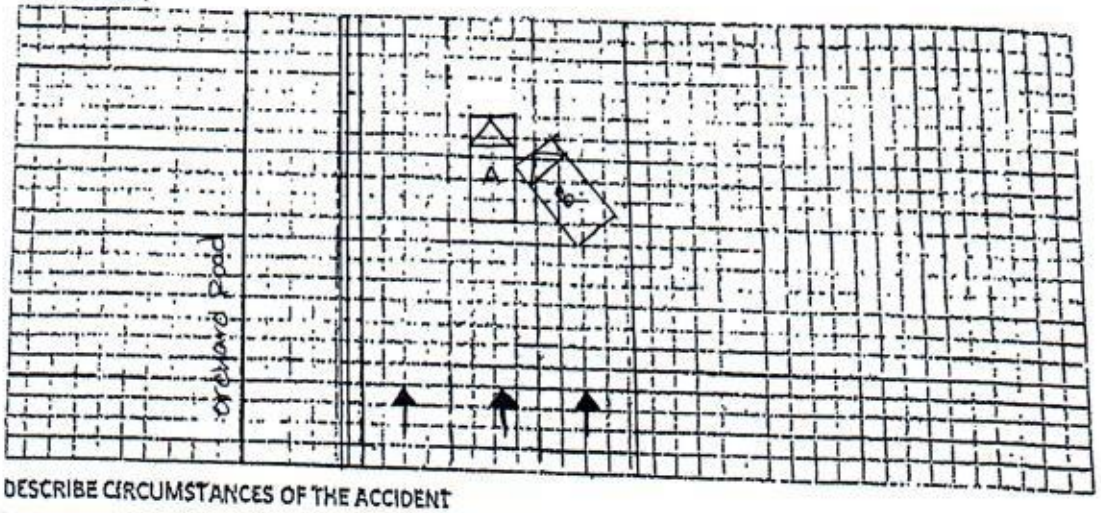
PIXEL INK
53378778E

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

On the stated time and date,
I was travelling straight on Orchard Road on lane 2,
suddenly vehicle B bearing carplate number SMN4999P filtered left
without checking Blindspot and collided onto the right hand side of my vehicle.

DECLARATION

I declare that the foregoing particulars are true in every respect.

PIXEL TNK
53378778E

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.:

Date of Accident : 27/09/2019 Accident Time: 7 pm (24-HR-Format)

Accident Place : Dhoby Ghaut MRT outside Plaza Singapura.

Vehicle Reg. No. (Car Plate No.) : SLB57597J

Vehicle Make/Model : Vellfire

Insurance Company : NTUC Policy No. 5110508243

Owner or Company Name /IC No. : Pixel Ink 53378778E

Owner or Company Contact No. : 8877 8742 Owner's Hp _____ Company Tel

DRIVER'S Name / IC No. : Lim Shing Kai Joey (Lin Xing Kai Joey) S8200985Z

DRIVER'S Date Of Birth : 16-01-1982 DRIVER'S License Pass Date _____

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer

DRIVER'S Address : Blk 225C compassvale walk # 04-355 S543225

DRIVER'S Contact No./ Alt No. :1) 97898277 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : Admin@mycar.sg

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 02 x Male

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SMN4999P

Vehicle Make\Model: Mercedes C class

Name Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Vehicle Reg. No: _____

Vehicle Make\Model: _____

Name Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601

› Change Language › Change Password › Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. 5110508243

Date of Accident 27/09/2019 19:00

Vehicle No.(For Motor) SLB5759J

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5110508243	5110508243-000001	PIXEL INK	S3378778E	GFM	drivo CLASSIC	SLB5759J	SLB5759J	22/06/2019	21/06/2020

Continue

Claim Handling

Accident MT/1064957

Policy No.	S110508243	Vehicle No.	SLB5759J	GST Registration No.	
Certificate No.	S110508243-000001				
Policyholder Name	PIXEL INK			Policyholder NRIC	S3378778E
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	01/10/2019 17:43	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	27/09/2019	Time of Accident hh:mm	18:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ORCHARD ROAD OUTSIDE PLAZA SINGAPURA				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIEO OD Excess		YIEO TP Excess		Driver is Covered?	Not Applicable
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

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 270 #15-101	Address 2	TOH GUAN ROAD	Address 3	TOH GUAN VIEW
Address 4	SINGAPORE 600270	Address Type	Singapore address	Post Code	600270
Unit No.	15-101	Related Policy Number	S110508529		

OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	PIXEL INK	Insured NRIC	S3378778E
Contact No.(Mobile)	98712345	Contact No.(Home)	NIL	Contact No.(Office)	64407787
Email Address		OI Vehicle Number	SLB5759J	TP Vehicle Number	SMN4999P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SLB5759J / SMN4999P ON 27 Sept 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/10/2019 17:36	Claim Close Date		Date Received	08/10/2019 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1064957	Claim No.	002
Last Doc. Received	◉ Yes ○ No	Upload Date	08/10/2019 17:36

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

Add Row(s) Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?

			?			(CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Oct 2019 17:36	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Oct 2019 17:36	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Oct 2019 17:36	SAS		Normal	SAS 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Oct 2019 17:36	Photos		Normal	Photos 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Oct 2019 17:36	Photos		Normal	Photos 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Oct 2019 17:36	Photos		Normal	Photos 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Oct 2019 17:36	Photos		Normal	Photos 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Oct 2019 17:36	Photos		Normal	Photos 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Oct 2019 17:36	Photos		Normal	Photos 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Oct 2019 17:36	Photos		Normal	Photos 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Oct 2019 17:36	Photos		Normal	Photos 2019-10-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Oct 2019 17:36	Photos		Normal	Photos 2019-10-8	

Video List

Uploaded By/Date	Folder Date	File Name	?	Source	Action

Display in New Window Scan and uploading