

NATIONAL Assessment Centre Services. part 1 January MNA 120003018

Date In: 7/1/20 16:59	Job description	Date & Time Completed	Done by
Ref No: MA/INC 20000451164	SAS e-filing		
Veh No: SLV 4499K	E-mail (within 3hrs, ATC 2hrs)		
DDA: 6/1/20 09:40	I-Motor Claim Form	MT/1078967 ⁰⁰²	7/1/20 17:22
OD - TP? <u>Repairing</u> 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: SLS 74152	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: ()

Reminders: (INC Hotline: 6789 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

MA2000366	Invoice/Registration Checklist	Amf (\$)	SAH (\$)
Client's Particulars:	1) AR: 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 (Sign-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For obtaining against INC Only (wef 10 Jan 2025)		
	6) TR: Re-inspection \$75		
	7) NI: Idao 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		
	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	07/01/2020 16:59
Date Of Accident	06/01/2020 09:40
Exact Location Of Accident	JUNC OF CENTRAL BLVD & RAFFLES QUAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV4499K
Insured/Policyholder	
Name Of Registered Owner	CARZONRENT PTE LTD
Co Reg No	2XXXXX659R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91816096

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097032093-02
Cover Note Number	

Driver

Name of Driver	LOH JOO MENG
NRIC No	SXXXX842D
Date Of Birth	10/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	21/07/2006
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90013383
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 113 TECK WHYE LANE #05-666
Postcode	680113
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
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)	2
Passenger 1	NAME: : UNKNOWN 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

I WAS TRAVELLING ALONG CENTRAL BLVD WHILE APPROACHING JUNC WITH RAFFLES QUAY, VEH B WHICH WAS IN FRONT OF ME SUDDENLY JAMMED BRAKE, I MANAGE TO BRAKE AND STOP IN TIME. VEH B DRIVER ALIGHTED FROM HIS VEH AND HE CLAIMS I HAD HIT ONTO HIS VEH, BUT I SAW MY VEH STILL HAVE A GAP BETWEEN MY VEH AND HIS VEH. MY VEH ALSO NO DAMAGE AT ALL.

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	SLS7415Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN KIM LENG
NRIC/Passport Number	SXXXX922I
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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. 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:

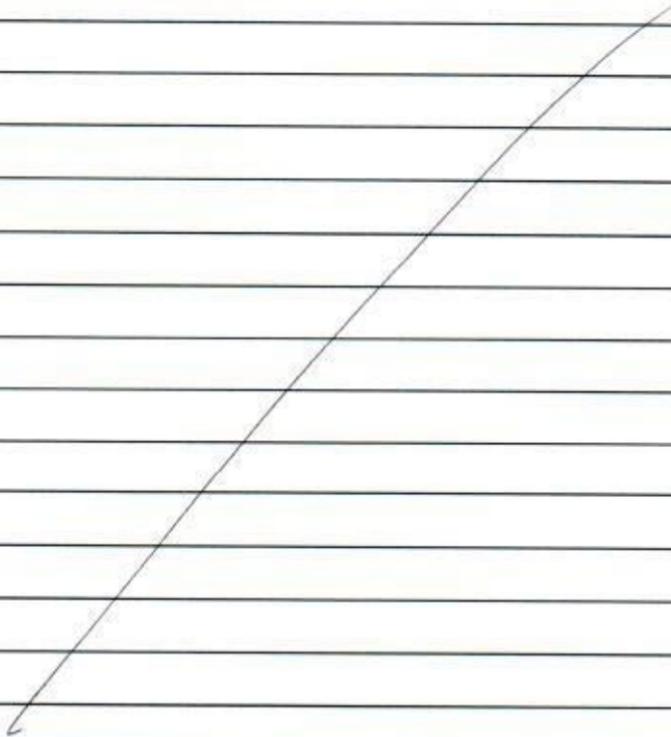
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Raffles Quay

Central Blvd

A = SLV 4499K
B = SLV 7415Z

Refer to statement



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



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="06/01/2020 16:53"/>
Vehicle No.(For Motor)	<input type="text" value="SLV4499K"/>	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"/>	5097032093-02		CARZONRENT PTE LTD	201605559R	GPC	drive CLASSIC	SLV4499K	SLV4499K	29/12/2019	28/12/2020

Claim Handling

Accident MT/1078967

Policy No.	5097032093-02	Vehicle No.	SLV4499K	GST Registration No.	
Certificate No.					
Policyholder Name	CARZONRENT PTE LTD			Policyholder NRIC	20160559R
Product Code	PRIVATE CAR INSURANCE	Cover Type	DRIVE CLASSIC	Loading	0
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPI	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	07/01/2020 16:13	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/01/2020	Time of Accident hh:mm	09:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALDING CENTRAL (BLVD BEF TRAFFIC JUNG MARINE VIEW)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Not Applicable
DD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED DD Excess		YIED TP Excess			
Additional Excess	1000				
Total DD Excess Applicable	3000.00	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	07/01/2020 16:14:53 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#03-47 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	04-10	Related Policy Number	5097032093-02		

01 Driver Info

Driver Name	Unnamed driver Name	Driver Type		Driver DOB	
Register Date of Driver License		Driver NRIC		Driving Experience	
Contact No.(Mobile)		Driver Age		Contact No.(Home)	
Address 1		Contact No.(Office)		Address 3	
Address 4		Address 2		Post Code	
Unit No.		Address Type	Foreign address		
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	DD-MX	Insured Name	CARZONRENT PTE LTD	Insured NRIC	20160559R
Contact No.(Mobile)	91557911	Contact No. (Home)		Contact No. (Office)	NIL
Email Address		DI		Vehicle Number	SLV4499K
Claim Description	SLV4499K / SL574152 ON 6 Jan 2020			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault		
Return No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	07/01/2020 17:21
Report Taken By				Date Received	07/01/2020
					LIEW SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No.	MT/1078967	Claim No.	002
Last Doc. Received	Yes No	Upload Date	07/01/2020 17:22
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
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	M/
NAC_PAYA_U81_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0	07 Jan 2020 17:22	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-7



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2020 17:21	SAS	Normal	SAS 2020-1-7
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2020 17:21	Photos	Normal	Photos 2020-1-7
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2020 17:21	Photos	Normal	Photos 2020-1-7
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2020 17:21	Photos	Normal	Photos 2020-1-7
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2020 17:21	Photos	Normal	Photos 2020-1-7
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2020 17:21	Photos	Normal	Photos 2020-1-7
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2020 17:21	Photos	Normal	Photos 2020-1-7
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2020 17:21	Photos	Normal	Photos 2020-1-7
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2020 17:21	Photos	Normal	Photos 2020-1-7
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2020 17:21	Photos	Normal	Photos 2020-1-7
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2020 17:21	Photos	Normal	Photos 2020-1-7
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Jan 2020 17:21	Photos	Normal	Photos 2020-1-7

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window	Scan and uploading
-----------------------	--------------------