

# NATIONAL Assessment Centre Services

Date In: 09/12/19	Job description	Date & Time Completed:	Done by:
Ref No: NA/INC19021627/13	SAS e-filing		
Veh No: GBB79184	E-mail (within 8hrs. AP: 2hrs)		
DOA: 07/12/19 1650	i-Motor Claim Form	MT/1074887-001	
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: SLL 5339K	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

NA1909246	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) 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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2/3:	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	09/12/2019 12:55
Date Of Accident	07/12/2019 16:50
Exact Location Of Accident	CTE(BRADDELL FLYOVER) TWDS PIE(CHANGI)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB7918Y
Insured/Policyholder	
Name Of Registered Owner	TAT MUN LEE
Co Reg No	53327680B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93290992
Vehicle Particulars	
Manufacturer	NISSAN
Model	-
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103032190
Cover Note Number	
Driver	
Name of Driver	ALAM MAHBUB
Passport No/FIN	G8376616L
Date Of Birth	01/01/1985
Occupation	OUTDOOR
Date Of Driving Pass	29/03/2016
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84891747
Fax Number	
Contact Number	
EMail Address	MAHBUBRONY1@GMAIL.COM

Address	271B TANJONG KATONG
Postcode	437054
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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

PLS REFER TO THE ATTACHED 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	SLL5339K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BRANDON CHAN GUAN WEN
NRIC/Passport Number	S9734474D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLK8262H
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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.
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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:

9/12/2019

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

### SKETCH PLAN

A - GBB7918X  
B - SLL5339K  
C - SLK8262H

CTE (BRADDELL FLYOUT)  
TWDS DIE (CHANLI)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the attached statement.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:

34-2

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 9/12/2019

slgm 09/12/19

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

I WAS TRAVELLING FROM CTE(BRADDELL RD FLYOVER)TWDS CHANGI ON THE EXTREME LEFT LANE.INFRNT OF MY VEH SLOW DOWN DUE TO THE QUEUE VEH EXITING INTO PIE AND I FOLLOW SUIT TO SLOW DOWN.SUDDENLY VEH B FROM MY RIGHT LANE CUT INTO MY LANE AND I APPLIE MY BRAKE BUT MY VEH DIDN'T STOP COMPLETELY AND HIT ONTO THE REAR LEFT SIDE PORTION OF VEH B.DUE TO THE IMPACT VEH B BEING PUSHED FORWARD AND HIT ONTO VEH C REAR PORTION.

# ACCIDENT STATEMENT

ACCIDENT DATE: (07 / 12 / 2019) (DD/MM/YYYY), TIME: (16 : 50) (HH:MM)

LOCATION: BRADDEL FLYOVER TWAS PIE (CHANGI)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB 7918X  
b) INSURANCE COMPANY: ~~NTUC~~ NTUC  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: NISSAN  
f) TYPE: (SALOON / COUPE / MPV (VAN) LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL) MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
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: TAT MUN LEE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S35276803 CONTACT: 8493290992  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: ALAM MAHBOUB (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 06282333 CONTACT: 84891747  
c) ADDRESS: 271 B Tanjong Katong

\* d) DATE OF BIRTH: (01 / 01 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) ☒ YES  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) ☒ CLEAR  
b) ROAD SURFACE: (DRY / WET / OTHERS) ☒ DRY

6. WAS ANYBODY INJURED (YES / NO) ☒ NO

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

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLL 5339 K MODEL: toyota  
b) DRIVER'S NAME: Brandon Chan Guan wen  
c) NRIC/FIN/PASSPORT: S97344740 CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLK 8262 H MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

Email = mahbubrony1@gmail.com

fax =

video =

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.

Date of Accident

07/12/2019 12:11

Vehicle No.(For Motor)

GBB7918Y

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5103032190		TAT MUN LEE	53327680B	GCV	Comprehensive	GBB7918Y	GBB7918Y	16/08/2018	02/03/2020

Continue

Claim Handling

Accident MT/1074887

Policy No.	5103032190	Vehicle No.	GBB7918Y	GST Registr
Certificate No.				
Policyholder Name	TAT MUN LEE			Policyholder I
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	93290992	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
Accident Details				
Report Date	09/12/2019 14:45	Accident Report Within 24 hrs	Yes	Accident Typ
Date of Accident	07/12/2019	Time of Accident hh:mm	16:50	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	GTEIBRADDELL FLYOVERJ TWDS PIE(CHANGI)			
Excess				
Own damage Excess	600.00	Additional Excess		Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		
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 1 #13-525	Address 2	HAIJG ROAD	Address 3
Address 4	SINGAPORE 430003	Address Type	Singapore address	Post Code
Unit No.	13-525	Related Policy Number	5103032190	
OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	ALAM MAHBUB	Driver NRIC	G8376616L	Driver DOB
Register Date of Driver License	29/03/2016	Driver Age	34	Driving Expe
Contact No.(Mobile)	84891747	Contact No.(Office)	0	Contact No.(I
Address 1	271B TANJONG KATONG ROAD	Address 2	SINGAPORE 437054	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
Modification History				
Claim 001 OD-MX New				

Claim Type *	OD-MX	Insured Name	T
Contact No.(Mobile)		Contact No. (Home)	A
Email Address		OI Vehicle Number	C
Claim Description	GBB7918Y / SLL5339K ON 7 Dec 2019		
Preferred Workshop		Insured Liability	Partially at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	09/12/2019 14:56
		Workshop Repairer	ROSLINDA
Print AK letter			

Save Submit

Attachment

Accident No.

MT/1074687

Claim No.

001

Last Doc. Received

\* Yes No

Upload Date

09/12/2019 00:00

Path

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

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No file chosen

Message Read

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Please Select

NO

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NO

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Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2019 14:55	NRIC/ Driving License	Y	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2019 14:55	SAS		Normal	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2019 14:50	Photos		Normal	P

Video List

Uploaded By/Date	Folder Date	File Name	?
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Scan and uploading