

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA120006178

Date In: 14/1/20 - 12:16	Job description	Date & Time Completed	Done by
Ref No: NA/INC 2000054724	SAS e-filing		
Veh No: SM 2187B	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 14/1/20 - 10:05	i-Motor Claim Form	M/1079991-001	14/1/20 12:34
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: 4C99133B

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% F: 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

Ant (\$)
Est Bill

Ant (\$)
Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat 1:

Pat 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 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:-
- QJ*
- *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'n INC) against INC \$20
- 9) N12: Idac Mobile \$30

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	14/01/2020 12:16
Date Of Accident	14/01/2020 10:05
Exact Location Of Accident	KPE (ECP) BEFORE PIE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ187B
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN CARS PTE LTD
Co Reg No	2XXXXX448W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98477878
Alternative Phone No	OFFICE-98477878

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AD AVANTE 1.6 GLS (A)
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	5113413027
Cover Note Number	

Driver

Name of Driver	CHIEW HOCK LIAN
NRIC No	SXXXX649G
Date Of Birth	08/12/1963
Occupation	OUTDOOR
Date Of Driving Pass	27/10/1981
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90296873
Fax Number	
Contact Number	OFFICE-90296873
Email Address	NOEMAIL

Address	BLK 422 SERANGOON CENTRAL #08-366
Postcode	550422
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	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?	
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: : - 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 SLOW DOWN. I SLOW DOWN MY VEHICLE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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	SKP9133B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU YEW CHOONG
NRIC/Passport Number	SXXXX929E
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

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.

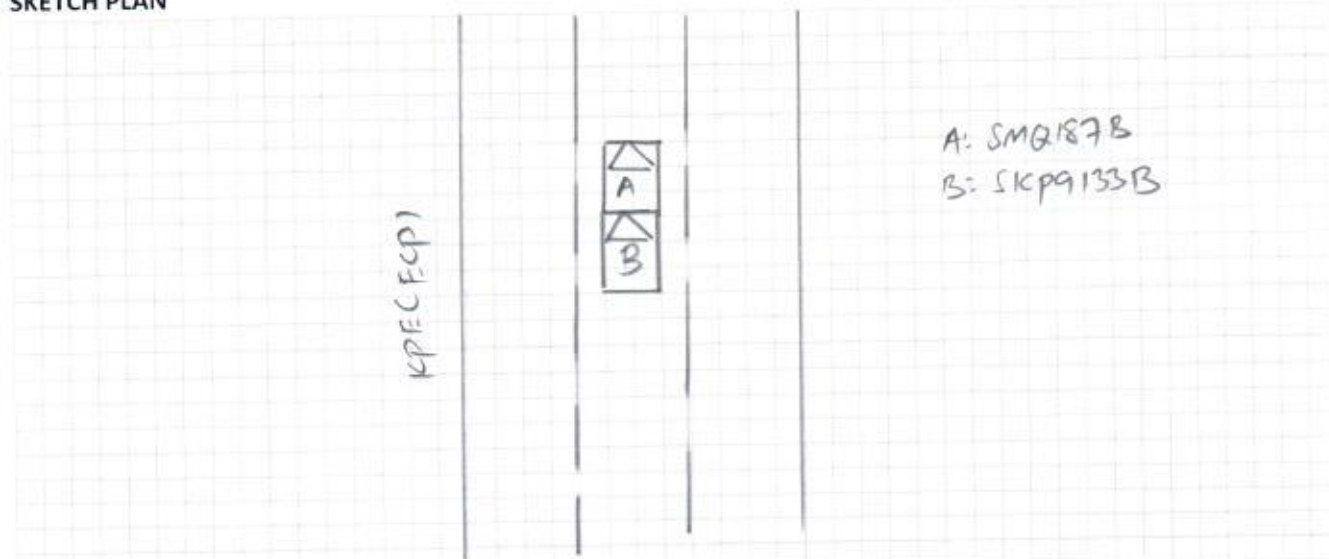


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



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
☐	5113413027		SOUTHERN CARS PTE LTD	201904448W	GPC	drive CLASSIC	SMQ187B	SMQ187B	26/10/2019	25/10/2020

 Policy Information

Policy No.	5113413027	Policyholder Name	SOUTHERN CARS PTE LTD	Policyholder NRIC	201904448W
Certificate No.					
Address	65 UBI ROAD 1 #04-24 OXLEY BIZHUB SINGAPORE 408729				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	16/10/2019	Effective Date	26/10/2019 00:00	Expiry Date	25/10/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	1500	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	65 UBI ROAD 1	Address 2	#04-24 OXLEY BIZHUB	Address 3	SINGAPORE 408729
Address 4		Address Type	Singapore address	Post Code	408729
Unit No.	04-24	Related Policy Number	5113413027		

 Insured Object: SMQ187B

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	26/10/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 26 Oct 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: TAI THONG LEE TRADING (PRIVATE) LIMITED CHASSIS NUMBER: KMHD841CMLU995679 ENGINE NUMBER: G4FGKU244089 VEHICLE REGISTRATION NUMBER: SMQ187B ORIGINAL REGISTRATION DATE: 26 Oct 2019 Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 26 Oct 2019 TO 25 Oct 2020
2	26/10/2019 00:00	POI Move	Endorsement Take Effective	

Continue

Cancel

Claim Handling

Accident MT/1079991

Policy No.	5113413027	Vehicle No.	SMQ187B	GST Registration No.	
Certificate No.					
Policyholder Name	SOUTHERN CARS PTE LTD	Cover Type	drive CLASSIC	Policyholder NRIC	201904448W
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	98477878	Special Remark		Contact No.(Home)	0
Email Address		TCA	☒ No ☐ Yes	eCode	
KFK	☒ No ☐ Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	14/01/2020 12:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	14/01/2020	Time of Accident hh:mm	10:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE (EQ) BEFORE PSE EXIT				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess	1500				
Total OD Excess Applicable	3500.00	Total TP Excess Applicable			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	14/01/2020 12:33:27 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	65 UBI ROAD 1	Address 2	#04-24 CIXLEY BIZHUB	Address 3	SINGAPORE 408729
Address 4		Address Type	Singapore address	Post Code	408729
Unit No.	04-24	Related Policy Number	5113413027		
QE Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/12/1963
Unnamed driver Name	CHEW HOCK LIAN	Driver NRIC	SXXXX649G	Driving Experience	38
Register Date of Driver License	27/10/1963	Driver Age	56	Contact No.(Home)	0
Contact No.(Mobile)	90296873	Contact No.(Office)	0	Address 3	SINGAPORE 550422
Address 1	BLK 422	Address 2	SERANGOON CENTRAL	Post Code	550422
Address 4		Address Type	Singapore address		
Unit No.	08-366				
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 *	OD-MX	Insured Name	SOUTHERN CARS PTE LTD	Insured NRIC	201904448W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		Q1 Vehicle Number	SMQ187B	TP vehicle Number	SKP9133B
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMQ187B / SKP9133B ON 14 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	14/01/2020 12:34	Claim Close Date		Date Received	14/01/2020 00:00
Report Taken By	Jackson				
☒ Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1079991	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	14/01/2020 12:34
Path *		Category *	
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 14 Jan 2020 12:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 14 Jan 2020 12:34	SAS		Normal	SAS 2020-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 14 Jan 2020 12:34	Photos		Normal	Photos 2020-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 14 Jan 2020 12:34	Photos		Normal	Photos 2020-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 14 Jan 2020 12:34	Photos		Normal	Photos 2020-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 14 Jan 2020 12:34	Photos		Normal	Photos 2020-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 14 Jan 2020 12:34	Photos		Normal	Photos 2020-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 14 Jan 2020 12:34	Photos		Normal	Photos 2020-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 14 Jan 2020 12:34	Photos		Normal	Photos 2020-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 14 Jan 2020 12:34	Photos		Normal	Photos 2020-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 14 Jan 2020 12:34	Photos		Normal	Photos 2020-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 14 Jan 2020 12:34	Photos		Normal	Photos 2020-1-14

Video List

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