

# NATIONAL Assessment Centre Services. [ver 1 Jan'06]. MMA 119144572

Date In: 11/11/19 11:03	Job description	Date & Time Completed	Done by
Ref No: MA/IMC19019309164	SAS e-filing		
Veh No: SJM 9506 ML	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 31/10/19 16:00	1-Motor Claims Form	MT/1069484001	11/11/19 12:45
<input checked="" type="radio"/> TP / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( Volkswagen Singapore Tel: 6474 8288 Fax: )

TP Particulars: Vch No: Fire Extinguisher 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time	Actions

MA1908248	1) AR: Accident Reporting (\$30)	30.00
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claimant 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 / Tpl Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (Nil) / TP (Non INC) against INC \$30	
	9) N12: Idao Mobile	
	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	01/11/2019 11:03
Date Of Accident	31/10/2019 16:00
Exact Location Of Accident	MOUNT ALVERINA HOSPITAL CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM9506L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEMES ANITA
NRIC No	G3438586L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83280364
Alternative Phone No	OFFICE-83280364

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TIGUAN
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?	YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102740737-01
Cover Note Number	

### Driver

Name of Driver	NEMES ANITA
NRIC No	G3438586L
Date Of Birth	24/04/1969
Occupation	INDOOR
Date Of Driving Pass	18/05/2018
Driving Experience	1 YEAR AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83280364
Fax Number	
Contact Number	OFFICE-83280364
Email Address	NOEMAIL

Address	12C CHATSWORTH RD
Postcode	249793
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	COLLIDED INTO PROPERTY
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	1
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

WHILE REVERSING INTO AN EMPTY LOT, MY VEH REAR LEFT PORTION ACCIDENTALLY HIT ONTO THE BOX OF THE FIRE EXTINGUISHER.

#### 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	
Vehicle Make/Model/Colour	FIRE EXTINGUISHER
Details Of Properties	
Vehicle Category	GOVERNMENT
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.
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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.**
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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:

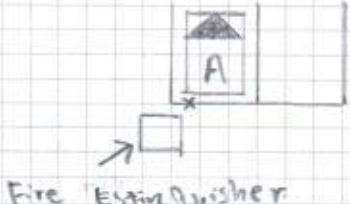


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## SKETCH PLAN

A = SJM 9506L

Mount Alvirna Hospital Carpark



Fire Extinguisher

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

*[The remaining lines of the section are crossed out with a diagonal line.]*

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]*

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.	<input type="text"/>	Date of Accident	<input type="text" value="31/10/2019 10:57"/>							
Vehicle No. (For Motor)	<input type="text" value="SJM9506L"/>	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"/>	5102740737-01		NEMES ANITA	G3438586L	GPC	drivo PREMIUM	SJM9506L	SJM9506L	22/10/2019	21/10/2020
<input type="button" value="Continue"/>										



## Claim Handling

Accident MT/1069484

Policy No.	5102740737-01	Vehicle No.	SJM9506L	GST Registrati
Certificate No.				
Policyholder Name	NEMES ANITA			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	83280364	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

## ▼ Accident Details

Report Date	01/11/2019 12:42	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	31/10/2019	Time of Accident hh:mm	16:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	MOUNT ALVERINA HOSPITAL CARPARK			

## ▼ 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 Cover
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	8 TOMLINSON ROAD	Address 2	#30-01 HANA	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	30-01	Related Policy Number	5102740737-01	

## ▼ OI Driver Info

Driver Name	NEMES ANITA	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	G3438586L	Driver DOB
Register Date of Driver License	18/05/2007	Driver Age	50	Driving Exper
Contact No.(Mobile)	83280364	Contact No.(Office)		Contact No.(Hi
Address 1	8 TOMLINSON ROAD	Address 2	#30-01 HANA	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	30-01			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input type="radio"/> No
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## Modification History

Claim 001 **New**

Claim Type *	OD-MD	Insured Name	NEI
Contact No.(Mobile)	81383386	Contact No. (Home)	
Email Address		OI Vehicle Number	SJM
Claim Description	SJM9506L / FIRE EXTINGUISHER ON 31		
Preferred Workshop	64748288	Insured Liability	Partially at Fault
Finalisation	Yes	Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	01/11/2019 12:44
			SHAN HUI

☒ Print AK letter

## Attachment

Accident No. MT/1069484 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 01/11/2019 12:45

Path \*

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen



Category \*

Confider

NO



NO



NO



NO



NO



NO

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 01 Nov 2019 12:45	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 01 Nov 2019 12:45	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 01 Nov 2019 12:45	SAS		Normal	S
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 01 Nov 2019 12:45	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 01 Nov 2019 12:45	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 01 Nov 2019 12:44	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 01 Nov 2019 12:44	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 01 Nov 2019 12:44	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 01 Nov 2019 12:44	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 01 Nov 2019 12:44	Photos		Normal	Ph
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 01 Nov 2019 12:44	Photos		Normal	Ph

## Video List

Uploaded By/Date	Folder Date	File Name	
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>			



**rsbm**

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**From:** rsbm <rsbm@lkkauto.com>  
**Sent:** Friday, 1 November, 2019 2:43 PM  
**To:** ODsupport@income.com.sg  
**Subject:** FW: SJM 9506L MT/1069484-001 OD-DRIVO PREMIUM  
**Attachments:** SJM9506L\_31102019.PDF

Hi

Dear All,

Name of Registered	:	NEMES ANITA
NRIC No	:	G3438586L
Name of Driver	:	NEMES ANITA
NRIC	:	G3438586L
Own Damage Excess	:	600
Unnamed Driver Excess	:	N/A
Name of Workshop	:	VOLKSWAGEN SINGAPORE
Contact No	:	64748288
Remarks	:	N/A

Thanks & Best Regards,  
**SHAN HUI**  
NACS Bukit Merah  
Tel: 6898 0055  
Fax: 6271 8802  
Email: [rsbm@lkkauto.com](mailto:rsbm@lkkauto.com)