

NATIONAL Assessment Centre Services

Date In: 25/11/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19020889/13	SAS e-filing		
Veh No: SJY3112R	E-mail (within 3hrs. Aft. 2hrs)		
D.O.A: 24/11/19 1250	i-Motor Claim Form	MT/1072870-001	
OD: TP (Reporting Only)	i-Motor W/O (Within 90 2hrs. TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: FBM2453X 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

NA1908894	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)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt 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 30		
	Invoice date: 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 15:10
Date Of Accident	24/11/2019 12:50
Exact Location Of Accident	HOUGANG AVE 4 CARPARK EXIT HGHG32
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJY3112R
Insured/Policyholder	
Name Of Registered Owner	MCS AUTO LEASING
Co Reg No	53341132K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92700917
Vehicle Particulars	
Manufacturer	AUDI
Model	A4
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	REPORTING ONLY
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	5108480481
Cover Note Number	
Driver	
Name of Driver	KOH WEI MING(XU WEIMING)
NRIC No	S8406397E
Date Of Birth	01/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	05/04/2006
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88666608
Fax Number	
Contact Number	
EMail Address	EHUB.WEIMING@GMAIL.COM

Address	BLK 166B TECK WHYE CRESCENT #14-369
Postcode	682166
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?	YES
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

I WAS EXITING MY VEH FROM THE HOUGANG AVE 4 CARPARK EXIT HGHG32. AFTER I PROCEED OUT TO THE 1ST LANE, I SAW MOTORCYCLE APPROACHING SO I STOP MY VEH. THE MOTORCYCLE CAN'T STOP ON TIME AND COLLIDED ONTO MY VEH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT RECORDED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM2453X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	SHYAM S/O YOGANATHAN
NRIC/Passport Number	S8845677G
Contact Number	87099864
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SHYAM S/O YOGANATHAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBM2453X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:

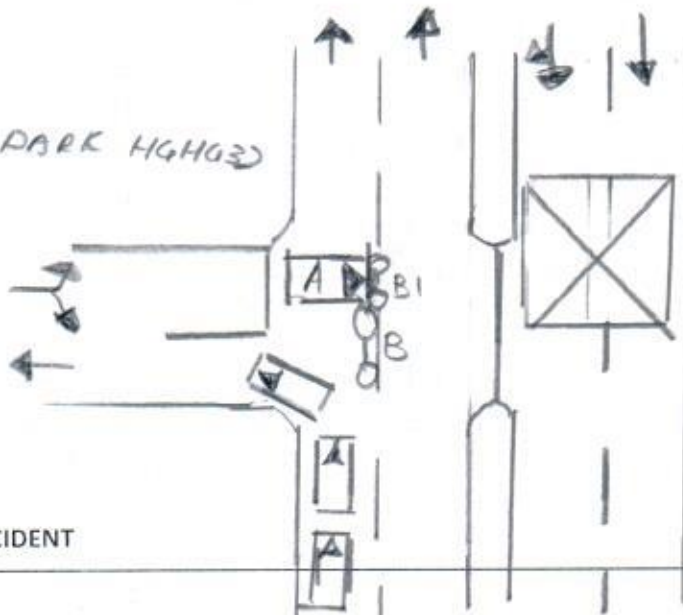
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

A - SJ43112R

B - FRM2453X

CAR PARK HGHG3D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the 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.:

shym 25/4/19

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="24/11/2019 12:50"/>							
Vehicle No.(For Motor)	<input type="text" value="SJY3112R"/>	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
	5108480481		MCS AUTO LEASING	53341132K	GPC	drivo CLASSIC	SJY3112R	SJY3112R	26/03/2019	25/03/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1072870

Policy No.	510B480481	Vehicle No.	SJY3112R	GST Registrat
Certificate No.				
Policyholder Name	MCS AUTO LEASING			Policyholder/f
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	92700917	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	25/11/2019 17:19	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/11/2019	Time of Accident hh:mm	12:50	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	HOUANG AVE 4 CARPARK EXIT HGHG32			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covi
Additional Excess	0.00			
Total OD Excess Applicable	2,500.00	Total TP Excess Applicable	1,500.00	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Y/N
Modification History			

Policyholder Mailing Address

Address 1	10 KAKI BLKIT ROAD 2	Address 2	#03-25 FIRST EAST CENTRE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-25	Related Policy Number	5110204820	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KOH WEI MING(XU WEIMING)	Driver NRIC	S8406397E	Driver DOB
Register Date of Driver License	05/04/2006	Driver Age	35	Driving Exper
Contact No.(Mobile)	88606608	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 166B	Address 2	TECK WHYE CRESCENT	Address 3
Address 4	SINGAPORE 682166	Address Type	Singapore address	Post Code
Unit No.	#14-369			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insure

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 OD-MX **New**

Claim Type *

OD-MX

Insured Name

CONTACT No. Finalisation

Yes

Preferred Repair Option

Insured Liability

Fully at Fault

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

25/11/2019 17:26

Report Taken By

ROSLINDA

☒ Print AK letter

Contact No.(Mobile)

Email Address

Claim Description

SJY3112R / FBM2453X ON 24 Nov 2019

Claim Close Date

Workshop Repairer

Save

Submit

Attachment

Accident No. HT/1072870

Claim No. 001

Last Doc. Received * Yes No

Upload Date 25/11/2019 00:00

Path *		Category *	Confid
Choose File	No file chosen	<div>Clear</div> <div>Please Select ▼</div>	NO
Choose File	No file chosen	<div>Clear</div> <div>Please Select ▼</div>	NO
Choose File	No file chosen	<div>Clear</div> <div>Please Select ▼</div>	NO
Choose File	No file chosen	<div>Clear</div> <div>Please Select ▼</div>	NO
Choose File	No file chosen	<div>Clear</div> <div>Please Select ▼</div>	NO
Choose File	No file chosen	<div>Clear</div> <div>Please Select ▼</div>	NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2019 17:25	NRJC/ Driving License	Y	Normal	NRJC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2019 17:25	SAS		Normal	!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2019 17:25	Photos		Normal	Pi
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2019 17:25	Photos		Normal	Pi
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2019 17:25	Photos		Normal	Pi
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2019 17:24	Photos		Normal	Pi
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2019 17:24	Photos		Normal	Pi
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2019 17:24	Photos		Normal	Pi
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2019 17:24	Photos		Normal	Pi
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2019 17:24	Photos		Normal	Pi
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Nov 2019 17:24	Photos		Normal	Pi

Video List

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