

# NATIONAL Assessment Centre Services

part 1 Jan 2003

MMA 119167818

Date In	21/12/19 10:58	Job description	Date & Time Completed	Done by
Ref No	MA/INC 19022413164	SAS e-filing		
Veh No	SSV 2117A	E-mail (within 4hrs, A/C 2hrs)		
TP No	20/12/19 10:35	I-Motor Claim Form	M711076716 <sup>001</sup>	21/12/19 15:08
OD	<input checked="" type="radio"/> 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 / GW: (	Tel:	Fax:
TP Particulars:	Veh No: 68D 6155C	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 rep/rep.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks:	(INC Ref: 6709/6616)	Date Claim 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

Client's Particulars:	MA1909501	Invoice Preparation Checklist	Am (\$)	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		
Auditory Comments:		5) PT: Follow-Through Survey (Resurvey) \$30		
		For claiming against INC Only (wef 10 Jan 2003)		
		6) TR: Re-Inspection \$75		
		7) N1: Idao DA + EMRT Survey \$160		
		8) NTUC Additional Services:		
		OD:		
		*N5: Courtesy Car / Tpl 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: Idao 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	21/12/2019 10:58
Date Of Accident	20/12/2019 10:35
Exact Location Of Accident	UBI AVE 4 TURNING INTO UBI LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV2117A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA TECK YONG
NRIC No	SXXXX555B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97775000
Alternative Phone No	OFFICE-97775000

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	LEARNING
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	5105010576
Cover Note Number	

### Driver

Name of Driver	CHERYL GOH QIAN PING
NRIC No	SXXXX824J
Date Of Birth	05/11/1997
Occupation	INDOOR
Date Of Driving Pass	23/09/2019
Driving Experience	0 YEAR AND 2 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-94694408
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 557 PASIR RIS ST 51 #12-205
Postcode	510557
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEARNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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: : CHUA TECK YONG 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 UBI AVE 4, I SWITCH ON MY RIGHT SIGNAL, AFTER CHECK THE BLIND SPOT AND TRAFFIC WAS CLEAR, I TURNING RIGHT INTO UBI LINK, ALL OF A SUDDEN, VEH B COME FROM BEHIND OVERTAKE MY VEH AND HIT ONTO MY VEH RIGHT FRONT 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	GBD6155C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

A = SJV 2117A  
B = GBD 6155C

B = GBD 6155C

Refer to Statement

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

Yang

Chyl



Hello, NAC\_PAYA\_UBI\_800601

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## Policy Query

Policy No.

Date of Accident

20/12/2019 10:56

Vehicle No.(For Motor)

SJV2117A

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105010576		CHUA TECK YONG	S20805558	GPC	drive CLASSIC	SJV2117A	SJV2117A	26/10/2018	14/01/2020



## Claim Handling

## Accident MT/1076716

Policy No.	5105010576	Vehicle No.	SVJ2117A	GST Registration No.	
Certificate No.					
Policyholder Name	CHUA TECK YONG	Cover Type	drive CLASSIC	Policyholder NRIC	S2080555B
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97775000	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No *
KPK	No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
<b>Accident Details</b>					
Report Date	21/12/2019 15:04	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	20/12/2019	Time of Accident hh:mm	10:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UBL AVE 4 TURNING INTO UBL LINK				
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 446 #10-34	Address 2	TAMPINES STREET 42	Address 3	SINGAPORE S20446
Address 4		Address Type	Singapore address	Post Code	S20446
Unit No.		Related Policy Number	5105010576		
<b>01 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/11/1997
Unnamed driver Name	CHERYL GOH QIAN PING	Driver NRIC	SXXXX824J	Driving Experience	0
Register Date of Driver License	23/09/2019	Driver Age	22	Contact No.(Home)	
Contact No.(Mobile)	94694408	Contact No.(Office)		Address 1	SINGAPORE S10557
Address 1	BLK 557 #12-205	Address 2	PASIR RIS STREET 51	Address 3	
Address 4		Address Type	Singapore address	Post Code	S10557
Unit No.	12-205				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyzer or Blood Test reading?	0 mg	Any injury?	Yes No		

## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHUA TECK YONG	Insured NRIC	S2080555B
Contact No.(Mobile)	97775000	Contact No.(Home)		Contact No.(Office)	
Email Address		Vehicle Number	SVJ2117A	Vehicle TP	GBD61
Claim Description	SVJ2117A / GBD61SSC ON 20 Dec 2019			Name of Preferred Workshop	
Preferred Workshop	0	Insured Liability	Not at Fault		
Report No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/12/2019 15:07	Claim Close Date		Date Received	21/12/
Report Taken By	SIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					


Save Submit

## Attachment

Accident No.	MT/1076716	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	21/12/2019 15:08		
Path *		Category *	Confidential	Urgency *	Desc
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read					
<b>Attachment List</b>					
Attachment	Uploaded By/Date	Category	Urgency	Description	
NAC_PAYA_UBI_000601( NATIONAL ASSESSMENT CENTRE SERVICES) 0	21 Dec 2019 15:08	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-21



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