

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA 120005189

Date In: 13/1/20-10:59	Job description	Date & Time Completed	Done by
Ref No: NA/INC 2000221/24	SAS e-filing		
Veh No: SKV 8826C	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 12/1/20-14/1/20	i-Motor Claim Form	M7/107 9691-201	13/1/20 11:15
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: SJR 8859J	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:	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

NA 2000490	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non 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	13/01/2020 10:59
Date Of Accident	12/01/2020 14:10
Exact Location Of Accident	AYE (MCE) BEFORE PORTSDOWN AVE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV8826K
Insured/Policyholder	
Name Of Registered Owner	VOULEZ CARS
Co Reg No	5XXXX846X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5112801747
Cover Note Number	

Driver

Name of Driver	YEO TECK SENG
NRIC No	SXXXX642E
Date Of Birth	02/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	12/10/1999
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98278456
Fax Number	
Contact Number	OFFICE-98278456
Email Address	NOEMAIL

Address	BLK 549 BEDOK NORTH AVENUE 1 #09-460
Postcode	460549
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	CHAIN 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	3
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. FRONT VEHICLE BRAKE, I BRAKE MY VEHICLE AS WELL. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. THERE WERE 3 VEHICLES INVOLVED IN THIS ACCIDENT.

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	SJR8659J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA WAI HUA, ALAN (CAI WEIHUA)
NRIC/Passport Number	SXXXX562F

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLQ6339C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver PANG CHUNG CHUAN (PENG JUNQUAN)
NRIC/Passport Number SXXXX673G
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YEO TECK SENG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKV8826K
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.



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

A/E (MCE)

A
B
C

A: SKV8826K
B: SJR8659J
C: SLG6339C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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.:

eBaoTech

GeneralClaim

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"/>	5112801747	5112801747-000005	VOULEZ CARS	53350846X	GFM	drive CLASSIC	SKV8826K	SKV8826K	25/09/2019	24/09/2020

Policy Information

Policy No.	5112801747	Policyholder Name	VOULEZ CARS	Policyholder NRIC	53350846X
Certificate No.	5112801747-000005				
Address	BLK 102 #09-908 SIMEI STREET 1 SINGAPORE 520102				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	20/09/2019	Effective Date	25/09/2019 00:00	Expiry Date	24/09/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	1500	Windscreen Excess	100
Additional Excess	0	OS Premium	24468.67		
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 102 #09-908	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520102
Address 4		Address Type	Singapore address	Post Code	520102
Unit No.	09-908	Related Policy Number	5112801747		

Insured Object: 5112801747-000005

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue

Cancel

Claim Handling

Accident MT/1079691

Policy No.	5112801747	Vehicle No.	SKV8826K	GST Registration No.	
Certificate No.	5112801747-000005				
Policyholder Name	VOULEZ CARS			Policyholder NRIC	S3350846X
Product Code	FLEET MASTER INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	91449265	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	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	13/01/2020 11:13	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/01/2020	Time of Accident hh:mm	14:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE (MCE) BEFORE PORTSDOWN AVE EXIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	1,500.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	1500.00	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	BLK 102 #09-908	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520102
Address 4		Address Type	Singapore address	Post Code	520102
Unit No.	09-908	Related Policy Number	5112801747		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/12/1962
Unnamed driver Name	YED TECK SENG	Driver NRIC	SXXXX642E	Driving Experience	30
Register Date of Driver License	12/10/1999	Driver Age	57	Contact No.(Home)	0
Contact No.(Mobile)	98278456	Contact No.(Office)	0	Address 3	SINGAPORE 450549
Address 3	BLK 549	Address 2	BEDOK NORTH AVENUE 1	Post Code	460549
Address 4		Address Type	Singapore address		
Unit No.	09-450				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	VOULEZ CARS	Insured NRIC	S3350846X
Contact No.(Mobile)	91449265	Contact No.(Home)	NIL	Contact No.(Office)	+
Email Address		OT Vehicle Number	SKV8826K	TP Vehicle Number	SJR86592
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKV8826K / SJR86592 ON 12 Jan 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	13/01/2020 11:15	Claim Close Date		Date Received	13/01/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment



Accident No. MT/1079691 Claim No. 001

Last Doc. Received ☒ Yes ☐ No Upload Date 13/01/2020 11:15

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 13 Jan 2020 11:16	NRIC/ Driving License	Y	NRIC/ Driving License 2020-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 13 Jan 2020 11:16	SAS	Normal	SAS 2020-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 13 Jan 2020 11:16	Photos	Normal	Photos 2020-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 13 Jan 2020 11:16	Photos	Normal	Photos 2020-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 13 Jan 2020 11:16	Photos	Normal	Photos 2020-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 13 Jan 2020 11:15	Photos	Normal	Photos 2020-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 13 Jan 2020 11:15	Photos	Normal	Photos 2020-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 13 Jan 2020 11:15	Photos	Normal	Photos 2020-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 13 Jan 2020 11:15	Photos	Normal	Photos 2020-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 13 Jan 2020 11:15	Photos	Normal	Photos 2020-1-13	

Video List

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