

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA 140006243

Date In: 14/1/2014:45	Job description	Date & Time Completed	Done by
Ref No: NA/INC20000859/24	SAS e-filing		
Veh No: 24P5764	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/1/2014-21:10	i-Motor Claim Form	14/1/2014-00:01	14/1/2014:45
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: GBC2942D 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

Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Sat. 1: Sat. 2 / 3:	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
	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:-			
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 (Non 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 14:45
Date Of Accident	12/01/2020 20:10
Exact Location Of Accident	ORCHARD LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF1576A
Insured/Policyholder	
Name Of Registered Owner	NG BENG TECK WILLIAM
NRIC No	SXXXX891G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94353095
Alternative Phone No	OFFICE-94353095

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107437137
Cover Note Number	

Driver

Name of Driver	NG BENG TECK
NRIC No	SXXXX891G
Date Of Birth	27/05/1954
Occupation	OUTDOOR
Date Of Driving Pass	07/12/1984
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94353095
Fax Number	
Contact Number	OFFICE-94353095
Email Address	NOEMAIL

Address	BLK 937 TAMPINES AVENUE 5 #08-137
Postcode	520937
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
Road Surface	WET

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)	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	GBC2942D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHANDIA MOHAN A/L RENGASAMY
NRIC/Passport Number	
Contact Number	83462736
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

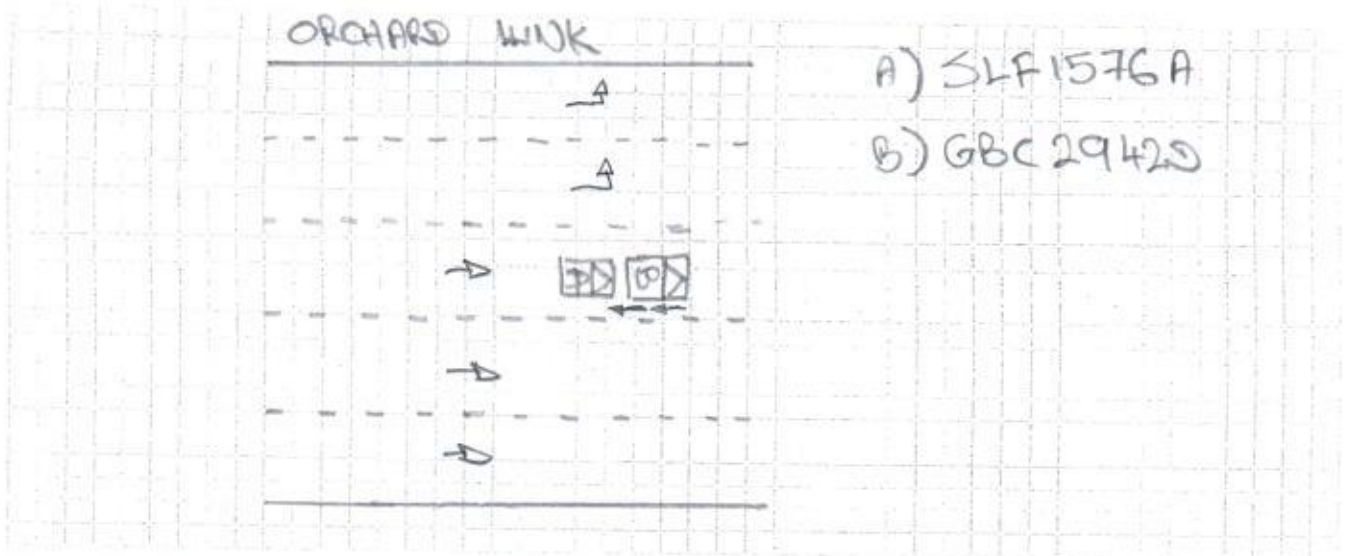


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEH WAS STATIONARY, SUDDENLY VEH B ROLL BACK AND HIT ONTO MY FRONT PORTION OF MY VEH.

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.:



HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsaautomotivespl@gmail.com

VEHICLE NO: SLF 1576A

MAKE/MODEL: MAZDA 3

DATE OF ACCIDENT

12/01/2020
DAY/MONTH/YEAR

TIME

20 HR 10 MIN AM PM

LOCATION OF ACCIDENT

ORCHARD LINK

EXACT PURPOSE USE DURING ACCIDENT

GOING HOME

CAR OWNER

NAME OF CAR OWNER

NG BEUG TECK

CONTACT NO

9435 3095

NRIC

S0081891G

CLAIM TYPE

☐ OD

☒ THIRD PARTY

☐ REPORTING ONLY

INSURANCE COMPANY

NTUC

TYPE OF COVERAGE

☒

COMPREHENSIVE

☐

THIRD PARTY

☐

THIRD PARTY FIRE & THEFT

POLICY NO

ACCIDENT DRIVER

☒

AS ABOVE

☐

IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER

NRIC

NO OF PASSENGER/S

0

DATE OF BIRTH

27-05-1954

OCCUPATION

RETIRED

☒

OUTDOOR

☐

INDOOR

DATE OF DRIVING PASS

07/12/1984

GENDER

☐

MALE

☐

FEMALE

CONTACT NO

ADDRESS

BLK 937 TAMPINES AVENUE 5 #08-137 S(520937)

DRIVER OWN ANY VEHICLE

(NO) IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/SPOUSE

IF NOT:

WEATHER CONDITION

☐ CLEAR

☒

RAINING

OTHER:

ROAD SURFACE

☐ DRY

☒

WET

OTHER:

ANY INJURIES

(NO) IF YES- NAME:

CONTACT NO

POLICE REPORT

(NO) IF YES- LOCATION:

VIDEO FOOTAGE

(NO) YES

3RD PARTY INFO

VEHICLE B NO

GBC 29425

NO OF PASSENGER/S

UNKNOWN

NAME

CHANDIA MOHAN A/L REUGASAM

CONTACT NO

8346 2736

VEHICLE C NO

NO OF PASSENGER/S

VEHICLE D NO

NO OF PASSENGER/S

VEHICLE E NO

NO OF PASSENGER/S

VEHICLE F NO

NO OF PASSENGER/S

ANY WITNESS

WITNESS CONTACT 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"/>	5107437137		NG BENG TECK WILLIAM	S0081891G	GPC	drive CLASSIC	SLF1576A	SLF1576A	16/02/2019	15/02/2020

▼ Policy Information

Policy No.	5107437137	Policyholder Name	NG BENG TECK WILLIAM	Policyholder NRIC	S0081891G
Certificate No.					
Address	BLK 937 #08-137 TAMPINES AVENUE 5 SINGAPORE 520937				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	08/02/2019	Effective Date	16/02/2019 00:00	Expiry Date	15/02/2020 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	ONG HUI SENG LIFE & GENERAL	Agent Tel.	68410900	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 937 #08-137	Address 2	TAMPINES AVENUE 5	Address 3	SINGAPORE 520937
Address 4		Address Type	Singapore address	Post Code	520937
Unit No.		Related Policy Number	5107437137		

▶ Insured Object: SLF1576A

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1080042

Policy No.	5107437137	Vehicle No.	SLF1576A	GST Registration No.	
Certificate No.					
Policyholder Name	NG BENG TECK WILLIAM	Cover Type	Drive CLASSIC	Policyholder NRIC	S0081891G
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	94353095	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(%)	20	eCode Reason	
NCD Protection	No	Private Hire	No		

Accident Details

Report Date	14/01/2020 14:52	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	12/01/2020	Time of Accident hh:mm	20:10	Country of Accident	Singapore
Reporting Centre		Orange Force		PCM No.	
Accident Location	ORCHARD LINK				

Total Excess Applicable

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

Benefits

GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address

Address 1	BLK 937 #08-137	Address 2	TAMPINES AVENUE 5	Address 3	SINGAPORE 520937
Address 4		Address Type	Singapore address	Post Code	520937
Unit No.		Related Policy Number	5107437137		

DI Driver Info

Driver Name	Ng Beng Teck William	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S0081891G	Driver DOB	27/05/1954
Register Date of Driver License	07/12/1994	Driver Age	65	Driving Experience	35
Contact No. (Mobile)	94353095	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 937	Address 2	TAMPINES AVENUE 5	Address 3	SINGAPORE 520937
Address 4		Address Type	Singapore address	Post Code	520937
Unit No.	08-137				
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NG BENG TECK WILLIAM	Insured NRIC	S0081891G
Contact No. (Mobile)	63813536	Contact No. (Home)	67661243	Contact No. (Office)	67663504
Email Address	wingj@singnet.com.sg	DI Vehicle Number	SLF1576A	TP Vehicle Number	GBC2942D
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLF1576A / GBC2942D 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	14/01/2020 14:54	Claim Close Date		Date Received	14/01/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter












Save Submit

Attachment

Accident No.	MT/1080042	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/01/2020 14:54		

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	

☐ Send Message

Attachment List						
Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2020 14:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2020 14:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2020 14:54	SAS		Normal	SAS 2020-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2020 14:54	Photos		Normal	Photos 2020-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2020 14:54	Photos		Normal	Photos 2020-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2020 14:54	Photos		Normal	Photos 2020-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2020 14:54	Photos		Normal	Photos 2020-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2020 14:54	Photos		Normal	Photos 2020-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2020 14:54	Photos		Normal	Photos 2020-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2020 14:54	Photos		Normal	Photos 2020-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2020 14:54	Photos		Normal	Photos 2020-1-14	
Video List						
uploaded By/Date	Folder/Date	File Name		Source	Active	
<div> <div>Display in New Window</div> <div>Scan and uploading</div> </div>						