

NATIONAL Assessment Centre Services. [ver 1 Jan'00] **NA4119154778**

Date In: 23/11/2019 12:59	Job description	Date & Time Completed	Done by
Ref No: NA/INC19020740/Y	SAS e-filing		
Veh No: SCG 444E	E-mail (Within 4hrs, AIC 2hrs)		
D.O.A: 21/11/2019 23:45	I-Motor Claim Form	MT/1072660 001	23/11/2019
OD TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		13:19
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

TP Particulars: Vch No: **UNKNOWN CAR** 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: **NA/INC19020740/Y**

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time	Action

NA/1908760

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idas 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 \$3	
	TE (N11): TP (Non INC) against INC \$20	
	9) N12: Idas 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	23/11/2019 12:59
Date Of Accident	21/11/2019 23:45
Exact Location Of Accident	SERANGOON RD JUCTION OF UPP BOON KENG RD/TOWNER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCG444E
Insured/Policyholder	
Name Of Registered Owner	LIM EE YIT
NRIC No	S1382552A
Email Address	CHARLIELIM444@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91767070
Alternative Phone No	OFFICE-91767070
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	THIRD PARTY
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	5092066062-02
Cover Note Number	
Driver	
Name of Driver	LIM EE YIT
NRIC No	S1382552A
Date Of Birth	18/03/1959
Occupation	INDOOR
Date Of Driving Pass	13/03/1979
Driving Experience	40 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91767070
Fax Number	
Contact Number	OFFICE-91767070
EEmail Address	CHARLIELIM444@GMAIL.COM

Address	BLK 907 TAMPINES AVENUE 4 #06-274
Postcode	520907
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?	NO
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

PLEASE REFER TO SKETCH PLAN

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	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOY PHUI BOON, NELSON
NRIC/Passport Number	S9231167H
Contact Number	90621260
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.



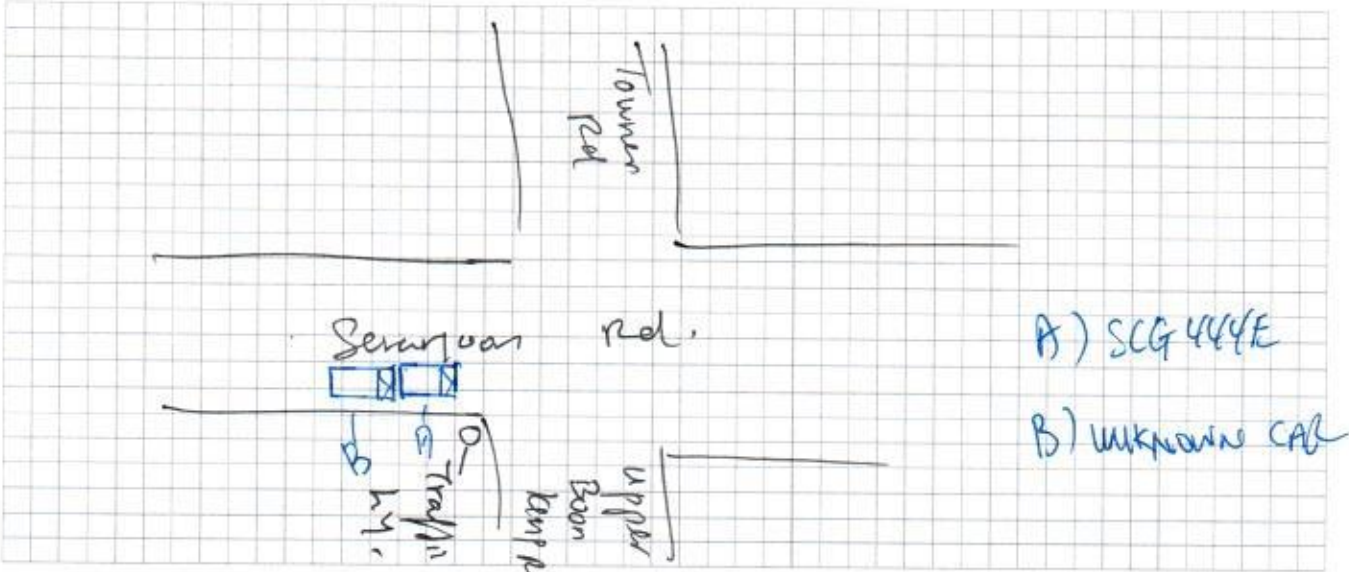
Policyholder's Signature
Date & Time:

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



23/11/2019
Reporting Centre Personnel's Signature
Name: ROSE LIAHAB
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Red light at that time I stop, when it turn green, the car behind bang my rear of the car.

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:

 28/11/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (21/11/19) (DD/MM/YYYY), TIME: (23:45) (HH:MM)

LOCATION: Seranang Rd (Cross Junction of upp Boon Lay Rd & Zouner Rd)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 8C6 444E
b) INSURANCE COMPANY: MTUC
c) POLICY NUMBER: 5092
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Vezel
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Lim Se Yit (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1382552/A CONTACT: 9176 7070
c) ADDRESS: B1E 907 #06-274 Tampines Ave 4

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AL. ABOLAH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

*d) DATE OF BIRTH: (18/03/1959) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL: KIA
b) DRIVER'S NAME: LOY PHUI BOON, Xie / Son.
c) NRIC/FIN/PASSPORT: S9231167H CONTACT: 90621260

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

email = charlidim444@gmail.com

VIDEO

Claim Handling

Accident MT/1072660

Policy No.	5092066062-02	Vehicle No.	SCG444E	GST Registrati
Certificate No.				
Policyholder Name	LIM EE YIT			Policyholder Ni
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91767070	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

Accident Details

Report Date	23/11/2019 13:15	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/11/2019	Time of Accident hh:mm	23:45	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	SERANGOON RD JUNCTION OF UPP BOON KENG RD/TOWNER RD			

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	BLK 907 #06-274	Address 2	TAMPINES AVENUE 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5092066062-02	

OI Driver Info

Driver Name	LIM EE YIT	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1382552A	Driver DOB
Register Date of Driver License	02/01/1990	Driver Age	60	Driving Experi
Contact No.(Mobile)	91767070	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 907 #06-274	Address 2	TAMPINES AVENUE 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SCG444E	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LIM
Contact No.(Mobile)		Contact No.(Home)	NIL
Email Address		OI Vehicle Number	SCG
Claim Description	SCG444E / UNKNOWN CAR ON 21 Nov 2019		
Preferred Workshop		Insured Liability	Not at Fault
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	23/11/2019 13:17
			ROSLI WAHAB
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1072660

Claim No. 001

Last Doc. Received Yes No

Upload Date 23/11/2019 13:19

Path

Choose File No file chosen

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Message Read

Clear

Category

Confider

Please Select

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 13:19	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 13:19	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 13:19	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 13:18	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 13:18	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 13:18	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 13:18	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 13:18	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 13:18	Photos	Normal	Phc
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 13:18	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 13:18	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 13:18	NRIC/ Driving License	Y	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 13:18	SAS	Normal	Si

Video List

Uploaded By/Date	Folder Date	File Name	

Display in New Window Scan and uploading

Policy Query

Policy No.

Date of Accident

21/11/2019 12:31

Vehicle No.(For Motor)

SCG444E

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5092066062-02		LIM EE YIT	S1382552A	GPC	drive CLASSIC	SCG444E	SCG444E	30/06/2019	29/06/2020

Continue