

NATIONAL Assessment Centre Services. (wef 1 Jan 05) MNA 20003186-01

Date In: 8/1/20 - 09:34	Job description	Date & Time Completed	Done by
Ref No: WA, INC 2000489724	SAS e-filing		
Veh No: 029478P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 7/1/20 08:20	i-Motor Claim Form	M/1079272-001	8/1/20 09:46
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: 57289x 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: ( )

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

	Invoice Preparation Checklist	Amt (\$) Ist Bill	Amt (\$) 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) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR : Re-inspection \$75		
Dat. 2 / 3:	7) N1 : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	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: 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	08/01/2020 09:34
Date Of Accident	07/01/2020 08:20
Exact Location Of Accident	TPE TWDS CHANGI BEFORE SELETAR LINK EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ9478P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PHILHEIDMER
Co Reg No	5XXXX477C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92360298
Alternative Phone No	OFFICE-92360298

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID 1.5G A
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092965542-02
Cover Note Number	

### Driver

Name of Driver	CHAN MUN KAY PHILIP
NRIC No	SXXXX645J
Date Of Birth	04/01/1969
Occupation	INDOOR
Date Of Driving Pass	05/10/1988
Driving Experience	31 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92360298
Fax Number	
Contact Number	OFFICE-92360298
EEmail Address	NOEMAIL

Address	BLK 210A PUNGGOL PLACE #12-1212
Postcode	821210
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ8089X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG LIP BOON
NRIC/Passport Number	
Contact Number	83388529
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	CHAN MUN KAY PHILIP
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLQ9478P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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.

 PHIL HEIDMER

Policyholder's Signature  
Date & Time:

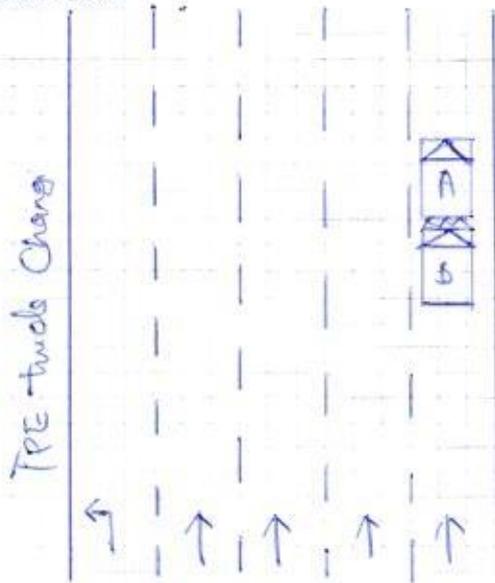


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

**SKETCH PLAN**



Veh A: SLQ 9478P  
Veh B: SJJ 8089X

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On above date & time, I was driving my vehicle A (SLQ 9478P) traveling along TPE towards Changi on first lane of a 5-lanes, expressway. Somewhere before Seletar Link exit, vehicle ahead slowed down and stopped due to the heavy traffic flow. As such, I applied brake and stopped completely behind vehicle ahead. After few second, vehicle B (SJJ 8089X) came from rear and collided directly onto the rear portion of my vehicle.

**DECLARATION**

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

2

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.:

<b>Vehicle No.</b>	SLQ9478P	Model / Make	Toyota Sienta
Date of Accident	7/1/2020		
Time of Accident	0820	HRS	
Location of Accident	Along TPE twds Changi before Seletar Link Exit		
Exact purpose use during accident	Private use		
<b>Name of Owner</b>	Philheidmer		
Telephone No.	H/P : 9236 0298	Home :	Office :
NRIC	53346477C		
Address	BLK 209 Punggol Place #09-1292 S(82209)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
<b>Name of Driver</b>	As Above If No, Chan Mun Kay Phillip		
NRIC	S6900645J	Any Passengers : —	
Date of birth	4/1/1969		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	5/10/1988		
Gender	Male / Female		
Contact No.	H/P : 9236 0298	Home :	Office :
Address	BLK 210A Punggol Place #12-1212 S(821210)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state Owner	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Chan Mun Kay Phillip		
Name And Contact No.			
Police Report	No	If Yes, Where?	
<b>Vehicle B No.</b>	SJJ8089X	Any Passengers : —	
Name of Driver	Chong Lip Boun	Contact No. : 8338 8529	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Rear portion		
Camera Recorder	Yes / No		
Email Address	phillipchannk@hotmail.com		
<b>PARTICULAR WORKSHOP</b>	NSI		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@nsi.com.sg		

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA120003186 Vehicle Registration No: SLQ9478P  
 Name(as shown in NRIC) : PHILHEIDMER NRIC/FIN/Passport No : 5XXXX477C  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 92360298  
 Email Address : \_\_\_\_\_  
 Date of Accident : 07/01/2020 Time of Accident : 08:20  
 Place of Accident : TPE TWDS CHANGI BEFORE SELETAR LINK EXIT  
 Insurance Company: NTUC Income Insurance Co-operative Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add in injuries  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

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

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)
[Change Password](#)
[Log Out](#)

My Desktop  
Notice of Loss

**Policy Query**

Policy No.  Date of Accident:

Vehicle No. (For Motor):  Certificate Number:

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092965542-02		PHILHEIDMER	53346477C	GPC	drive CLASSIC	SLQ9478P	SLQ9478P	27/07/2019	26/07/2020

▼ Policy Information

Policy No.	5092965542-02	Policyholder Name	PHILHEIDMER	Policyholder NRIC	53346477C
Certificate No.					
Address	BLK 209B #09-1292 PUNGGOL PLACE PUNGGOL CREST SINGAPORE 822209				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	17/07/2019	Effective Date	27/07/2019 00:00	Expiry Date	26/07/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	VENTURE CARS PTE. LTD.	Agent Tel.	62898800	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 209B #09-1292	Address 2	PUNGGOL PLACE	Address 3	PUNGGOL CREST
Address 4	SINGAPORE 822209	Address Type	Singapore address	Post Code	822209
Unit No.	09-1292	Related Policy Number	5092965542-02		

▶ Insured Object: SLQ9478P

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue Cancel

**Claim Handling**

Accident MT/1079072

Policy No.	S092965542-02	Vehicle No.	SLQ9478P	GST Registration No.	
Certificate No.					
Policyholder Name	PHILHEIDMER	Cover Type	drive CLASSIC	Policyholder NRIC	53346477C
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	92360298	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	30	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	08/01/2020 09:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/01/2020	Time of Accident hh:mm	08:20	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	TPE TWDS CHANGI BEFORE SELETAR LINK EXIT				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess			
Additional Excess	0				
Total OD Excess Applicable	1100.00	Total TP Excess Applicable			

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	08/01/2020 09:45:35 System changed GST Status verified from No to Yes		

**Policyholder Mailing Address**

Address 1	BLK 209B #09-1292	Address 2	PUNGGOL PLACE	Address 3	PUNGGOL CREST
Address 4	SINGAPORE 822209	Address Type	Singapore address	Post Code	822209
Unit No.	09-1292	Related Policy Number	S092965542-02		

**OT Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	04/01/1969
Unnamed driver Name	CHAN MUN KAY PHILIP	Driver NRIC	SXXXX645J	Driving Experience	31
Register Date of Driver License	05/10/1988	Driver Age	51	Contact No.(Home)	0
Contact No.(Mobile)	92360298	Contact No.(Office)	0	Address 3	PUNGGOL CREST
Address 1	BLK 210A	Address 2	PUNGGOL PLACE	Post Code	821210
Address 4	SINGAPORE 821210	Address Type	Singapore address		
Unit No.	12-1212				
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	PHILHEIDMER	Insured NRIC	53346477C
Contact No.(Mobile)	92360298	Contact No.(Home)		Contact No.(Office)	NIL
Email Address	PHILLIPCHANMK@HOTMAIL.COM	OT Vehicle Number	SLQ9478P	TP Vehicle Number	538089X
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLQ9478P / S38089X ON 7 Jan 2020		Name of Preferred Workshop		
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	08/01/2020 09:46	Claim Close Date		Date Received	08/01/2020 00:00
Report Taken By	Jackson				

Print AX letter

**Save Submit**

**Attachment**

Accident No.	MT/1079072	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/01/2020 09:46

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Normal	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Normal	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Normal	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Normal	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Normal	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Normal	

Send Message

Attachment List

Attachment	uploaded By/Date	Category	Urgency	Description	Has Sent? (CQ)
	NAC_PAYA_US1_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jan 2020 09:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-1-8	
	NAC_PAYA_US1_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jan 2020 09:46	SAS	Normal	SAS 2020-1-8	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action