

NATIONAL Assessment Centre Services.

(ver 1 Jan'09)

MMA 119153932.

Date In: 21/11/19 15:56	Job description	Date & Time Completed	Done by
Ref No: MA/INC19020676/4	SAS e-filing		
Veh No: SLF 9392K	E-mail (within 5hrs, AIG 2hrs)		
DDA: 18/11/19 00:20	I-Motor Claim Form	MT/1072418 ⁰⁰¹	21/11/19 17:03.
(J) TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: Unknown	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: YBS () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of rapair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time	Actions

MA1908810

Claimant's Particulars:	1) AR: Accident Reporting (\$30)	30.00
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Bgr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idan DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*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: Idan 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	21/11/2019 15:56
Date Of Accident	18/11/2019 00:20
Exact Location Of Accident	JB CUSTOM TWDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9392K
Insured/Policyholder	
Name Of Registered Owner	TING AI NEY
NRIC No	S7583841G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94357804
Alternative Phone No	OFFICE-94357804

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
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	5084169643-02
Cover Note Number	

Driver

Name of Driver	TING AI NEY
NRIC No	S7583841G
Date Of Birth	23/11/1975
Occupation	INDOOR
Date Of Driving Pass	14/03/2015
Driving Experience	4 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94357804
Fax Number	
Contact Number	OFFICE-94357804
Email Address	NOEMAIL

Address	BLK 638A PUNGGOL DR #06-443
Postcode	821638
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 - 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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN 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

I WAS QUEUING AT THE JB CUSTOM ON THE CENTER LANE, WHILE I MOVING, SUDDENLY I FELT AN IMPACT FROM MY RIGHT HAND SIDE, AFTER THE INCIDENT, I DON'T WANT TO OBSTRUCTED THE TRAFFIC SO I MOVING FORWARD AND STOP AT THE SIDE, BUT THE OTHER VEH ALREADY DROVE OFF WITHOUT COME TO APPROACH ME. I NEVER TAKE DOWN THE OTHER PARTY CAR PLATE NUMBER.

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	UNKNOWN
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)

SKETCH PLAN

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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.
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:

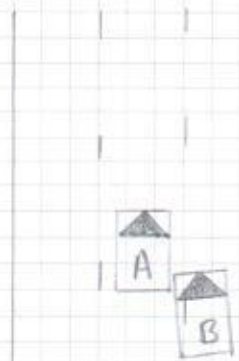


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

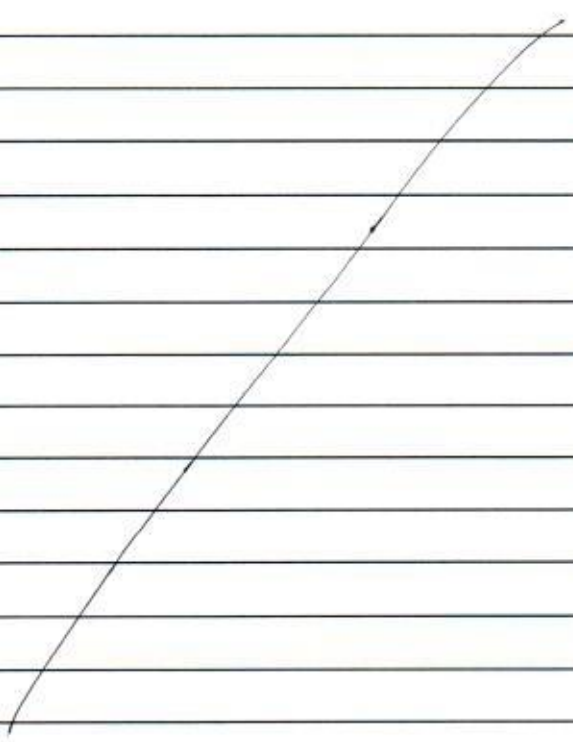
A = SLF 9392 K
B = Unknown.

JB Custom twds Singapore




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Please 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.	<input type="text"/>	Date of Accident	<input type="text" value="18/11/2019 15:54"/>
Vehicle No.(For Motor)	<input type="text" value="SLF9392K"/>	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"/>	5084169643-02		TING AI NEY	S7583841G	GPC	drivo CLASSIC	SLF9392K	SLF9392K	03/01/2019	02/01/2020

Claim Handling

Accident MT/1072418

Policy No.	5084169643-02	Vehicle No.	SLF9392K	GST Registration No.	
Certificate No.					
Policyholder Name	TING AI NEY			Policyholder NRIC	S7583841G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94357804	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	Yes	TCA	Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	40	Private Hire	No
Accident Details					
Report Date	21/11/2019 17:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	18/11/2019	Time of Accident hh:mm	00:20	Country of Accident	Outside Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	18 CUSTOM TWDS SINGAPORE				
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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 638A #06-443	Address 2	PUNGGOL DRIVE	Address 3	SINGAPORE 821638
Address 4		Address Type	Singapore address	Post Code	821638
Unit No.		Related Policy Number	5084169643-02		
O1 Driver Info					
Driver Name	TING AI NEY	Driver Type	Main Driver	Driver DOB	23/11/1975
Unnamed driver Name		Driver NRIC	S7583841G	Driving Experience	4
Register Date of Driver License	14/03/2015	Driver Age	43	Contact No.(Home)	
Contact No.(Mobile)	94357804	Contact No.(Office)		Address 3	SINGAPORE 821638
Address 1	BLK 638A #06-443	Address 2	PUNGGOL DRIVE	Post Code	821638
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes	No	
Modification History					

Claim 001 New

Claim Type *	OD-MX	Insured Name	TING AI NEY	Insured NRIC	S7583841G
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	SLF9392K	TP Vehicle Number	UNKN
Claim Description	SLF9392K / UNKNOWN ON 18 Nov 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault		
Assessor No.	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	21/11/2019 17:02
Report Taken By				Date Received	21/11/2019
LIEW SHAN HUI					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1072418	Claim No.	001
Last Doc. Received	Yes No	Upload Date	21/11/2019 17:03
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Destination
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read		Clear	
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_PAYA_UBL_800661(NATIONAL ASSESSMENT CENTRE SERVICES) o	23 Nov 2019 17:03	NRIC/ Driving License	Normal
Description			
NRIC/ Driving License 2019-11-21			

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