

NATIONAL Assessment Centre Services

part 1 Jan 2003

MMA 11916 7851

Date In: 21/12/19 11:43	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA1 IMCL9022418/h4	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SME 8519 M	I-Motor Claim Form	MT/1076718 ²⁰¹	21/12/19 15:18
TPA: 20/12/19 13:45	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: SKT 6075 J.	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 to Insure: 6789/6616)	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

MA1909500	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$10		
Auditors' Comments:	For claimant against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idan DA + EMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	*N11: TP (Non INC) against INC \$20		
	9) NI2: Idan 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 11:43
Date Of Accident	20/12/2019 13:45
Exact Location Of Accident	SIMS WAY TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME8519M
Insured/Policyholder	
Name Of Registered Owner	REFINED MANPOWER PTE. LTD.
Co Reg No	2XXXXX108D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96185858

Vehicle Particulars

Manufacturer	HONDA
Model	CRV
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112752650
Cover Note Number	

Driver

Name of Driver	SONG ZIMING
NRIC No	SXXXX244H
Date Of Birth	09/09/1975
Occupation	OUTDOOR
Date Of Driving Pass	18/05/2010
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96185858
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 503 CHOA CHU KANG ST 51 #12-159
Postcode	680503
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - MANAGER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	
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

REFER TO 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	SKT6075J
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLC9849B
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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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.:

A = SME 8519 M
B = SKT 6075 J
C = SLC 9849 B

Sims way two's PIE

Refer to statement

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



er's Signature



I STOP AT THE TRAFFIC JUNC OF SIMS WAY TWDS PIE DUE TO RED LIGHT, ALL OF A SUDDEN , I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B HIT ONTO MY VEH REAR PORTION. TOTAL 3 VEH INVOLVED IN THE ACCIDENT. VEH B HIT BY ANOTHER VEH C AT BEHIND.

ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 12 / 19) (DD/MM/YYYY), TIME: (13 : 45) (HH:MM)

LOCATION: Sims Way ^{twos} PIE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SME 8519M
 b) INSURANCE COMPANY: INC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 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: Resined Manpower Pte Ltd. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 9618 5858
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Song Ziming (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 9618 5858
 c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: manager.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKT 6075J MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLH SLG 9849B MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
 (including driver)

(2)

/

M

* No of passenger
 (including driver)

()

* No of passenger
 (including driver)

()

* chop.

Email = ELEGANT13@HOTMAIL.COM

fax =

VIDEO = 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="20/12/2019 14:46"/>	
Vehicle No. (For Motor)	<input type="text" value="SME8519M"/>	Certificate Number	<input type="text"/>	
<input type="button" value="Search"/>				

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5112752650		REFINED MANPOWER PTE. LTD.	201635108D	GPC	drivo CLASSIC	SME8519M	SME8519M	19/10/2019	18/10/2020

Claim Handling

Accident MT/1076718

Policy No.	5112752650	Vehicle No.	SME8519M	GST Registration No.	
Certificate No.					
Policyholder Name	REFINED MANPOWER PTE. LTD.	Cover Type	drive CLASSIC	Policyholder NRIC	2016351080
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96185858	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	21/12/2019 15:11	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	20/12/2019	Time of Accident hh:mm	13:43	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIMS (WAY TWOS PIE				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	21/12/2019 15:13:20 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	1 BUKIT BATOK CRESCENT	Address 2	#03-29 WCEGA PLAZA	Address 3	SINGAPORE 658064
Address 4		Address Type	Singapore address	Post Code	658064
Unit No.	03-29	Related Policy Number	5112752650		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	09/09/1975
Unnamed driver Name	SONG ZIMING	Driver NRIC	5XXXX244H	Driving Experience	9
Register Date of Driver License	18/05/2010	Driver Age	44	Contact No.(Home)	
Contact No.(Mobile)	96185858	Contact No.(Office)		Address 3	SINGAPORE 680503
Address 1	BLK 503 #12-159	Address 2	CHOA CHU KANG STREET S1	Post Code	680503
Address 4		Address Type	Singapore address		
Unit No.	12-159				
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	REFINED MANPOWER PTE. LTD.	Insured NRIC	2016351080	
Contact No.(Mobile)	96185858	Contact No.(Home)		Contact No.(Office)	NIL	
Email Address		OI Vehicle Number	SME8519M	TP Vehicle Number	SKT60	
Claim Description	SME8519M / SKT60752 ON 20 Dec 2019				Name of Preferred workshop	0
Preferred Workshop Finalisation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Insured Liability	Not at Fault	GIA report	Received	
Date Registered	21/12/2019 15:18	Claim Close Date		Date Received	21/12/	
Report Taken By	LIEW SHAN HU1					
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

Attachment

Accident No.	MT/1076718	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	21/12/2019 15:18
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
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	Hi
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Dec 2019 15:18	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Dec 2019 15:18	SAS		Normal	SAS 2019-12-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Dec 2019 15:18	Photos		Normal	Photos 2019-12-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Dec 2019 15:18	Photos		Normal	Photos 2019-12-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Dec 2019 15:18	Photos		Normal	Photos 2019-12-21
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Dec 2019 15:18	Photos		Normal	Photos 2019-12-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Dec 2019 15:18	Photos		Normal	Photos 2019-12-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Dec 2019 15:18	Photos		Normal	Photos 2019-12-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Dec 2019 15:18	Photos		Normal	Photos 2019-12-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Dec 2019 15:18	Photos		Normal	Photos 2019-12-21
Video List					
Uploaded By/Date	Folder Date	File Name		Source	
<div>Display in New Window</div> <div>Scan and uploading</div>					