

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MHA 11914536

Date In: 26/11/19-09:58	Job description	Date & Time Completed	Done by
Ref No: HA/11914536/24	SAS e-filing		
Veh No: JKC 28807	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 26/11/19-10:00	i-Motor Claim Form	27/11/19 10:01	26/11/19 10:03
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: JKC 28807

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 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

HA 2000059

Invoice Preparation Checklist

Ant (\$)

Ant (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$30)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) QD*
- *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-in INC) against INC \$20
- 9) N12: Idac 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	26/12/2019 09:58
Date Of Accident	24/12/2019 10:00
Exact Location Of Accident	JURONG TOWN HALL RD TWDS AYE (TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC7880J
Insured/Policyholder	
Name Of Registered Owner	ONG CHIN YAM
NRIC No	SXXXX692J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97526949
Alternative Phone No	OFFICE-97526949

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1622G5
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106783952-01
Cover Note Number	

Driver

Name of Driver	ONG JOHNNY
NRIC No	SXXXX203G
Date Of Birth	14/12/1989
Occupation	INDOOR
Date Of Driving Pass	12/11/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97526949
Fax Number	
Contact Number	OFFICE-97526949
EMail Address	NOEMAIL

Address	11 SIMEI STREET 4 #09-04
Postcode	529866
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 - CROSS JUNCTION
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?	YES
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

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	SHC5146U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ONG JOHNNY
------	------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SKC7880J

YES

NO

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:

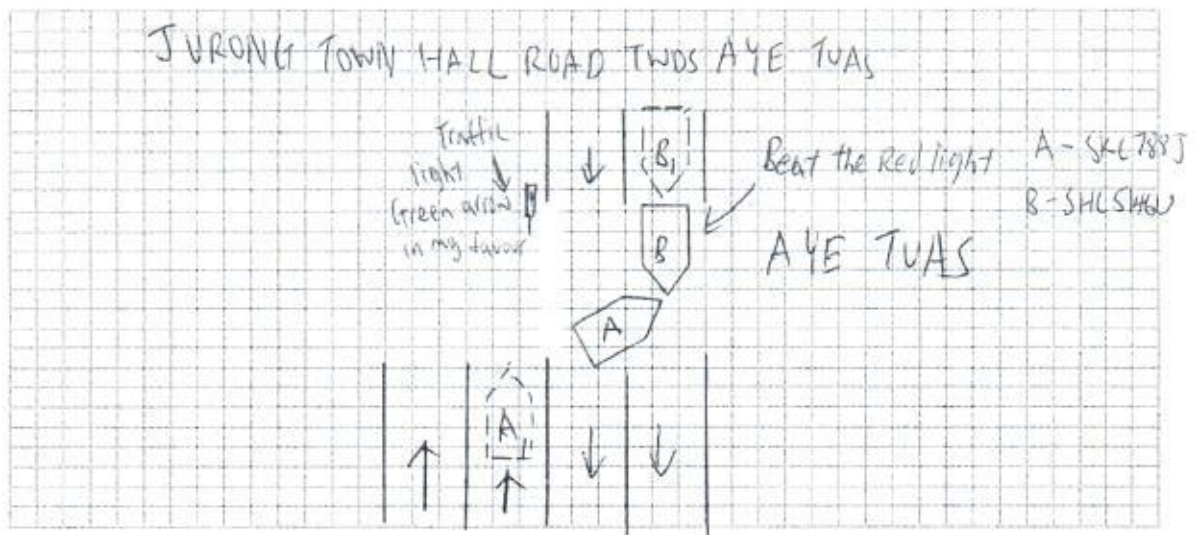
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS ON JURONG TOWN HALL ROAD TURNING INTO AYE TUAS, I WAITED FOR THE GREEN ARROW TO APPEAR BEFORE TURNING RIGHT. I PROCEED TO TURN RIGHT WHEN THE GREEN ARROW APPEAR. MOMENT LATER VEHICLE B FROM OPOSITE DIRRECTON RAN THROUGH THE RED LIGHT AND HIT ONTO THE FRONT LEFT PORTION OF MY VEHICLE

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.:

Accident Reporting Draft

VEHICLE NO: SKC7880J

MODEL: VOLKSWAGEN

DATE OF ACCIDENT	24/12/19		
TIME OF ACCIDENT	1000	HRS	AM/PM
LOCATION OF ACCIDENT	JURONG TOWN HALL ROAD TOWARDS AYE TUAS		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	ONG CHIN YAM		
CONTACT NO.	97526949, 91595362		
NRIC	S1265692J		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P		
INSURANCE CO.	NTUC		
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: ONG JOHNNY		
NRIC	S8946203G	ANY PASSENGER: 0	
DATE OF BIRTH			
OCCUPATION	OUTDOOR / INDOOR		
DATE OF DRIVING PASS			
GENDER	MALE / FEMALE		
CONTACT NO.	97526949, 91595362	OFFICE:	HOME:
ADDRESS	11 SIMEI STREET 4 #09-04 S(529866)		
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IF NO: children		
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR		
ROAD SURFACE	DRY / WET/ OTHER: DRY		
ANY INJURIES	NO / IF YES:		
CONTACT NO.			
POLICE REPORT	NO / IF YES:		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	SHC5146U	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.	ANY PASSENGER:		
VEHICLE D NO.	ANY PASSENGER:		
VEHICLE E NO.	ANY PASSENGER:		
VEHICLE F NO.	ANY PASSENGER:		
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;">  <p>Ryder Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277</p> </div>		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			

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="24/12/2019 10:00"/>							
Vehicle No. (For Motor)	<input type="text" value="SKC78803"/>	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"/>	S106783952-01		ONG CHIN YAM	S12656923	GPC	drive CLASSIC	SKC78803	SKC78803	19/09/2019	18/09/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5106783952-01	Policyholder Name	ONG CHIN YAM	Policyholder NRIC	S1265692J
Certificate No.					
Address	11 SIMEI STREET 4 #09-04 SIMEI GREEN CONDOMINIUM SINGAPORE 529866				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	14/08/2019	Effective Date	19/09/2019 00:00	Expiry Date	18/09/2020 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	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	11 SIMEI STREET 4	Address 2	#09-04 SIMEI GREEN CONDOM	Address 3	SINGAPORE 529866
Address 4		Address Type	Singapore address	Post Code	529866
Unit No.		Related Policy Number	5106783952-01		

Insured Object: SKC7880J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1077161

Policy No.	5106783952-01	Vehicle No.	SKC7880J	GST Registration No.	
Certificate No.					
Policyholder Name	ONG CHIN YAM			Policyholder NRIC	51265692J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	Q
Contact No. (Mobile)	97526949	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details					
Report Date	26/12/2019 10:21	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	24/12/2019	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG TOWN HALL RD TWOS AYE (TUAS)				
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					
Policyholder Mailing Address					
Address 1	11 SIMEI STREET 4	Address 2	#09-04 SIMEI GREEN CONDOM	Address 3	SINGAPORE 529866
Address 4		Address Type	Singapore address	Post Code	529866
Unit No.		Related Policy Number	5106783952-01		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ONG JOHNNY	Driver NRIC	S000X203G	Driver DOB	14/12/1989
Register Date of Driver License	12/11/2009	Driver Age	10	Driving Experience	10
Contact No. (Mobile)	97526949	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	11 SIMEI STREET 4	Address 2	SIMEI GREEN CONDOMINIUM	Address 3	SINGAPORE 529866
Address 4		Address Type	Singapore address	Post Code	529866
Unit No.	09-04				
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 checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ONG CHIN YAM	Insured NRIC	51265692J
Contact No. (Mobile)	91595362	Contact No. (Home)	65882193	Contact No. (Office)	64549592
Email Address		OT Vehicle Number	SKC7880J	TP Vehicle Number	SHCS146U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKC7880J / SHCS146U ON 24 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	GSA report	Received
Date Registered	26/12/2019 10:23	Claim Close Date		Date Received	26/12/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1077161	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/12/2019 10:24		
Path *		Category *		Confidential	Urgency *
	Browse... Clear	Please Select	<input type="text"/>	<input type="text"/>	Normal
	Browse... Clear	Please Select	<input type="text"/>	<input type="text"/>	Normal
	Browse... Clear	Please Select	<input type="text"/>	<input type="text"/>	Normal
	Browse... Clear	Please Select	<input type="text"/>	<input type="text"/>	Normal
	Browse... Clear	Please Select	<input type="text"/>	<input type="text"/>	Normal
	Browse... Clear	Please Select	<input type="text"/>	<input type="text"/>	Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Dec 2019 10:24	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Dec 2019 10:24	SAS		Normal	SAS 2019-12-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Dec 2019 10:23	Photos		Normal	Photos 2019-12-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Dec 2019 10:23	Photos		Normal	Photos 2019-12-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Dec 2019 10:23	Photos		Normal	Photos 2019-12-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Dec 2019 10:23	Photos		Normal	Photos 2019-12-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Dec 2019 10:23	Photos		Normal	Photos 2019-12-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Dec 2019 10:23	Photos		Normal	Photos 2019-12-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Dec 2019 10:23	Photos		Normal	Photos 2019-12-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Dec 2019 10:23	Photos		Normal	Photos 2019-12-26

Video List

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