

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

MHA 1915804

Date In: 23/1/19-09:16	Job description	Date & Time Completed	Done by
Ref No: 401 NC 1902243424	SAS e-filing		
Veh No: JM 63450X	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 23/1/19-09:10	i-Motor Claim Form	M/1076777-001	23/1/19 09:39
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: SBX 1004	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

MHA 1909616	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add'l Bill
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac 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 \$5		
QC Checked by (Engr-In-Charge):	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Pat 1:

Pat 2 / 3:

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	23/12/2019 09:16
Date Of Accident	22/12/2019 04:10
Exact Location Of Accident	LOR HALUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML3950X
Insured/Policyholder	
Name Of Registered Owner	ADVENTURE BUILDING FACILITIES SERVICES
Co Reg No	5XXXX097B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91033176
Alternative Phone No	OFFICE-91033176

Vehicle Particulars

Manufacturer	BMW
Model	523I A
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110550701
Cover Note Number	

Driver

Name of Driver	DARWIIS NAHAIZAL BIN KHAIRIZAL
NRIC No	SXXXX911C
Date Of Birth	17/09/1996
Occupation	INDOOR
Date Of Driving Pass	17/07/2018
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86834906
Fax Number	
Contact Number	OFFICE-86834906
EEmail Address	NOEMAIL

Address	BLK 52 MARINE TERRACE #15-211
Postcode	440052
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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, I WAS TRAVELLING ALONG THE STATED VENUE. VEHICLE B STOPPED IN FRONT OF MY VEHICLE, I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR 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	SBX100U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEE HAN CHOON
NRIC/Passport Number	SXXXX176A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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.

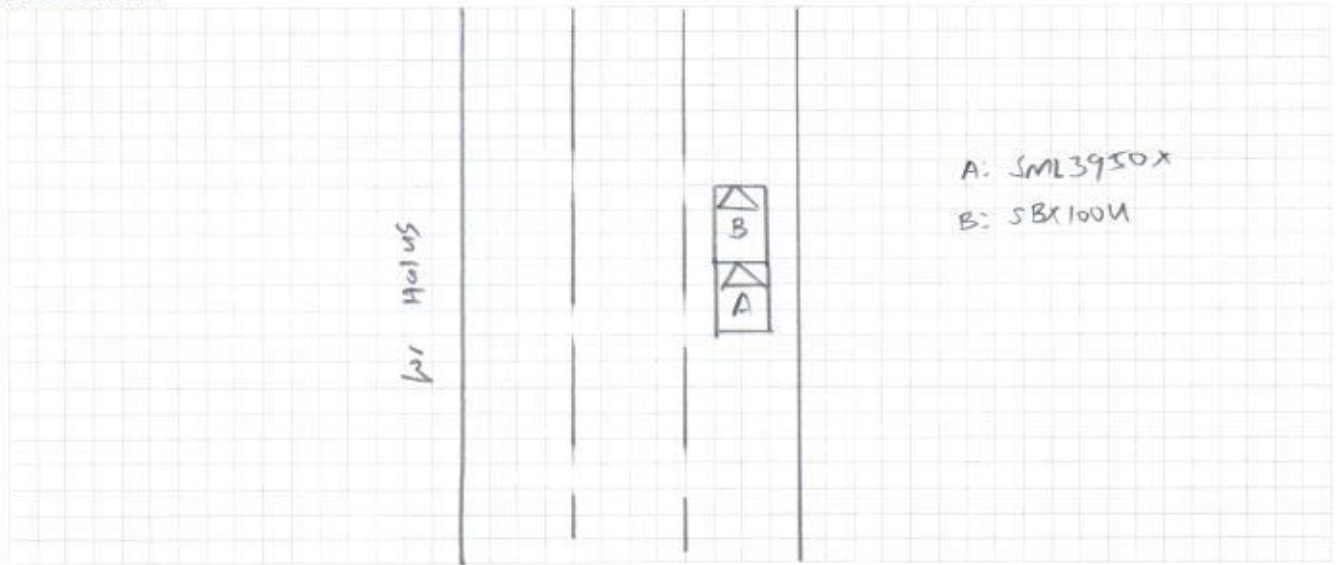


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



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:

[Handwritten signature]

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

[Handwritten signature]

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"/>	Date of Accident	<input type="text" value="22/12/2019 04:10"/>							
Vehicle No. (For Motor)	<input type="text" value="SML3950X"/>	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"/>	5110550701		ADVENTURE BUILDING FACILITIES SERVICES	533900978	GPC	drive CLASSIC	SML3950X	SML3950X	27/06/2019	26/06/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5110550701	Policyholder Name	ADVENTURE BUILDING FACILIT	Policyholder NRIC	533900978
Certificate No.					
Address	BLK 104 #03-149 PASIR RIS STREET 12 SINGAPORE 510104				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/06/2019	Effective Date	27/06/2019 00:00	Expiry Date	26/06/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	SPEEDO CAPITAL PTE. LTD.	Agent Tel.	66847757	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 104 #03-149	Address 2	PASIR RIS STREET 12	Address 3	SINGAPORE 510104
Address 4		Address Type	Singapore address	Post Code	510104
Unit No.	03-149	Related Policy Number	5110550701		

Insured Object: SML3950X

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1076747

Policy No.	5110550701	Vehicle No.	SML3950X	GST Registration No.	
Certificate No.					
Policyholder Name	ADVENTURE BUILDING FACILITIES SERVICES			Policyholder NRIC	533900978
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91033176	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	23/12/2019 09:36	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/12/2019	Time of Accident hh:mm	04:10	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	LOR HALUS				
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		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	23/12/2019 09:38:09 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	BLK 104 #03-149	Address 2	PASIR RIS STREET 12	Address 3	SINGAPORE 510104
Address 4		Address Type	Singapore address	Post Code	510104
Unit No.	03-149	Related Policy Number	5110550701		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	DARWIS NAWAZAL BIN KHAIR	Driver NRIC	SXXXX911C	Driver DOB	17/09/1996
Register Date of Driver License	17/07/2018	Driver Age	23	Driving Experience	1
Contact No.(Mobile)	86834906	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 52	Address 2	MARINE TERRACE	Address 3	MARINE TERRACE HAVEN
Address 4	SINGAPORE 440052	Address Type	Singapore address	Post Code	440052
Unit No.	15-211				
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		

Modification History

Claim 001 **New**















Claim Type *	OD-MX	Insured Name	ADVENTURE BUILDING FACILIT	Insured NRIC	533900978
Contact No.(Mobile)	96502510	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SML3950X	TP Vehicle Number	58X100U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SML3950X / 58X100U ON 22 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	23/12/2019 09:39	Claim Close Date		Date Received	23/12/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1076747	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/12/2019 09:42		
Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	<input type="radio"/> Yes <input checked="" type="radio"/> No	Normal	
	Browse... Clear	Please Select	<input type="radio"/> Yes <input checked="" type="radio"/> No	Normal	
	Browse... Clear	Please Select	<input type="radio"/> Yes <input checked="" type="radio"/> No	Normal	
	Browse... Clear	Please Select	<input type="radio"/> Yes <input checked="" type="radio"/> No	Normal	
	Browse... Clear	Please Select	<input type="radio"/> Yes <input checked="" type="radio"/> No	Normal	
	Browse... Clear	Please Select	<input type="radio"/> Yes <input checked="" type="radio"/> No	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Dec 2019 09:42	NRIC/ Driving License	Y	NRIC/ Driving License 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Dec 2019 09:41	SAS		SAS 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Dec 2019 09:40	Photos		Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Dec 2019 09:40	Photos		Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Dec 2019 09:40	Photos		Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Dec 2019 09:40	Photos		Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Dec 2019 09:40	Photos		Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Dec 2019 09:40	Photos		Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Dec 2019 09:40	Photos		Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Dec 2019 09:40	Photos		Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Dec 2019 09:40	Photos		Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Dec 2019 09:40	Photos		Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Dec 2019 09:40	Photos		Photos 2019-12-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Dec 2019 09:40	Photos		Photos 2019-12-23	

Video List

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