

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MVA 1195497

Date In: 25/11/19-09:19	Job description	Date & Time Completed	Done by
Ref No: NA/114619020832/24	SAS e-filing		
Veh No: JKR155X	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 23/11/19 15:05	i-Motor Claim Form	M/107286-001	25/11/19 17:26
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:

Veh No: JMV473E

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:- (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

NA/114619020832/24	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) 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)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	QD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$3			
	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	25/11/2019 09:19
Date Of Accident	23/11/2019 15:05
Exact Location Of Accident	THOMSON RD AFTER TOA PAYOH RISE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR1525X
Insured/Policyholder	
Name Of Registered Owner	SIN MINNG MINNG
NRIC No	S7327529F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98257862
Alternative Phone No	OFFICE-98257862

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF
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	5077094211-03
Cover Note Number	

Driver

Name of Driver	CHARLOTTE SIN MINNG MINNG (CHARLOTTE XIN MINMIN)
NRIC No	S7327529F
Date Of Birth	05/08/1973
Occupation	INDOOR
Date Of Driving Pass	03/09/1992
Driving Experience	27 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98257862
Fax Number	
Contact Number	OFFICE-98257862
EMail Address	NOEMAIL

Address	1 LORONG PUNTONG #10-07
Postcode	576443
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	3
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)	2
Passenger 1	NAME: : - 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

REFER TO STATEMENT.

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	SJM4473E
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)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKG7657S

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)

2

Passenger 1

NAME: :

GENDER: :

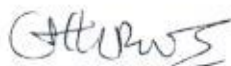
SKETCH PLAN

IMPORTANT NOTICE

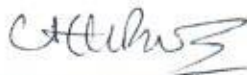
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.
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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 purposes 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.:

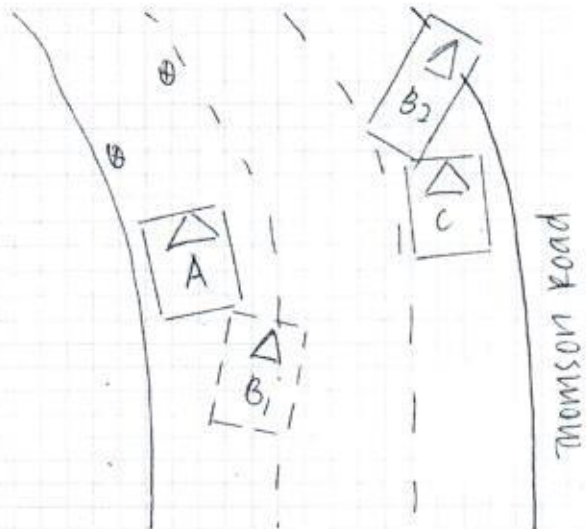
SKETCH PLAN

Vehicle A: SKR 1525 X

Vehicle B: SJM 4473 E

Vehicle C: SKG 7657 S

Q → road works

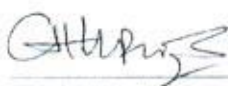


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

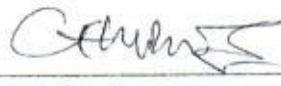
On the stated date & time, I, vehicle A, SKR 1525 X, was travelling straight along the stated venue. As there was road-works ahead, I stopped my vehicle. I then heard a scid / brake and felt an impact on my stationary vehicle's rear right-portion. Vehicle B, SJM 4473 E, then mounted the kerb.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 11 / 2019 (DD/MM/YYYY), TIME: 15:05 (HH:MM)

LOCATION: Along Thomson Road, after Tanayon Rse

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 8ER 1529 X
 b) INSURANCE COMPANY: NTUL
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mazda 5
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: Charlotte Sin Minng Minng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 87327529F CONTACT: 98257862
 c) ADDRESS: 1 Lorong Puntong #10-07 (576443)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

No of passenger
(including driver)
(02)

male passenger

- d) DATE OF BIRTH: 05 / 08 / 1973 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
 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: 8JM 4473E MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 d) VEHICLE NUMBER: 8H7657S MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
(02) male driver
female passenger
No of passenger
(including driver)
(02) male

Email =

fax =

eBaoTech

General/Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident:

Vehicle No. (For Motor) 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"/>	5077094211-03		SIN MINNG MINNG	S7327529F	GPC	drive CLASSIC	SKR1525X	SKR1525X	20/01/2019	19/01/2020

 Policy Information

Policy No.	5077094211-03	Policyholder Name	SIN MINNG MINNG	Policyholder NRIC	S7327529F
Certificate No.					
Address	1 SIN MING AVENUE #10-06 FLAME TREE PARK SINGAPORE 575728				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	26/12/2018	Effective Date	20/01/2019 00:00	Expiry Date	19/01/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	VICOM LTD	Agent Tel.	66975221	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	1 SIN MING AVENUE	Address 2	#10-06 FLAME TREE PARK	Address 3	SINGAPORE 575728
Address 4		Address Type	Singapore address	Post Code	575728
Unit No.		Related Policy Number	5077094211-03		

 Insured Object: SKR1525X

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1072866

Policy No.	5077094211-03	Vehicle No.	SKR1525X	GST Registration No.	
Certificate No.					
Policyholder Name	SIN MINNG MINNG	Cover Type	drive CLASSIC	Policyholder NRIC	57327529F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	90257852	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	25/11/2019 17:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/11/2019	Time of Accident Approx	18:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	THOMSON RD AFTER TOA PAYOH RISE				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
Coverage		Sum Insured	9999999.99		
Excess Waiver					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	1 SIN MING AVENUE	Address 2	# 10-06 FLAME TREE PARK	Address 3	SINGAPORE 575728
Address 4		Address Type	Singapore address	Post Code	575728
Unit No.		Related Policy Number	5077094211-03		
Q1 Driver Info					
Driver Name	CHARLOTTE SIN MINNG MINNG	Driver Type	Main Driver	Driver DOB	05/08/1973
Unnamed driver Name		Driver NRIC	57327529F	Driving Experience	27
Register Date of Driver License	03/09/1992	Driver Age	46	Contact No.(Home)	0
Contact No.(Mobile)	90257852	Contact No.(Office)	0	Address 1	SINGAPORE 576443
Address 1	1 LOKONG PUNTONG	Address 2	THOMSON IMPRESSIONS	Address 3	SINGAPORE 576443
Address 4		Address Type	Singapore address	Post Code	576443
Unit No.	10-07				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX

New












Claim Type *	OD-MX	Insured Name	SIN MINNG MINNG	Insured NRIC	57327529F
Contact No.(Mobile)	81630061	Contact No.(Home)	64593263	Contact No.(Office)	63499178
Email Address	csin4206@yahoo.com.sg	Q1 Vehicle Number	SKR1525X	TP Vehicle Number	53M4473E
Claimant Type/Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKR1525X / 53M4473E ON 23 Nov 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	25/11/2019 17:26	Claim Close Date		Date Received	25/11/2019 17:27
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1072866	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	upload Date	25/11/2019 17:27
Path *		Category *	
	Browse... Clear	Please Select	Confidential <input checked="" type="checkbox"/> Urgency * Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
<input type="checkbox"/> Send Message			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mug Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Nov 2019 17:27	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Nov 2019 17:27	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Nov 2019 17:26	SAS	Normal	SAS 2019-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Nov 2019 17:26	Photos	Normal	Photos 2019-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Nov 2019 17:26	Photos	Normal	Photos 2019-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Nov 2019 17:26	Photos	Normal	Photos 2019-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Nov 2019 17:26	Photos	Normal	Photos 2019-11-25	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Nov 2019 17:26	Photos	Normal	Photos 2019-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Nov 2019 17:26	Photos	Normal	Photos 2019-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Nov 2019 17:26	Photos	Normal	Photos 2019-11-25	

Video List

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

Scan and uploading