

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MAA119 168878

Date In: 12/12/19-17:18	Job description	Date & Time Completed	Done by
Ref No: NA/11C1901943/24	SAS e-filing		
Veh No: SKD 7069E	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 11/12/19-15:40	i-Motor Claim Form	12/12/19 17:18	12/12/19 R-06
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: JLY95535	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

NA192938	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
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		
Anditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QN:		
	*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: Idno 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	12/12/2019 17:58
Date Of Accident	11/12/2019 15:40
Exact Location Of Accident	BLK 269 QUEEN ST OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD7069E
Insured/Policyholder	
Name Of Registered Owner	FOCUS RENTALS PTE LTD
Co Reg No	201836450G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5106629800
Cover Note Number	

Driver

Name of Driver	PUAR CHIA YONG (PAN JIARONG)
NRIC No	S7736359I
Date Of Birth	15/12/1977
Occupation	OUTDOOR
Date Of Driving Pass	06/08/2002
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97346670
Fax Number	
Contact Number	OFFICE-97346670
Email Address	NOEMAIL

Address	BLK 147 SERANGOON NORTH AVENUE 1 #04-431
Postcode	550147
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	
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

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	SLJ9553S
Vehicle Make/Model/Colour	MERCEDES C180
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

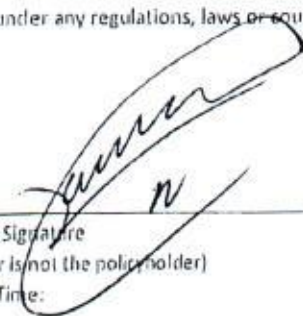
IMPORTANT NOTICE

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:

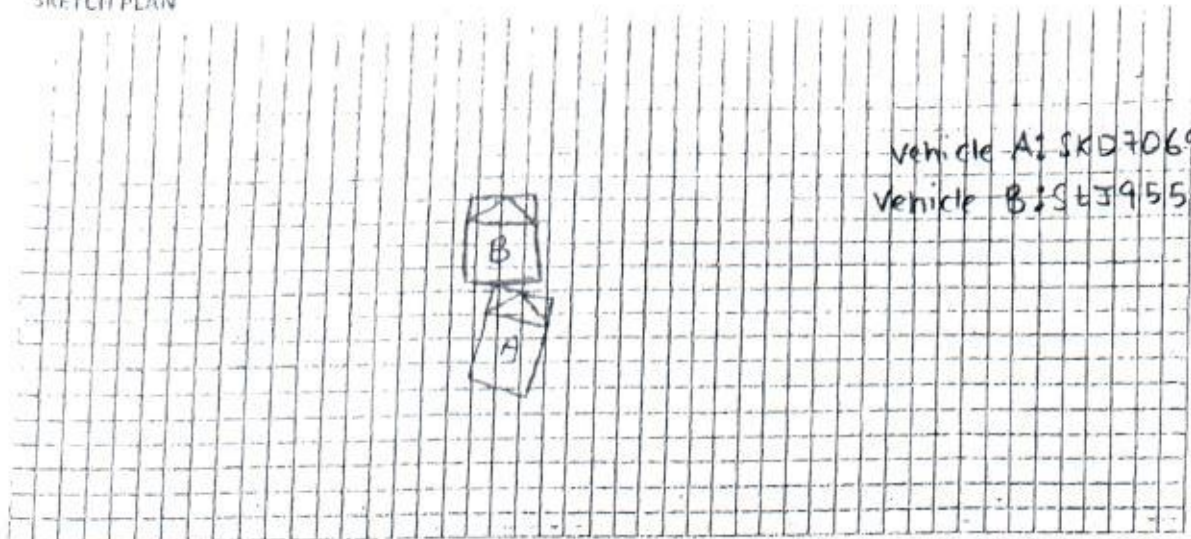
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my Insurer (collectively the "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:


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

SKETCH PLAN



Vehicle A: SKD7069E
Vehicle B: SLJ9553S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date, I was inside my vehicle with car plate number SKD7069E. While waiting for available parking lots in the car park, my vehicle was stationary at one side of the road.

I then decided to move away to search for other parking lots. As there's another vehicle ahead, so I turned out and wanted to proceed straight.

Suddenly, a vehicle bearing car plate SLJ9553S started reversing in front of me. Hence, I quickly braked but the vehicle still hit onto the front of my vehicle.

Both of us came out of the cars to access the damage. The other party refuse to exchange particulars.

DECLARATION

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



Police Officer's Signature
Date & Time:

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

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

Date of Accident: 11 Dec 2019 Accident Time: 1542 (24-HR-Format)
Accident Place: Queen Street, Open Carpark (beside BLK 269)
Vehicle Reg. No. (Car Plate No.): ~~SIF~~ SKD7069E
Vehicle Make/Model: Toyota Corolla Altis
Insurance Company: NTUC Policy No.: _____
Owner or Company Name / IC No.: Focus Rentals Pte Ltd
Owner or Company Contact No.: _____ Owner's Hp: _____ Company Tel: _____
DRIVER'S Name / IC No.: PUAR, CHIA YONG S7736359I
DRIVER'S Date Of Birth: 15-12-1977 DRIVER'S License Pass Date: 06-08-2002
Relationship of Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
DRIVER'S Address: 147 Serangoon North Ave 1 #04-431 S55-0147
DRIVER'S Contact No. / Alt No.: 1) 97346670 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): 1
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>SLJ9553S</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Mercedes C180</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

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="5106629800"/>	Date of Accident	<input type="text" value="11/12/2019 15:40"/>							
Vehicle No. (For Motor)	<input type="text" value="SKD7069E"/>	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"/>	5106629800		FOCUS RENTALS PTE. LTD.	201836450G	GFT	Third Party	SKD7069E	SKD7069E	02/10/2019	
<input type="button" value="Continue"/>										

Claim Handling

The premium on this policy has not been collected.

Accident MT/1075477

Policy No.	5106629800	Vehicle No.	SKD7069E	GST Registration No.	
Certificate No.				Policyholder NRIC	2018364500
Policyholder Name	FOCUS RENTALS PTE. LTD.	Cover Type	Third Party	Loading	0
Product Code	FLEET INSURANCE	Contact No. (Office)		Contact No. (Home)	
Contact No. (Mobile)	NIL	Special Remark		eCode	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Endorsement (%)	0	Private Hire	Not available
NCD Protection	No				

Accident Details

Report Date	12/12/2019 15:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/12/2019	Time of Accident hh:mm	16:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 269B QUEEN ST OPEN CARPARK				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
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	26 SON HING LANE	Address 2	#05-114 MIDVIEW CITY	Address 3	SINGAPORE 573971
Address 4		Address Type	Singapore address	Post Code	573971
Unit No.	03-02	Related Policy Number	5106629800		

O1 Driver Info

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

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	FOCUS RENTALS PTE. LTD.	Insured NRIC	2018364500
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	+
Email Address		O1 Vehicle Number	SKD7069E	TP Vehicle Number	SLJ95535
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					Name of Preferred Workshop
Claim Description	SKD7069E / SLJ95535 ON 11 Dec 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	12/12/2019 00:00
Date Registered	12/12/2019 18:06	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

















Accident No.	MT/1075477	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/12/2019 18:07

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
NAC_PAYA_UBL_B00601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Dec 2019 18:07		NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-12

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Dec 2019 18:07	SAS	Normal	SAS 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Dec 2019 18:07	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Dec 2019 18:07	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Dec 2019 18:07	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Dec 2019 18:07	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Dec 2019 18:07	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Dec 2019 18:07	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Dec 2019 18:07	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Dec 2019 18:07	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Dec 2019 18:07	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Dec 2019 18:07	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Dec 2019 18:07	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Dec 2019 18:07	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Dec 2019 18:07	Photos	Normal	Photos 2019-12-12

Video List

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