

NATIONAL Assessment Centre Services: [part 1 Jan'09] MMA 119166879.

Date In: 19/12/19 11:04	Job description	Date & Time Completed	Done by
Ref No: WA/INC 19022311/64	SAS e-filing		
Veh No: SLH 8431C	E-mail (within 2hrs, AIC 2hrs)		
DDA: 19/12/19 16:30	i-Motor Claim Form	MT/1076471-001	19/12/19 15:16
OD: TP: Reporting Only	i-Motor W/O (Within: OD 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: Unknown	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 1101111 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

Claimant's Particulars:	WA1909445	Invoice/Repairation Checklist	Am't (\$)	PAID (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);	30.00	
Contact No:		2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:		3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):		4) PT: Follow-Through Survey \$120		
Auditors Comments:		5) PT: Follow-Through Survey (Resurvey) \$30		
		For claiming against INC Only (w/c 10 Jan 2020)		
		6) TR: Re-Inspection \$75		
		7) NI: Idas 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 \$3		
		TP (N11): TP (Non INC) against INC \$20		
		9) N12: Idas 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	19/12/2019 11:04
Date Of Accident	18/12/2019 16:30
Exact Location Of Accident	KPE TWDS TAMPINES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH8431C
Insured/Policyholder	
Name Of Registered Owner	LAI HONG HWA
NRIC No	S0060455J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81217966
Alternative Phone No	OFFICE-81217966

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
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	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	5114126309
Cover Note Number	

Driver

Name of Driver	LAI HONG HWA
NRIC No	S0060455J
Date Of Birth	24/05/1949
Occupation	OUTDOOR
Date Of Driving Pass	22/01/1971
Driving Experience	48 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81217966
Fax Number	
Contact Number	OFFICE-81217966
Email Address	NOEMAIL

Address	BLK 14 BEDOK SOUTH AVE 2 #16-576
Postcode	460014
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 - 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	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)	2
Passenger 1	NAME: : UNKNOWN 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

I WAS TRAVELLING ALONG KPE TWDS TAMPINES ON THE FIRST LANE, SUDDENLY I FELT AN IMPACT FROM MY LEFT REAR, AFTER THE INCIDENT, I REALIZED VEH B FROM THE LEFT LANE CUT INTO MY LANE AND HIT ONTO MY VEH LEFT REAR PORTION. VEH B NEVER STOP AFTER THE COLLISION, I FAIL TO GET THE CAR LICENSE PLATE NUMBER. NO INJURY IN THE ACCIDENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
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

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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

A = SLH 8431 C

B = Unknown.

KPE twds Tampines

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 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.:

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="18/12/2019 11:02"/>
Vehicle No.(For Motor)	<input type="text" value="SLH8431C"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114126309		LAI HONG HWA	S0060455J	GPC	drivo CLASSIC	SLH8431C	SLH8431C	18/11/2019	20/11/2020

Claim Handling

Accident MT/1076471

Policy No.	5114126309	Vehicle No.	SLH8431C	GST Registration No.	
Certificate No.					
Policyholder Name	LAI HONG HWA			Policyholder NRIC	S0060455J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81217966	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Yes
Accident Details					
Report Date	19/12/2019 15:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	18/12/2019	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE TWOS TAMPINES				
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	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
Benefits					
Coverage		Sum Insured	2500		
Accessory					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 14 #16-576	Address 2	BEDOK SOUTH AVENUE 2	Address 3	SINGAPORE 460014
Address 4		Address Type	Singapore address	Post Code	460014
Unit No.		Related Policy Number	5114126309		
DI Driver Info					
Driver Name	LAI HONG HWA	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S0060455J	Driver DOB	24/05/1949
Register Date of Driver License	22/01/1971	Driver Age	70	Driving Experience	48
Contact No.(Mobile)	81217966	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 14 #16-576	Address 2	BEDOK SOUTH AVENUE 2	Address 3	SINGAPORE 460014
Address 4		Address Type	Singapore address	Post Code	460014
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LAI HONG HWA	Insured NRIC	S0060455J
Contact No.(Mobile)	81217966	Contact No.(Home)	64419635	Contact No.(Office)	
Email Address	henrylai7966@singnet.com.sg	DI		TP	
Claim Description	SLH8431C / UNKNOWN ON 18 Dec 2019			Vehicle Number	SLH8431C
Preferred Workshop	0	Insured Liability	Not at Fault	Name of Preferred Workshop	
Workshop No.	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	19/12/2019 15:14
Report Taken By				Date Received	19/12/2019
Print AK letter					

Save Submit

Attachment

Accident No.	MT/1076471	Claim No.	001
Last Doc. Received	Yes No	Upload Date	19/12/2019 15:16
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Deso
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		urgency	Description	M
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 19 Dec 2019 15:16	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 19 Dec 2019 15:16	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 19 Dec 2019 15:16	SAS		Normal	SAS 2019-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 19 Dec 2019 15:16	Photos		Normal	Photos 2019-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 19 Dec 2019 15:16	Photos		Normal	Photos 2019-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 19 Dec 2019 15:16	Photos		Normal	Photos 2019-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 19 Dec 2019 15:16	Photos		Normal	Photos 2019-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 19 Dec 2019 15:16	Photos		Normal	Photos 2019-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 19 Dec 2019 15:16	Photos		Normal	Photos 2019-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 19 Dec 2019 15:16	Photos		Normal	Photos 2019-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 19 Dec 2019 15:16	Photos		Normal	Photos 2019-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 19 Dec 2019 15:16	Photos		Normal	Photos 2019-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 19 Dec 2019 15:16	Photos		Normal	Photos 2019-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 19 Dec 2019 15:16	Photos		Normal	Photos 2019-12-19	

Video List

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