

NATIONAL Assessment Centre Services (wef 1 Jan'05) **MHA119167595**

Date In: <b>20/1/19-16:29</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/16/19/2239874</b>	SAS e-filing		
Veh No: <b>5JK4231P</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : <b>20/1/19-11:10</b>	i-Motor Claim Form	<b>M/1076633-001</b>	<b>20/1/19 16:55</b>
OD : <b>TP</b> 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: Vch No: **5JK6791R** 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 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

	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
<b>NA1929520</b>			
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)		
Est. 1:	6) TR : Re-inspection \$75		
Est. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	* 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	20/12/2019 16:29
Date Of Accident	20/12/2019 11:10
Exact Location Of Accident	BARTLEY RD EAST TWDS AIRPORT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV4231P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BETTY YU
NRIC No	SXXXX118I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98183247
Alternative Phone No	OFFICE-98183247

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE 1.6L AUTO ABS AIRBAG SR 2WD 4DR
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094734027-01
Cover Note Number	

### Driver

Name of Driver	BETTY YU
NRIC No	SXXXX118I
Date Of Birth	23/06/1962
Occupation	INDOOR
Date Of Driving Pass	04/05/1982
Driving Experience	37 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98183247
Fax Number	
Contact Number	OFFICE-98183247
EEmail Address	NOEMAIL

Address	BLK 765 BEDOK RESERVOIR VIEW #12-263
Postcode	470765
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)	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

ON STATED DATE AND TIME, AS I APPROACHED THE SLIP RD OF BARTLEY RD EAST TWDS AIRPORT RD. AS I NOTICED THAT BARTLEY ROAST EAST TRAFFIC LIGHT WAS RED, ALL VEHICLE WAS STATIONARY. I CHECK MY BLINDSPOT ON MY RIGHT SIDE BEFORE I CAN PROCEED. WHEN I PROCEED FORWARD SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B MAKE A U-TURN AND CUT ONTO MY LANE. HIS VEHICLE REAR LEFT PORTION INTACT WITH MY VEHICLE FRONT RIGHT PORTION.

#### 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	SJK6791R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EUNICE NG WEI LING MRS EUNICE LOH
NRIC/Passport Number	SXXXX966A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

## 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 Personnel's Signature  
Name:  
NRIC/FIN No.:



Hello, NAC\_PAYA\_UBI\_800601

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[Notice of Loss](#)

**Policy Query**

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="20/12/2019 11:10"/>
Vehicle No. (For Motor)	<input type="text" value="SJV4231P"/>	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"/>	S094734D27-01		BETTY YU	S15171181	GPC	drive CLASSIC	SJV4231P	SJV4231P	26/01/2019	25/01/2020

Policy Information

Policy No.	5094734027-01	Policyholder Name	BETTY YU	Policyholder NRIC	S15171181
Certificate No.					
Address	BLK 765 #12-263 BEDOK RESERVOIR VIEW SINGAPORE 470765				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	21/12/2018	Effective Date	26/01/2019 00:00	Expiry Date	25/01/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	GOLDEN PRIME INSURANCE AG	Agent Tel.	68426788	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 765 #12-263	Address 2	BEDOK RESERVOIR VIEW	Address 3	SINGAPORE 470765
Address 4		Address Type	Singapore address	Post Code	470765
Unit No.		Related Policy Number	5094734027-01		

Insured Object: SJV4231P

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

**Claim Handling**

Accident MT/1076633

Policy No.	5094734027-01	Vehicle No.	SJV4231P	GST Registration No.	
Certificate No.					
Policyholder Name	BETTY YU	Cover Type	drive CLASSIC	Policyholder NRIC	S1517118I
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	98183247	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

**Accident Details**

Report Date	20/12/2019 16:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	20/12/2019	Time of Accident (hh:mm)	11:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BARTLEY RD EAST TWDS AIRPORT RD				

**Excess**

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**Benefits**

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	BLK 765 #12-263	Address 2	BEDOK RESERVOIR VIEW	Address 3	SINGAPORE 470765
Address 4		Address Type	Singapore address	Post Code	470765
Unit No.		Related Policy Number	5094734027-01		

**01 Driver Info**

Driver Name	BETTY YU	Driver Type	Main Driver	Driver DOB	23/06/1962
Unnamed driver Name		Driver NRIC	S1517118I	Driving Experience	37
Register Date of Driver License	04/05/1962	Driver Age	57	Contact No.(Home)	0
Contact No.(Mobile)	98183247	Contact No.(Office)	0	Address 3	SINGAPORE 470765
Address 1	BLK 765	Address 2	BEDOK RESERVOIR VIEW	Post Code	470765
Address 4		Address Type	Singapore address		
Unit No.	12-263				
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	BETTY YU	Insured NRIC	S1517118I
Contact No.(Mobile)	98183247	Contact No.(Home)	62417229	Contact No.(Office)	
Email Address	annabetyu@gmail.com	01 Vehicle Number	SJV4231P	TP Vehicle Number	SJK6791R
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJV4231P / SJK6791R ON 20 Dec 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/12/2019 16:55	Claim Close Date		Date Received	20/12/2019 00:00
Report Taken By	Jackson				

Print AK letter

**Save Submit**

**Attachment**

Accident No.	MT/1076633	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/12/2019 16:55

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

**Attachment List**

Send Message

Msg Sent?

Attachment	Uploaded By/Date	Category		Urgency	Description	(CB)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Dec 2019 16:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Dec 2019 16:55	SAS		Normal	SAS 2019-12-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Dec 2019 16:55	Photos		Normal	Photos 2019-12-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Dec 2019 16:55	Photos		Normal	Photos 2019-12-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Dec 2019 16:55	Photos		Normal	Photos 2019-12-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Dec 2019 16:55	Photos		Normal	Photos 2019-12-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Dec 2019 16:55	Photos		Normal	Photos 2019-12-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Dec 2019 16:55	Photos		Normal	Photos 2019-12-20	

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>		