

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MA119156582

Date In: 27/11/19 - 12:11	Job description	Date & Time Completed	Done by
Ref No: NA119156582	SAS e-filing		
Veh No: 528 6552E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 26/11/19 - 19:30	i-Motor Claim Form	27/11/19 20:30	27/11/19 m.m
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: SUR 27755	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	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 \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	27/11/2019 12:11
Date Of Accident	26/11/2019 19:30
Exact Location Of Accident	WHITLEY RD BEFORE MALCOLM RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ6952E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JACY PTE LTD
Co Reg No	201705208G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6(M) SX ABS D/AB 2WD 4DR
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5110191748
Cover Note Number	

### Driver

Name of Driver	S SUBRAMANIAM
NRIC No	S9502994I
Date Of Birth	12/01/1995
Occupation	OUTDOOR
Date Of Driving Pass	27/08/2015
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92393947
Fax Number	
Contact Number	OFFICE-92393947
Email Address	NOEMAIL

Address	BLK 976 HOUGANG STREET 91 #02-256
Postcode	530976
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	CHAIN COLLISION
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

#### 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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR2725S
Vehicle Make/Model/Colour	LANCER
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)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SJT5603D

Vehicle Make/Model/Colour

ALTIS

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)



# 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.

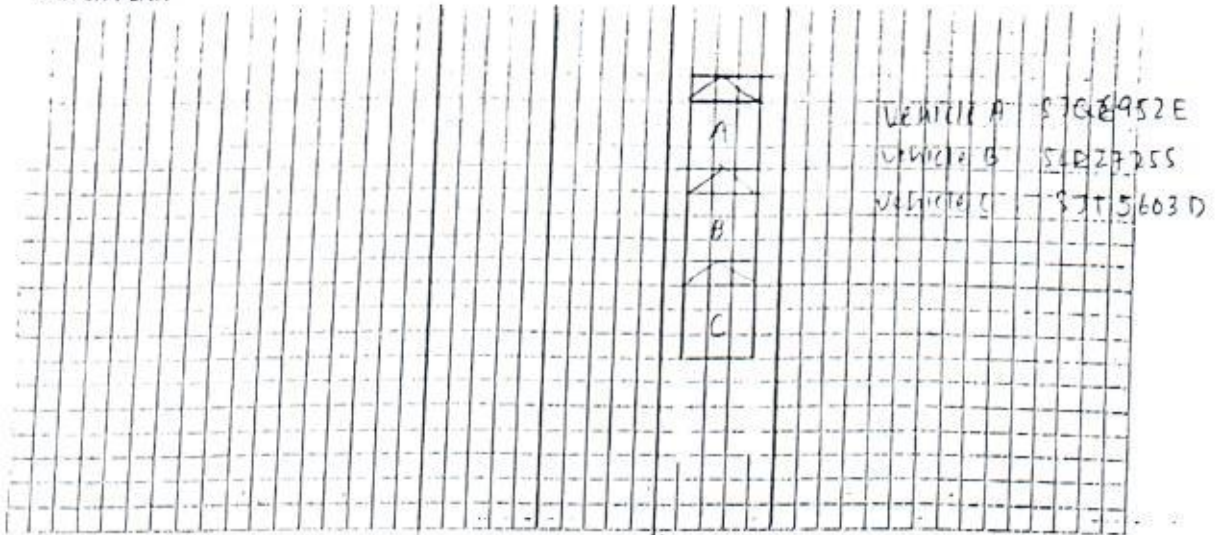


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,

I was travelling on my vehicle bearing carplate number SJQ 6952E on Lumley Road on lane 1. While I was stationary waiting for the traffic light to turn green, I felt an impact from the rear. I alighted from my vehicle and came to realise that I was involved in a 3-car-chain-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.:

2017012086



Date of Accident : 26/11/2019 Accident Time: 7:31pm (24-HR-Format)  
 Accident Place : Wimley Road bef Malcolm Rd  
 Vehicle Reg. No. (Car Plate No.) : 8JQ6952E  
 Vehicle Make/Model : Kia Cerato Forte  
 Insurance Company : NWUL Policy No. \_\_\_\_\_  
 Owner or Company Name /IC No. : Jacy Die Ltd  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : S Subramaniam (395029941)  
 DRIVER'S Date Of Birth : 12/01/1995 DRIVER'S License Pass Date 27/03/2015  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer  
 DRIVER'S Address : Blk 976 Hougang St 91 #02-256  
 DRIVER'S Contact No./ Alt No. : 1) 92393947 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : Admin@mycar.sg  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 03 (1x male , 1x female)  
 Was there any video Captured by car camera? YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SLR27255</u>	Vehicle Reg. No: <u>SJT5603D</u>
Vehicle Make/Model: <u>lanter</u>	Vehicle Make/Model: <u>Airtis</u>
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

x NO injuries

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text" value="S110191748"/>	Date of Accident	<input type="text" value="26/11/2019 19:30"/>							
Vehicle No. (For Motor)	<input type="text" value="SJQ6952E"/>	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"/>	S110191748	S110191748-000009	JACY PTE. LTD.	201705208G	GFM	drive CLASSIC	SJQ6952E	SJQ6952E	06/06/2019	05/06/2020
<input type="button" value="Continue"/>										



## ▼ Policy Information

Policy No.	5110191748	Policyholder Name	JACY PTE. LTD.	Policyholder NRIC	201705208G
Certificate No.	5110191748-000009				
Address	60 JALAN LAM HUAT #05-19 CARROS CENTRE SINGAPORE 737869				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	06/06/2019	Effective Date	06/06/2019 00:00	Expiry Date	05/06/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	60 JALAN LAM HUAT	Address 2	#05-19 CARROS CENTRE	Address 3	SINGAPORE 737869
Address 4		Address Type	Singapore address	Post Code	737869
Unit No.	01-169	Related Policy Number	5110191819		

▶ Insured Object: 5110191748-000009

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
▼ Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue Cancel

## Claim Handling

Accident MT/1073230

Policy No.	5110191748	Vehicle No.	SIQ6952E	GST Registration No.	
Certificate No.	5110191748-000009				
Policyholder Name	JACY PTE. LTD.			Policyholder NRIC	201705208G
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

**Accident Details**

Report Date	27/11/2019 12:19	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	26/11/2019	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WHITLEY RD BEFORE MALCOLM RD				

**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	0.00	YIED TP Excess	
Additional Excess	0		
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	60 JALAN LAM HJAT	Address 2	#05-19 CARROS CENTRE	Address 3	SINGAPORE 737869
Address 4		Address Type	Singapore address	Post Code	737869
Unit No.	01-169	Related Policy Number	5110191819		

**OT Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	12/01/1995
Unnamed driver Name	S SUBRAMANIAM	Driver NRIC	595029941	Driving Experience	4
Register Date of Driver License	27/08/2015	Driver Age	24	Contact No.(Home)	0
Contact No.(Mobile)	92393947	Contact No.(Office)	0	Address 1	SINGAPORE 530976
Address 1	BLK 976	Address 2	HOUGANG STREET 91	Address 3	
Address 4		Address Type	Singapore address	Post Code	530976
Unit No.	02-256				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

**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 **New**

Claim Type *	OD-MX	Insured Name	JACY PTE. LTD.	Insured NRIC	201705208G
Contact No.(Mobile)	86658787	Contact No.(Home)		Contact No.(Office)	+
Email Address	JLCARRE3@GMAIL.COM	OT Vehicle Number	SIQ6952E	TP Vehicle Number	SLR2725S
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SIQ6952E / SLR2725S ON 26 Nov 2019				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	27/11/2019 12:21	Claim Close Date		Date Received	27/11/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment













Accident No.	MT/1073230	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/11/2019 12:21

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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☐ Send Message

## Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 27 Nov 2019 12:21	NRIC/ Driving license	Y	Normal	NRIC/ Driving License 2019-11-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 27 Nov 2019 12:21	SAS		Normal	SAS 2019-11-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 27 Nov 2019 12:21	Photos		Normal	Photos 2019-11-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 27 Nov 2019 12:21	Photos		Normal	Photos 2019-11-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 27 Nov 2019 12:21	Photos		Normal	Photos 2019-11-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 27 Nov 2019 12:21	Photos		Normal	Photos 2019-11-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 27 Nov 2019 12:21	Photos		Normal	Photos 2019-11-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 27 Nov 2019 12:21	Photos		Normal	Photos 2019-11-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 27 Nov 2019 12:21	Photos		Normal	Photos 2019-11-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 27 Nov 2019 12:21	Photos		Normal	Photos 2019-11-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 27 Nov 2019 12:21	Photos		Normal	Photos 2019-11-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 27 Nov 2019 12:21	Photos		Normal	Photos 2019-11-27	

## Video List

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