

NATIONAL Assessment Centre Services. (part 1 Jan 03)

MAY 15 11 16 2

Date In: 30/12/2019 14:12	Job description	Date & Time Completed	Done by
Ref No: NBA/ACC 9022869/Y	SAS e-filing		
Veh No: EY 85/5M	E-mail (E-Job 3hrs, AIC 2hrs)		
O.O.A: 29/12/2019 19:58	I-Motor Claims Form	ml1107TN2-001	30/12/2019
OD: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:56
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SPN 311A 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: ()

Requirements:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time: _____

Location: _____

Standard Assessment	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)	
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)	\$30	
Auditor's Comments:	6) TR: Re-inspection	\$75	
Date:	7) NI: Idas DA + SMRT Survey	\$160	
2/2	8) NTUC Additional Services:		
	OD:		
	*N5: Courtesy Car / Tpt Allowance	\$3	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$23	
	*N8: DV / Collect Excess Coordination	\$3	
	TP (Nil) / TP (Non-INC) against INC	\$20	
	9) NI2: Idas 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	30/12/2019 14:12
Date Of Accident	29/12/2019 19:55
Exact Location Of Accident	PIE TOWARDS TUAS (NEAR TOA PAYOH SAFRA)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EY8515M
Insured/Policyholder	
Name Of Registered Owner	SHIH CHI LAI
NRIC No	SXXXX141J
Email Address	SAMSONSHIH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96877252
Alternative Phone No	OTHERS-98003876

Vehicle Particulars

Manufacturer	RENAULT
Model	FLUENCE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106636350
Cover Note Number	

Driver

Name of Driver	SHIH SHAN YAO, SAMSON
NRIC No	SXXXX326F
Date Of Birth	08/06/1990
Occupation	INDOOR
Date Of Driving Pass	06/09/2011
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96877252
Fax Number	
Contact Number	OTHERS-98003876
Email Address	SAMSONSHIH@HOTMAIL.COM

Address 10 LAKEPOINT DRIVE
#10-60
Postcode 648927
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? 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: : SHIH CHI LAI
GENDER: : MALE
Passenger 2 NAME: : CHEE BEE CHOON
GENDER: : FEMALE

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

PLEASE REFER TO SKETCH PLAN

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 SFN311H
Vehicle Make/Model/Colour BMW
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver PNG SIAW KAH
NRIC/Passport Number SXXXX693J
Contact Number
Address
Postcode

(ii) for complying with requirements under any regulations, laws or court orders.

Shih Chi Lai

Policyholder's Signature

Date & Time: 30/12/2019
12:15 PM

Son

Driver's Signature

(If driver is not the policyholder)
Date & Time: 30/12/2019
12:15

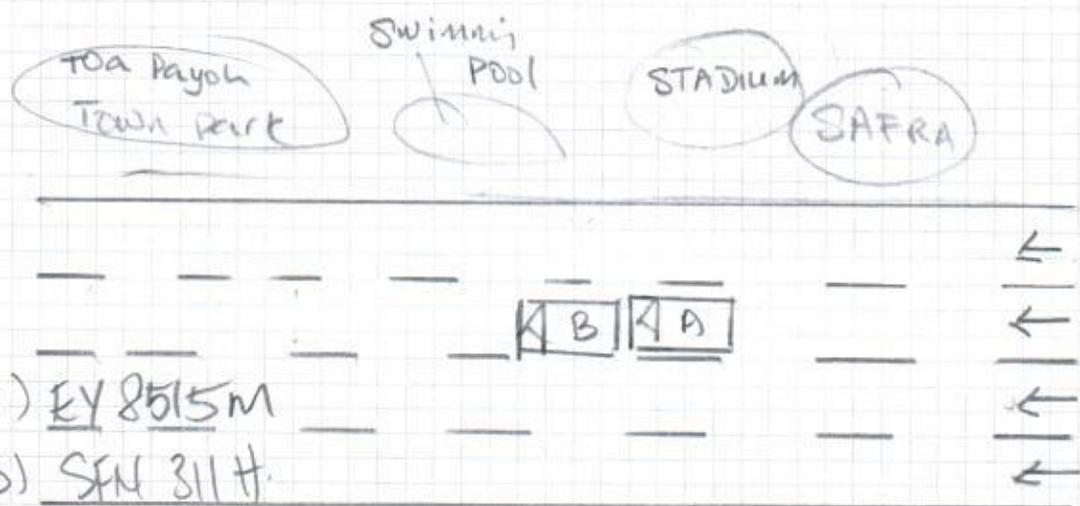
30/12/2019
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

PIE TOWARDS TUAS (NEAR TOA PAYOH SAFRA)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29 Dec 2019 at about 7.54 pm, the driver, Samson Shih Shan Yao (son of the policy holder) incurred an accident into the back of the car in front, which stop suddenly to avoid collision with a vehicle in front of the car.

The accident occur on the PIE, in the direction towards Tuas, near to the Toa Payoh SAFRA. There are 3 persons in the car, namely, Samson Shih Shan Yao (the driver), Shih Chi Lai (policy holder & father of samson) and Julie Chee (samson's mother). There were no injury suffered.

Both car suffer minor damage, the front car has its rear bumper dented, the driver car suffer minor damage to its front bumper and number plate.

The details of the cars involved in the accident:

(A) Driver Car - EY 8515M, (Renault Fluence)
 - Driver name: Samson Shih Shan Yao (S9020B26F)
 - Side passenger: Shih Chi Lai (S1176141J)
 - Rear Passenger: Julie Chee Bee Chan (S1305954C)

(B) Front Car - SFN 311H (BMW 120 Coupe)
 - Drive Name: Png Siaw Kan (S1740693J)
 - No other Passenger

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 30/12/2019

12:15pm

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time: 30/12/2019

12:15pm

[Signature] 31/12/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 29 / 12 / 2011 (DD/MM/YYYY), TIME: 19 : 54 (HH:MM)

LOCATION: P/E TOWARDS TUAL (NEAR TAN PAXAN SAFRA)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: EY8515M
- b) INSURANCE COMPANY: PEOMIB
- c) POLICY NUMBER: 5106636350
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: RENAULT FLUENCE
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
- 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: SHIH CHI LAI (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S176141J CONTACT: 96877257
- c) ADDRESS: 10 LAKEPOINT DRIVE #10-60

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SHIH SHAN YAO, SHANSHIN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S9020326F CONTACT: 95203876
- c) ADDRESS: 12 LAKEPOINT DRIVE #10-60

No of passengers
(including driver)
(3)

- SHIH CHI LAI (MALE)
- CHBE BEE CHUN (FEMALE)

d) DATE OF BIRTH: 08 / 06 / 1990 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 06/09/2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

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: SFN311H MODEL: BMW 120 COUPE

b) DRIVER'S NAME: PNG SIAM KAH

c) NRIC/FIN/PASSPORT: S1740693J CONTACT: 9104 6288

No of passenger
(including driver)
(1)

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
()

Email: samsanshik@hotmail.com

VIDEO

Claim Handling

Accident MT/1077742

Policy No.	5106636350	Vehicle No.	EY8515M	GST Registration No.	
Certificate No.					
Policyholder Name	SHIH CHI LAI			Policyholder NRIC	S11761413
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Leasing	0
Contact No.(Mobile)	96877252	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	30/12/2019 15:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/12/2019	Time of Accident (hh:mm)	19:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TOWARDS TUAS (NEAR TOA PAYOH SAFRA)				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	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	10 LAKEPOINT DRIVE	Address 2	#10-60 LAKEPOINT CONDOMIN	Address 3	SINGAPORE 648927
Address 4		Address Type	Singapore address	Post Code	648927
Unit No.		Related Policy Number	5106636350		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SHIH SHAN YAO, SAMSON	Driver NRIC	SXXXX326F	Driver DOB	08/06/2009
Register Date of Driver License	06/09/2011	Driver Age	-79	Driving Experience	8
Contact No.(Mobile)	98003876	Contact No.(Office)		Contact No.(Home)	
Address 1	10 LAKEPOINT DRIVE	Address 2	#10-60 LAKEPOINT CONDOMIN	Address 3	SINGAPORE 648927
Address 4		Address Type	Foreign address	Post Code	648927
Unit No.	10-60				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	EY8515M	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Modification History:

Claim 001 **New**

Claim Type *	OD-MIX	Insured Name	SHIH CHI LAI	Insured NRIC	S11761413
Contact No.(Mobile)	96877252	Contact No.(Home)	66413908	Contact No.(Office)	
Email Address		OI Vehicle Number	EY8515M	TP Vehicle Number	SPN311H
Claim Description	EY8515M / SPN311H ON 29 Dec 2019				
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Report No. Finalisation	Yes	Insured Reported Resper Option	Preferred Workshop, Name unknown	Claim Class Date	30/12/2019 15:55
Date Registered				Date Received	30/12/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1077742	Claim No.	001
Last Doc. Received	Yes No	Upload Date	30/12/2019 15:56
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
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	Hq Sere? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 15:56	Photos	Normal	Photos 2019-12-30		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 15:56	Photos	Normal	Photos 2019-12-30		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 15:56	Photos	Normal	Photos 2019-12-30		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 15:56	Photos	Normal	Photos 2019-12-30		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 15:56	Photos	Normal	Photos 2019-12-30		Edit

S (BUKIT MERAH) on 30 Dec 2019 15:56



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 15:55	Photos	Normal	Photos 2019-12-30	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 15:55	Photos	Normal	Photos 2019-12-30	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 15:55	Photos	Normal	Photos 2019-12-30	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 15:55	Photos	Normal	Photos 2019-12-30	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 15:55	NRIC/ Driving License	Y	NRIC/ Driving License 2019-12-30	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 15:55	SAS	Normal	SAS 2019-12-30	Edit

Video List

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

