

NATIONAL Assessment Centre Services

[ver 1 Jan'09]

MNA 119169408

Date In: 26/12/19 09:26	Job description	Date & Time Completed	Done by
Ref No: MA/INC19022635164	SAS e-filing		
Veh No: SKJ 1980G	E-mail (within 3hrs, AIC 2hrs)		
DOA: 24/12/19 11:45	I-Motor Claim Form	MT/1077174 ⁰⁰¹	26/12/19 11:00
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Whsp / INC Assign Whsp / GW: (Tel:	Fax:
TP Particulars:	Veh No: SBH 1011X	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 repaler.

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

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

Remarks: (INC 46616)	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

MA 2000010	Invoice Registration Checklist	Am (\$)	CLAM (\$)
Claimant's Particulars:	1) AIR: 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) FT: Follow-Through Survey \$120		
QC Checked by (Bgr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (ver 10 Jan 2009)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QD:		
	*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	26/12/2019 09:26
Date Of Accident	24/12/2019 11:45
Exact Location Of Accident	JUNC OF EAST COAST RD & STILL RD SOUTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ1980G
Insured/Policyholder	
Name Of Registered Owner	CHIANG MAY LIN,JACLYN
NRIC No	SXXXX672F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96878074
Alternative Phone No	OFFICE-96878074

Vehicle Particulars

Manufacturer	BMW
Model	216D
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	5100656572-01
Cover Note Number	

Driver

Name of Driver	ELMER YAM GUOMING (ELMER YAN GUOMING)
NRIC No	SXXXX683J
Date Of Birth	09/05/1982
Occupation	INDOOR
Date Of Driving Pass	25/09/2002
Driving Experience	17 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96822025
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 505 DUNMAN RD #03-01
Postcode	439198
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)	3
Passenger 1	NAME: : JACLYN CHIANG GENDER: : FEMALE
Passenger 2	NAME: : EADEN YAM 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	SBH1011X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHOO CHANG-J (ZHU ZHANG JIE)
NRIC/Passport Number	SXXXX204A
Contact Number	91765489
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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**.
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:

24/12/19
1345 hrs.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

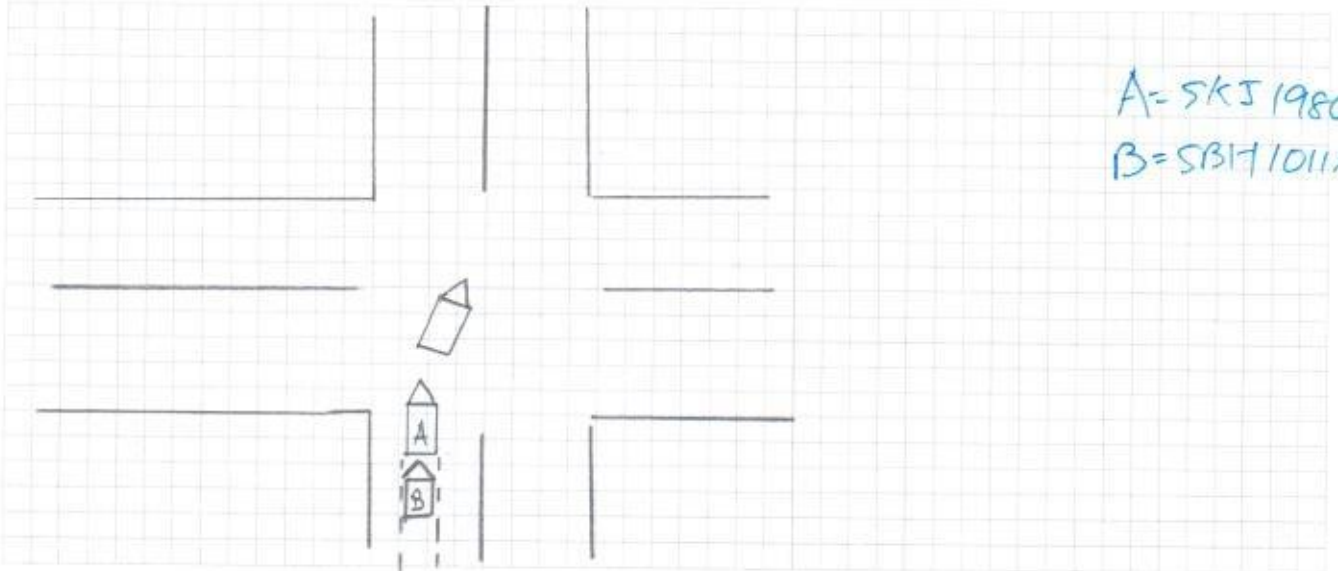
24/12/19
1345 hrs.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24th Dec 2019 @ 1145hrs, I was driving along East Coast Road and stopped at the cross junction of East Coast Road and Still Road South due to the traffic light was red.

As the light turned green to my favour, the ~~vehicle~~ vehicle in front moved forward and I did the same. ~~We both~~ As the vehicle in front was waiting to turn right, both of us was stationary.

At this moment, the vehicle behind me drove into the rear of my car.

No injury was reported.

DECLARATION

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

Policyholder's Signature
 Date & Time: 24/12/19
 1345hrs.

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 24/12/19
 1345hrs.

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

ACCIDENT STATEMENT

ACCIDENT DATE: 24/12/19 (DD/MM/YYYY), TIME: 11:45 (HH:MM)

LOCATION: Junction of East Coast Road & Still Road South

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKJ 19806
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) -
 e) MAKE & MODEL: Bmw 216D
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: Chiang May Lin Jaclyn (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8032672F CONTACT: 96878074
 c) ADDRESS: 505 Dunman Rd #03-01 (S) 439198

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Elmer Yam Guoming (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8214683J CONTACT: 96822025
 c) ADDRESS: 505 Dunman Rd #03-01 (S) 439198

*d) DATE OF BIRTH: 09/05/1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 25/09/2002

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: husband

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: SBH1011X MODEL: Honda Odyssey
 b) DRIVER'S NAME: Choo Chang-J (Zhu Zhang Jie)
 c) NRIC/FIN/PASSPORT: S9004204A CONTACT: 91765489

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger
 (including driver)
(3)

(F) Jaclyn Chiang
 (M) Eaden Yam

*No of passenger
 (including driver)
(3)

*No of passenger
 (including driver)
()

Email = elmeryam@gmail.com

fax =

VIDEO =

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 13:46"/>
Vehicle No. (For Motor)	<input type="text" value="SKJ1980G"/>	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="checkbox"/>	5100656572-01		CHIANG MAY LIN, JACLYN	S8032672F	GPC	drive PREMIUM	SKJ1980G	SKJ1980G	26/07/2019	25/07/2020

Claim Handling

Accident MT/1077174

Policy No.	5100656572-01	Vehicle No.	SK11980G	GST Registration No.	
Certificate No.					
Policyholder Name	CHIANG MAY LIN,JACLYN			Policyholder NRIC	S8032672F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	96878074	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	- No Yes	TCA	- No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	26/12/2019 10:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	24/12/2019	Time of Accident hh:mm	11:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF EAST COAST RD & STILL RD SOUTH				

▼ 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			

▼ Policyholder Mailing Address

Address 1	505 DUNMAN ROAD	Address 2	#03-01 PARADISE PALMS	Address 3	SINGAPORE 439198
Address 4		Address Type	Singapore address	Post Code	439198
Unit No.	03-01	Related Policy Number	5100656572-01		

▼ 01 Driver Info

Driver Name	ELMER YAM GUOMING (ELMER YAN GUOMING)	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S8214583J	Driver DOB	09/05/1982
Register Date of Driver License	25/09/2002	Driver Age	37	Driving Experience	17
Contact No.(Mobile)	96822025	Contact No.(Office)		Contact No.(Home)	
Address 1	505 DUNMAN ROAD	Address 2	#03-01 PARADISE PALMS	Address 3	SINGAPORE 439198
Address 4		Address Type	Singapore address	Post Code	439198
Unit No.	03-01				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No

Modification History

Claim 001 New

Claim Type *	OO-MX	Insured Name	CHIANG MAY LIN,JACLYN	Insured NRIC	S8032672F
Contact No.(Mobile)	96878074	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	JACLYNCHIANG@YAHOO.COM.SG	TP Vehicle Number	SK11980G	Vehicle Number	SBH10
Claim Description	SK11980G / SBH1011X ON 24 Dec 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault		
Workshop No.	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/12/2019 10:59	Claim Close Date		Date Received	26/12/2019
Report Taken By	JIEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1077174	Claim No.	001
Last Doc. Received	Yes No	Upload Date	26/12/2019 11:00
Path *		Category *	Confidential Urgency *
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		Clear	Please Select NO Normal

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 11:00	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-12-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 11:00	SAS	Normal	SAS 2019-12-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 11:00	Photos	Normal	Photos 2019-12-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 11:00	Photos	Normal	Photos 2019-12-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 11:00	Photos	Normal	Photos 2019-12-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 10:59	Photos	Normal	Photos 2019-12-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 10:59	Photos	Normal	Photos 2019-12-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 10:59	Photos	Normal	Photos 2019-12-26	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 10:59	Photos	Normal	Photos 2019-12-26	
Uploaded By/Date	Folder Date	File Name	Source		
		Display in New Window	Scan and uploading		