

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

NA49155895

Date In: 25/11/2018 14:58	Job description	Date & Time Completed	Done by
Ref No: NA49155895	SAS e-filing		
Veh No: SM9 5233X	E-mail (Within 2hrs, AIC 2hrs)		
DOA: 14/11/2018 12:10	I-Motor Claim Form	14/11/2018 15:42	25/11/2018 15:42
OD: 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/Wkan		

Preferred Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No: SH 2830B

INC () / Non-INC ()

Owner / Driver: ()

Tel: ()

Policy No: ()

Period: ()

Cover Type: ()

Confirmed by: ()

Dates: ()

Times: ()

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: ()

Location: ()

Comments: ()

Signature: ()

Stamp: ()

Initials: ()

NA1908:865

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

Architect's Comments: ()

Ref: ()

2/2

Invoice dated

Invoice dated

Fee Charged

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	25/11/2019 14:58
Date Of Accident	14/11/2019 12:10
Exact Location Of Accident	BLK 233 SUMANG LANE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG5233X
Insured/Policyholder	
Name Of Registered Owner	UNITED AUTO LEASING PTE LTD
Co Reg No	201630548K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96309221
Alternative Phone No	OFFICE-83994299

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5106664345
Cover Note Number	

Driver

Name of Driver	RICHARD LONG FOO YIN
NRIC No	S1712638E
Date Of Birth	01/04/1965
Occupation	OUTDOOR
Date Of Driving Pass	29/12/1984
Driving Experience	34 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96309221
Fax Number	
Contact Number	OTHERS-83994299
Email Address	NOEMAIL

Address	BLK 232C SUMANG LANE #12-357
Postcode	823232
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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	SJH2838B
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

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:

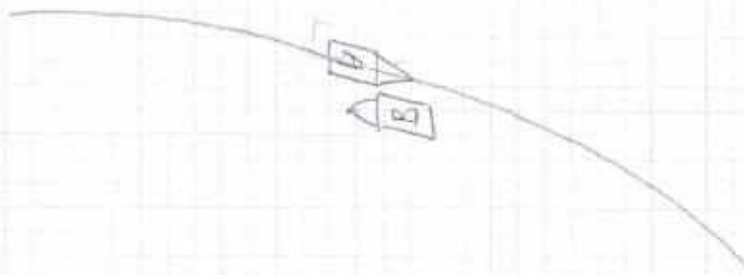
Handwritten signature

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

Handwritten signature 25/11/2019
Handwritten signature

SKETCH PLAN

Blk 233 Summary Carpark



- A) Smg 5233X
- B) SJH 2838B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving down along the multi storey carpark while vehicle B was driving upwards & I have slightly towards his lane hence collision.

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.:



Signature

25/11/2019
Signature

ACCIDENT DATE & LOCATION

Date & Time of Accident * Date: 14/11/19 Time: 12:10 (24 hr format)
 Exact Location of Accident * BK 233 Shuang Lane Capak

INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE

Vehicle Registration Number * SMG J233X Make & Type * :
 Name of Registered Owner * UNITED AUTO LEASING PTE LTD
 NRIC / FIN / Passport / Co Regn No. * 2016305481c
 Contact Number * 9630 9221 Email/Fax No:
 Exact Purpose for which vehicle was being used at Time of Accident ☐ Private Usage / ☒ Commercial or Company's Usage
 Are you claiming under your own insurance policy for repair to your vehicle? * ☐ Yes / ☒ No If No, Please state action to be taken
☐ Third Party Claim (SYH / Other workshop?) / ☒ Reporting Only

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company * China/EQ/Eliga/MSIG/Tokio Marine/Great American - NTUC
 Type of Policy * Comprehensive / Third Party / Third Party Fire & Theft
 Policy No. (Certificate No.) / Cover Note No. 5706664345

DRIVER

Name of Driver * RICHARD LOH Foo YIN Gender * ☒ Male / ☐ Female
 NRIC / FIN / Passport Number * S7912638E
 Date of Birth * 1 14 1965 (dd/mm/yyyy)
 Occupation * ☐ Indoor / ☒ Outdoor
 Date of Driving Pass (Pass Date) * 20/12/1984
 Contact Number * 8299 4299
 Address BK 232C Shuang Lane #12-357 (G) 823232
 Email Address / Fax Number * Email: Fax:
 Relationship of the Driver with the Insured * Owner / Employee / Spouse / Friend / Others: Hired
 Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *
 Veh No: 1) _____ 2) _____ 3) _____
 Ins Co: 1) _____ 2) _____ 3) _____

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision Chain Collision / Side-Swipe / Front to Rear / Others:
 Weather Conditions * Clear / Raining / Others:
 Road Surface * Wet / Dry / Others:

OTHER INFORMATION

Was anybody injured in the accident? * ☐ No / ☐ Yes (Police Report required)
 Was any injured conveyed to hospital by ambulance? ☒ No / ☐ Yes
 Was any foreign vehicle involved in this accident? * ☒ No / ☐ Yes Veh No: Veh Category:
 Number of vehicles involved in the accident (2)
 Was there any witness? ☒ No / ☐ Yes
 Was any other VEHICLE / Property involve / damage? * ☐ No / ☒ Yes
 Was there any video captured by Car Camera? ☒ No / ☐ Yes

DETAILS OF POLICE ACTION

Was the Accident Reported to the Police? * ☒ No / ☐ Yes If Yes, Please state which Police Station
 Was Notice of Intended Prosecution given? * ☒ No / ☐ Yes If Yes, against whom?
 Number of Passengers (Including DRIVER)? * (1)
 Passengers Name: Gender: Male / Female Name: Gender: Male / Female

Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes ☒ No

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) SJH 2838B	2)
Vehicle Make / Model / Colour		
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		

Claim Handling

Accident MT/1071549

Policy No.	5106664345	Vehicle No.	SMG5233X	GST Registrati
Certificate No.				
Policyholder Name	UNITED AUTO LEASING PTE LTD			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	NA	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(%)	0	Private Hire

▼ Accident Details

Report Date	15/11/2019 15:28	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/11/2019	Time of Accident hh:mm	12:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG 233B SUMANG LANE MULTI-STOREY CARPARK			

▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Ex
Unnamed Driver Excess		Outside Singapore OD Excess	0.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	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	210 TURF CLUB ROAD	Address 2	#LOT-B38 THE GRANDSTAND	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	LOT-B38	Related Policy Number	5114120487	

▼ OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experi
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Hi
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	UJH
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	SM
Claim Description	SMG5233X / SJH28388 ON 14 Nov 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received		
Report Taken By			
Print AK letter			

Save Submit

Attachment

Accident No.	MT/1071549	Claim No.	002
Last Doc. Received		Upload Date	

Yes No

25/11/2019 15:42

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Clear

Clear

Clear

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Clear

Category *

Confider

Please Select	NO
Please Select	NO
Please Select	NO
Please Select	NO
Please Select	NO
Please Select	NO
Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 15:42	SAS		Normal	S/
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 15:37	NRIC/ Driving Licence	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 15:37	NRIC/ Driving Licence	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 15:37	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 15:36	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 15:36	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 15:36	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 15:36	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 15:36	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 15:36	Photos		Normal	Ph

Video List

Uploaded By/Date	Folder Date	File Name	?
		Display in New Window	Scan and uploading

Hello, NAC_BUKIT_MERAH_800676

[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="14/11/2019 14:55"/>
Vehicle No.(For Motor)	<input type="text" value="SMG5233X"/>	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"/>	5106664345		UNITED AUTO LEASING PTE LTD	201630548K	GPC	Third Party	SMG5233X	SMG5233X	27/12/2018	05/01/2020