

NATION'S Assessment Centre Services

Date In: 24/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19022615/13	SAS e-filing		
Veh No: SJG5679D	E-mail (within 8hrs. AP: 2hrs)		
DGA: 24/12/19 1100	i-Motor Claim Form	m7/1077338-001	
GD: (P) Reporting Only	i-Motor W/O (Within: OL: 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: X07467K	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%; F: 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 or 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

NA1909627	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add 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		
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	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:-		
	OD:		
	*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 (N-n INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cal 1:	Invoice dated	Fee Charged	
Cal 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	24/12/2019 16:21
Date Of Accident	24/12/2019 11:00
Exact Location Of Accident	EUNOS LINK TWDS HOUGANG AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJG5679D
Insured/Policyholder	
Name Of Registered Owner	TAY MIN LIN JOAN
NRIC No	SXXXX696G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82229324
Alternative Phone No	OTHERS-91777085
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE
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	5110930414
Cover Note Number	
Driver	
Name of Driver	TAN WEE LIAT(CHEN WEILIE)
NRIC No	SXXXX410B
Date Of Birth	27/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	05/10/2012
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91777085
Fax Number	
Contact Number	
EMail Address	DERRICK.T777@GMAIL.COM

Address	BLK 325 ANG MO KIO AVE 3 #08-1892
Postcode	560325
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	NO
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

MY VEH WAS STATIONARY AT THE TRAFFIC LIGHT JUNC OF EUNOS LINK & UBI AVE 2 ON THE 3RD LANE OF A6 LANES RD. SUDDENLY VEH B CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FRONT ONLY WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD7467K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NG KOK HWA
NRIC/Passport Number	SXXXX510B
Contact Number	94696203
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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**.
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.:

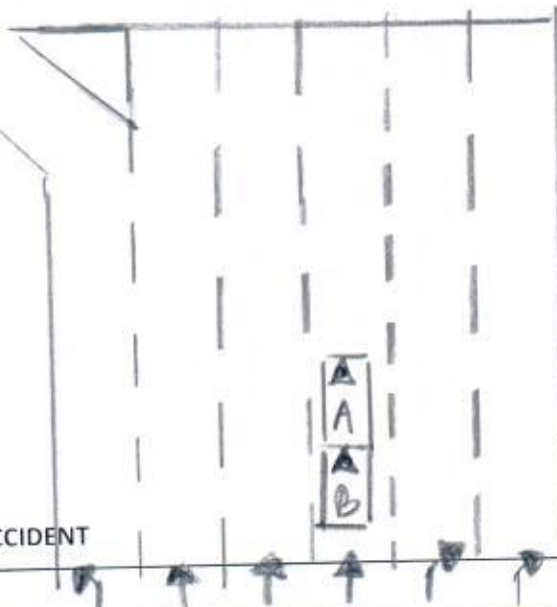
SKETCH PLAN

EUNOS LINK TOWNS HOUGANG
AVE 3

11B1 AVE
2

A - SJ66679D

B - XD7467K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the 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="24/12/2019 11:00"/>							
Vehicle No. (For Motor)	<input type="text" value="SJG5679D"/>	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
	5110930414		TAY MIN LIN JOAN	S8430696G	GPC	drivo CLASSIC	SJG5679D	SJG5679D	07/07/2019	06/07/2020
				<input type="button" value="Continue"/>						

Claim Handling

Accident MT/1077338

Policy No.	5110930414	Vehicle No.	SJG5679D	GST Registrat
Certificate No.				
Policyholder Name	TAY MIN LIN JOAN			Policyholder f
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	82229324	Contact No.(Office)	0	Contact No.(f
Email Address		Special Remark		eCode
KFK	<div>NoYes</div>	TCA	<div>NoYes</div>	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	40	Private Hire
▼ Accident Details				
Report Date	26/12/2019 19:36	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/12/2019	Time of Accident hh:mm	11:00	Country of Ai
Reporting Centre		Orange Force		ICM No.
Accident Location	EUNOS LINK TWDS HOUGANG AVE 3			
▼ 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 Cov
Additional Excess	0.00			
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
▼ Policyholder Mailing Address				
Address 1	318 TANJONG KATONG ROAD	Address 2	SINGAPORE 437100	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5110930414	
▼ OI Driver Info				
Driver Name	TAN WEE LIAT	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S76224108	Driver DOB
Register Date of Driver License	05/10/2012	Driver Age	43	Driving Exper
Contact No.(Mobile)	91777085	Contact No.(Office)	0	Contact No.(f
Address 1	BLK 325	Address 2	ANG MO KIO AVENUE 3	Address 3
Address 4	SINGAPORE 560325	Address Type	Singapore address	Post Code
Unit No.	#08-1892			
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No	
Modification History				

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	T
Contact No.(Mobile)	96881761	Contact No.(Home)	S
Email Address		Vehicle Number	S
Claim Description	SJG5679D / XD7467K ON 24 Dec 2019		
Preferred Workshop		Insured Liability	Not at Fault
Report No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By	ROSINDA	Claim Close Date	26/12/2019 19:39
Print AK letter		Workshop Repairer	

Save

Submit

Attachment

Accident No.

MT/1D77338

Claim No.

001

Last Doc. Received

* Yes

No

Upload Date

26/12/2019 00:00

Path *

Category *

Confid

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2019 19:39	NRIC/ Driving License	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2019 19:39	SAS	Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2019 19:39	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2019 19:39	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2019 19:39	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2019 19:39	Photos	Normal	PI
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2019 19:39	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2019 19:39	Photos	Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2019 19:39	Photos	Normal	PI

Video List

Uploaded By/Date	Folder Date	File Name	

Display in New Window

Scan and uploading