

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MNA 11912291

Date In: 16/12/19 - 09:57	Job description	Date & Time Completed	Done by
Ref No: NA/INC/9218/15/14	SAS e-filing		
Veh No: 5JY8877J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 16/12/19 - 09:50	i-Motor Claim Form	17/11/067027-201	16/12/19 13:11
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:

SLA 11224

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%;

F: 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

NA/907246  
Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Pat. 1:

Pat. 2 / 3:

## Invoice Preparation Checklist

Amt (\$)

Inc Bill

Amt (\$)

Add Bill

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

2) DA : Damage Assessment (\$100); INC (\$80)

3) TP : 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 / 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) N12: Idac 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	16/10/2019 09:57
Date Of Accident	16/10/2019 09:00
Exact Location Of Accident	AIRPORT RD TWDS KPE (ECP)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY8877J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TANG KIM FOO
NRIC No	S1662721F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82823535
Alternative Phone No	OFFICE-82823535

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X A
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086040516-02
Cover Note Number	

### Driver

Name of Driver	TANG KIM FOO
NRIC No	S1662721F
Date Of Birth	16/06/1964
Occupation	INDOOR
Date Of Driving Pass	27/10/1982
Driving Experience	36 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82823535
Fax Number	
Contact Number	OFFICE-82823535
Email Address	NOEMAIL

Address	BLK 520A TAMPINES CENTRAL 8 #08-43
Postcode	521520
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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. VEHICLE B STOPPED IN FRONT OF MY VEHICLE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

#### 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	SLA1120H
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)	2

Passenger 1

NAME: :

GENDER: :



## 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

Sketch Plan area with grid lines. Handwritten notes include:

- Vertical text on the left: "Accident Rd 1204s KPE (ECP)"
- Diagram in the center showing two vehicles, labeled 'A' and 'B', positioned vertically.
- Handwritten text on the right: "A- 57y 88775" and "B- SLA11204"

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident section with horizontal lines for text entry. The first line contains the handwritten text: "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.:

eBaoTech

GeneralClaim

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="16/10/2019 09:00"/>							
Vehicle No.(For Motor)	<input type="text" value="SJY8877J"/>	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"/>	5086040516-02		TANG KIM FOO	S1662721F	GPC	drive CLASSIC	SJY8877J	SJY8877J	26/01/2019	25/01/2020
<input type="button" value="Continue"/>										



▼ Policy Information

Policy No.	5086040516-02	Policyholder Name	TANG KIM FOO	Policyholder NRIC	S1662721F
Certificate No.					
Address	BLK 520A #08-43 TAMPINES CENTRAL 8 CENTRALE 8 AT TAMPINES SINGAPORE 521520				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	10/12/2018	Effective Date	26/01/2019 00:00	Expiry Date	25/01/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 520A #08-43	Address 2	TAMPINES CENTRAL 8	Address 3	CENTRALE 8 AT TAMPINES
Address 4	SINGAPORE 521520	Address Type	Singapore address	Post Code	521520
Unit No.		Related Policy Number	5086040516-02		

► Insured Object: SJY8877J

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				



## Claim Handling

## Accident MT/1067077

Policy No.	5086040516-02	Vehicle No.	SZY8877J	GST Registration No.	
Certificate No.					
Policyholder Name	TANG KIM FOO	Cover Type	drive CLASSIC	Policyholder NRIC	S1662721F
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	82823535	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="51"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes	Private Hire	No		

**Accident Details**

Report Date	16/10/2019 10:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	16/10/2019	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AIRPORT RD TWDS KPE (ECP)				

**Excess**

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	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 520A #08-43	Address 2	TAMPINES CENTRAL 8	Address 3	CENTRALE 8 AT TAMPINES
Address 4	SINGAPORE 521520	Address Type	Singapore address	Post Code	521520
Unit No.		Related Policy Number	5086040516-02		

## OI Driver Info

Driver Name	TANG KIM FOO	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1662721F	Driver DOB	16/06/1964
Register Date of Driver License	27/10/1982	Driver Age	55	Driving Experience	36
Contact No. (Mobile)	82823535	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 520A	Address 2	TAMPINES CENTRAL 8	Address 3	CENTRALE 8 AT TAMPINES
Address 4	SINGAPORE 521520	Address Type	Singapore address	Post Code	521520
Unit No.	08-43				
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	TANG KIM FOO	Insured NRIC	S1662721F
Contact No. (Mobile)	82823535	Contact No. (Home)		Contact No. (Office)	
Email Address	JOYALE777@GMAIL.COM	OT Vehicle Number	SZY8877J	TP Vehicle Number	SLA1120H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SZY8877J / SLA1120H ON 16 Oct 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/10/2019 10:11	Claim Close Date		Date Received	16/10/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment
















Accident No.	MT/1067077	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/10/2019 10:11

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Send Message

## Attachment List

Msg Sent?

Attachment	Uploaded By/Date	Category		Urgency	Description	(CO)	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 16 Oct 2019 10:11	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-16		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 16 Oct 2019 10:11	SAS		Normal	SAS 2019-10-16		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 16 Oct 2019 10:11	Photos		Normal	Photos 2019-10-16		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 16 Oct 2019 10:11	Photos		Normal	Photos 2019-10-16		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 16 Oct 2019 10:11	Photos		Normal	Photos 2019-10-16		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 16 Oct 2019 10:11	Photos		Normal	Photos 2019-10-16		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 16 Oct 2019 10:11	Photos		Normal	Photos 2019-10-16		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 16 Oct 2019 10:11	Photos		Normal	Photos 2019-10-16		
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 16 Oct 2019 10:11	Photos		Normal	Photos 2019-10-16		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 16 Oct 2019 10:11	Photos		Normal	Photos 2019-10-16		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 16 Oct 2019 10:11	Photos		Normal	Photos 2019-10-16		
 Video List							
Uploaded By/Date	Folder Date	File Name		Source	Action		
<div>Display in New window</div> <div>Scan and uploading</div>							