

NATIONAL Assessment Centre Services

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MMA 12000 6435

Date In: 14/11/20 17:41	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 20000891/hy	E-mail (within 2hrs, A/C 2hrs)		
Veh No: YN 9688L	1-Motor Claim Form	MT/1080117 ⁰⁰¹	15/11/20 09:17
TP Insurer: 10/11/20 15:00	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
Off: TP / Repairing Only	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Proforma Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: SGW 3079A	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 to line 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

Client's Particulars:	Invoice Preparation Checklist	Am (\$)	Res Am (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For retaining status: INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QJL*		
	*N3: 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	14/01/2020 17:41
Date Of Accident	10/01/2020 15:00
Exact Location Of Accident	ORCHARD TURN TOWARDS ION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9688L
Insured/Policyholder	
Name Of Registered Owner	WILLIAM LEE CAR AIR CON ENGINEERING
Co Reg No	5XXXX264C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94557994

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5097789426-02
Cover Note Number	

Driver

Name of Driver	THOMAS CHIN SET YANG
NRIC No	SXXXX531H
Date Of Birth	26/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	12/09/2011
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97788538
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 593B MONTREAL LINK #06-56
Postcode	752593
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	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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGW3079A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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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.



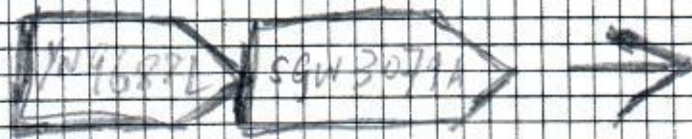
Policyholder's Signature
Date & Time:

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

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

2-02

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DUE TO HEAVY DOWNPOUR AND VISIBILITY IS BAD,
I MISJUDGE AND BANG ONTO VEHICLE SGW3079A

ACCIDENT OCCURS AROUND 1500 HR ON FRIDAY
10/1/2019

I WAS HERE ON SAT 11/1/2019 BEFORE 1500 HR
AND WAS SERVED BY JAMES, WHY WAS THIS REPORT
NOT COMPLETE ON THAT DAY IS BECAUSE VEH. OWNER
WILLIAM CLAIMS THAT HE HAS SUBMITTED HIS INSURANCE
ON THAT DAY BUT IT WAS NOT REFLECTED ON THE DESKTOP
MAYBE DUE TO A SATURDAY 1/2 DAY.

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.:

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="10/01/2020 17:38"/>
Vehicle No. (For Motor)	<input type="text" value="YN9688L"/>	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 checked="" type="radio"/>	5097789426-02		WILLIAM LEE CAR AIR CON ENGINEERING	52844264C	GFT	Third Party, Fire & Theft	YN9688L	YN9688L	03/08/2019	

Policy Information

Policy No.	5097789426-02	Policyholder Name	WILLIAM LEE CAR AIR CON ENG	Policyholder NRIC	52844264C
Certificate No.					
Address	61 UBI AVENUE 2 #08-04B AUTOMOBILE MEGAMART SINGAPORE 408898				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	08/02/2019	Effective Date	09/02/2019 00:00	Expiry Date	08/02/2020 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	1475.95		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	REV AUTO PTE LTD	Agent Tel.	68444477	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#08-04B AUTOMOBILE MEGAMA	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.		Related Policy Number	5091661134-02		

Insured Object: YN9688L

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	11/04/2019 00:00	Basic Information Endorsement	000001287047361	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GX51T 11-04-2019 \$1,780.51 In view of this amendment, an additional premium of \$1,780.51 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. GX8814G 28/05/2019 \$1,509.36 In view of this amendment, a refund of \$1,509.36 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. YM8470J 29-07-2019 \$1,142.10 In view of this amendment, an additional premium of \$1,142.10 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
2	26/07/2019 00:00	Basic Information Endorsement	000001287139296	Endorsement Take Effective	
3	26/07/2019 00:00	Basic Information Endorsement	000001287117368	Endorsement Take Effective	

Claim Handling

Accident MT/1080117

Policy No.	5097789426-02	Vehicle No.	YN9688L	GST Registration No.	
Certificate No.					
Policyholder Name	WILLIAM LEE CAR AIR CON ENGINEERING			Policyholder NRIC	S2844264C
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	94557994	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFR	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	15/01/2020 09:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/01/2020	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ORCHARD TURN TOWARDS ZON				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	15/01/2020 09:13:13 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#08-04B AUTOMOBILE MEGAMA	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.		Related Policy Number	5091661134-02		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/07/1966
Unnamed driver Name	THOMAS CHIN SET YANG	Driver NRIC	SXXXX531H	Driving Experience	8
Register Date of Driver License	12/09/2011	Driver Age	53	Contact No.(Home)	
Contact No.(Mobile)	97786538	Contact No.(Office)		Address 3	MONTREAL VILLE
Address 1	BLK S93B #06-56	Address 2	MONTREAL LINK	Address 3	MONTREAL VILLE
Address 4	SINGAPORE 752593	Address Type	Singapore address	Post Code	752593
Unit No.	06-56				
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	WILLIAM LEE CAR AIR CON ENG	Insured NRIC	S2844264C
Contact No.(Mobile)	94557994	Contact No.(Home)	NIL	Contact No.(Office)	638210
Email Address	williamleecar@gmail.com	TP	Vehicle Number	YN9688L	SGW3079A
Claim Description	YN9688L / SGW3079A ON 10 Jan 2020				
Preferred Workshop	0	Insured Liability	Fully at Fault	Preferred Workshop, Name unknown	Received
Workshop No.	Yes	Repair Option	Preferred Workshop, Name unknown	GEA report	Received
Date Registered	15/01/2020 09:15	Claim Close Date		Date Received	15/01/2020
Report Taken By	JIEW SHAN HU				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1080117	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	15/01/2020 09:17
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0	15 Jan 2020 09:17	SAS	Normal	SAS 2020-1-15	



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
15 Jan 2020 09:17

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-1-15

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
15 Jan 2020 09:17

Photos

Normal

Photos 2020-1-15

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
15 Jan 2020 09:15

Photos

Normal

Photos 2020-1-15

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15 Jan 2020 09:15

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15 Jan 2020 09:15

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Photos 2020-1-15

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15 Jan 2020 09:15

Photos

Normal

Photos 2020-1-15

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display In New Window

Scan and uploading