

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MA119152737**

Date In: 19/11/19-1038	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19020467/24	SAS e-filing		
Veh No: 5JK52657	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 19/11/19-10:30	i-Motor Claim Form	M 7/107203-001	19/11/19 13:08
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: Vch No: 5JK52657	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

1A1908766	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : 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 (wef 10 Jan 2005)		
Dat 1:	6) TR: Re-inspection \$75		
Dat 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ*		
	* 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 \$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	19/11/2019 11:38
Date Of Accident	19/11/2019 10:30
Exact Location Of Accident	BLK 127 PASIR RIS ST 11 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK5265T
Insured/Policyholder	
Name Of Registered Owner	LIE TZE LOONG
NRIC No	S8562404J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97306226
Alternative Phone No	OFFICE-97306226

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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	NO
Policy Number	5109054207
Cover Note Number	

Driver

Name of Driver	LIE TZE LOONG
NRIC No	S8562404J
Date Of Birth	16/09/1985
Occupation	OUTDOOR
Date Of Driving Pass	06/03/2010
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97306226
Fax Number	
Contact Number	OFFICE-97306226
EEmail Address	NOEMAIL

Address	BLK 342 WOODLANDS AVENUE 1 #03-645
Postcode	730342
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	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. I NOTICED THAT VEHICLE B WAS STATIONARY STOPPED IN FRONT OF MY VEHICLE, HE DID NOT TURN ON HIS VEHICLE DOUBLE SIGNAL LIGHT. BEFORE I WANT TO INCH FORWARD, I HORN HIM TWICE. WHILE MY VEHICLE INCHING FORWARD, SUDDENLY VEHICLE B REVERSED BACKWARDS AND GRAZED ONTO MY VEHICLE FRONT LEFT PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM9659S
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)

1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.



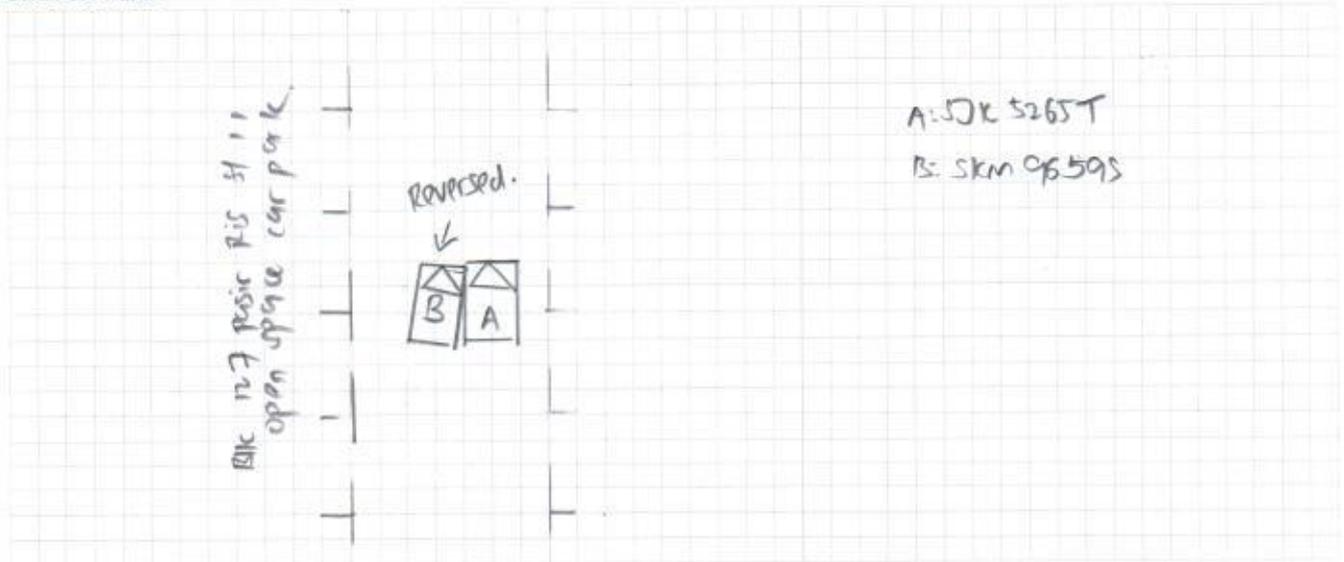
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

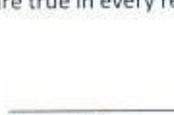
Refer to statement.

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.:

Hello, NAC_PAYA_UBI_800601

[Change Language](#)
[Change Password](#)
[Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No. Date of Accident: 19/11/2019 10:30
 Vehicle No.(For Motor) SJK5265T Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109054207		LIE TZE LOONG	58562404J	GPC	drive CLASSIC	SJK5265T	SJK5265T	22/04/2019	23/04/2020

Policy Information

Policy No.	5109054207	Policyholder Name	LIE TZE LOONG	Policyholder NRIC	S8562404J
Certificate No.					
Address	BLK 174 #04-353 WOODLANDS STREET 13 SINGAPORE 730174				
Product Name	PRIVATE CAR INSURANCE	Plan			
Policy issue Date	23/04/2019	Effective Date	22/04/2019 00:00	Group Policy Flag	N
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	500	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	PCMI INSURANCE BROKERS PTE Agent Tel.			GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 174 #04-353	Address 2	WOODLANDS STREET 13	Address 3	SINGAPORE 730174
Address 4	Address Type		Singapore address	Post Code	730174
Unit No.	04-353	Related Policy Number	5109054207		

Insured Object: SJK5265T

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	17/10/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 22 Apr 2019 TO 23 Apr 2020 In view of this amendment, an additional premium of \$11.41 (inclusive of GST) is payable under your policy. This amount will be debited to your credit card account number 4524-19xx-xxxx-6309.

Claim Handling

Accident MT/1072023

Policy No.	S109054207	Vehicle No.	SKS265T	GST Registration No.	
Certificate No.					
Policyholder Name	LIE TZE LOONG			Policyholder NRIC	S85624041
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97308226	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<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	Yes

Accident Details

Report Date	19/11/2019 13:06	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	19/11/2019	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 127 PASIR RIS ST 11 OPEN SPACE CARPARK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	500				
Total OD Excess Applicable	2500.00	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 174 #04-353	Address 2	WOODLANDS STREET 13	Address 3	SINGAPORE 730174
Address 4		Address Type	Singapore address	Post Code	730174
Unit No.	04-353	Related Policy Number	S109054207		

OI Driver Info

Driver Name	LIE TZE LOONG	Driver Type	Main Driver	Driver DOB	16/09/1985
Unnamed driver Name		Driver NRIC	S85624041	Driving Experience	9
Register Date of Driver License	06/03/2010	Driver Age	34	Contact No.(Home)	0
Contact No.(Mobile)	97308226	Contact No.(Office)	0	Address 3	WOODLANDS VIBES
Address 1	BLK 342	Address 2	WOODLANDS AVENUE 1	Post Code	730342
Address 4	SINGAPORE 730342	Address Type	Singapore address		
Unit No.	03-545				
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 *	DD-MX	Insured Name	LIE TZE LOONG	Insured NRIC	S85624041
Contact No.(Mobile)	98765442	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SKS265T	TP Vehicle Number	SKM9659G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKS265T / SKM9659G ON 19 Nov 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Requires Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/11/2019 13:08	Claim Close Date		Date Received	19/11/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/1072023	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/11/2019 13:09

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
<input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Nov 2019 13:09	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-11-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Nov 2019 13:09	SAS	Normal	SAS 2019-11-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Nov 2019 13:09	Photos	Normal	Photos 2019-11-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Nov 2019 13:09	Photos	Normal	Photos 2019-11-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Nov 2019 13:09	Photos	Normal	Photos 2019-11-19	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Nov 2019 13:08	Photos	Normal	Photos 2019-11-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Nov 2019 13:08	Photos	Normal	Photos 2019-11-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Nov 2019 13:08	Photos	Normal	Photos 2019-11-19	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Nov 2019 13:08	Photos	Normal	Photos 2019-11-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Nov 2019 13:08	Photos	Normal	Photos 2019-11-19	

Video List

Uploaded By/Date	Folder/ Date	File Name	Source	Action
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Display in New Window

Scan and uploading