

NATIONAL Assessment Centre Services. [part 1 Jan'03] MNA 12000 8065.

Date In	17/1/20 15:59	Job description	Date & Time Completed	Done by
Ref No	MA/INC 200010961h4.	SAS e-filing		
Veh No	SJT 54977	E-mail (within 3hrs, AIC 2hrs)		
IPFA	17/1/20 12:30.	I-Motor Claim Form	MT/1080632- ⁰⁰¹	17/1/20 16:22
OD	<input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Insurer:		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
IP Particulars:	Veh No: SMK 6736J.	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 repolter.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	(INC 100010961h4)	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	Action

Client's Particulars:	MNA 2000 673	Invoice Preparation Checklist	Am (\$)	St Adj (\$)
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 claiming assist INC Only (w/c 19 Jan 2003)		
		6) TR: Re-Inspection	\$75	
		7) NI: Idao DA + SMRT Survey	\$160	
		8) NTUC Additional Services:		
		OD:		
		*N5: Courtesy Car / Tpt Allowance	\$5	
		*N6: Repair Co-ordination	\$10	
		*N7: Post Repair Inspection	\$25	
		*N8: DV / Collect Excess Coordination	\$5	
		TP (Nil): TP (Non INC) against INC	\$20	
		9) N12: Idao 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	17/01/2020 15:59
Date Of Accident	17/01/2020 12:30
Exact Location Of Accident	BLK 395A BUKIT BATOK WEST AVE 5 SERVICE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT5497T
Insured/Policyholder	
Name Of Registered Owner	WONG KIA TIAN
NRIC No	SXXXX554G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82338263
Alternative Phone No	OFFICE-82338263

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	5110307746
Cover Note Number	

Driver

Name of Driver	WONG KIA TIAN
NRIC No	SXXXX554G
Date Of Birth	28/06/1963
Occupation	OUTDOOR
Date Of Driving Pass	01/04/1982
Driving Experience	37 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82338263
Fax Number	
Contact Number	OFFICE-82338263
EMail Address	NOEMAIL

Address	BLK 48 LOR 5 TOA PAYOH #04-101
Postcode	310048
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 - MAJOR/MINOR RD
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)	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

I WAS TRAVELLING ALONG BLK 395A BUKIT BATOK WEST AVE 5 SERVICE RD, VEH B FAIL TO STOP AT THE STOP LINE AND DASHED OUT HIT ONTO MY VEH LEFT HAND SIDE.

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	SMK6736J
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)	

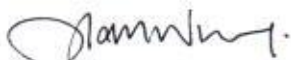
SKETCH PLAN

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.



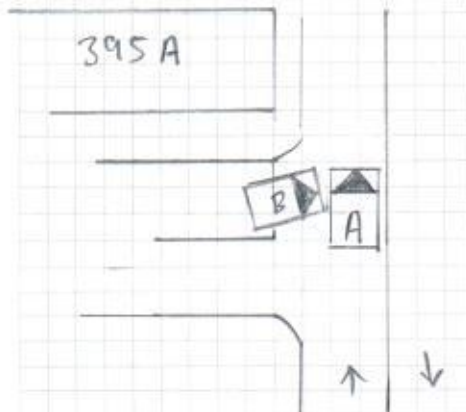
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



A = 53T 5497 T

B = SMK 6736 J


BIK 395 A Bukit Batok West Ave 5
Service Rd

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.:

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="17/01/2020 15:51"/>
Vehicle No.(For Motor)	<input type="text" value="SJT5497T"/>	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"/>	5110307746		WONG KIA TIAN	S1597554G	GPC	drivo CLASSIC	SJT5497T	SJT5497T	11/06/2019	10/06/2020

Claim Handling

Accident MT/1000632

Policy No.	S110307746	Vehicle No.	SJT5497T	GST Registration No.	
Certificate No.					
Policyholder Name	WONG KIA TIAN	Cover Type	drive CLASSIC	Policyholder NRIC	S1597554G
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	82338263	Special Remark		Contact No.(Home)	
Email Address		TCA		eCode	No
KFK	= No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	17/01/2020 16:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	17/01/2020	Time of Accident hh:mm	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 395A BUKIT BATOK WEST AVE 5 SERVICE RD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
GD Standard Excess	600.00	TP Standard Excess	0.00		
YIED GD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total GD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
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 48 #04-101	Address 2	LORONG 5 TOA PAYOH	Address 3	SINGAPORE 310048
Address 4		Address Type	Singapore address	Post Code	310048
Unit No.		Related Policy Number	S110307746		
OJ Driver Info					
Driver Name	WONG KIA TIAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1597554G	Driver DOB	28/05/1963
Register Date of Driver License	01/04/1982	Driver Age	56	Driving Experience	37
Contact No.(Mobile)	82338263	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 48 #04-101	Address 2	LORONG 5 TOA PAYOH	Address 3	SINGAPORE 310048
Address 4		Address Type	Singapore address	Post Code	310048
Unit No.					
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	WONG KIA TIAN	Insured NRIC	S1597554G
Contact No.(Mobile)	81010014	Contact No.(Home)	82551148	Contact No.(Office)	
Email Address	makolm@chyeechaon.com.sg	OJ Vehicle Number	SJT5497T	TP Vehicle Number	SHK67
Claim Description	SJT5497T / SHK67363 ON 17 Jan 2020				
Preferred Workshop	0	Insured Liability	Not at Fault	Name of Preferred Workshop	0
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered				Claim Close Date	17/01/2020 16:20
Report Taken By				Date Received	17/01/2020
Print AK letter					

Save Submit

Attachment

Accident No.	MT/1000632	Claim No.	001
Last Doc. Received	Yes No	Upload Date	17/01/2020 16:22
Path *			
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			
Attachment List			

Attachment	Uploaded By/Date	Category	Key	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 17 Jan 2020 16:22	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 17 Jan 2020 16:22	SAS		Normal	SAS 2020-1-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 17 Jan 2020 16:22	Photos		Normal	Photos 2020-1-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 17 Jan 2020 16:21	Photos		Normal	Photos 2020-1-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 17 Jan 2020 16:21	Photos		Normal	Photos 2020-1-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 17 Jan 2020 16:21	Photos		Normal	Photos 2020-1-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 17 Jan 2020 16:21	Photos		Normal	Photos 2020-1-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 17 Jan 2020 16:21	Photos		Normal	Photos 2020-1-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 17 Jan 2020 16:20	Photos		Normal	Photos 2020-1-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 17 Jan 2020 16:20	Photos		Normal	Photos 2020-1-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 17 Jan 2020 16:20	Photos		Normal	Photos 2020-1-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 17 Jan 2020 16:20	Photos		Normal	Photos 2020-1-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 17 Jan 2020 16:20	Photos		Normal	Photos 2020-1-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 17 Jan 2020 16:20	Photos		Normal	Photos 2020-1-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 17 Jan 2020 16:20	Photos		Normal	Photos 2020-1-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 17 Jan 2020 16:20	Photos		Normal	Photos 2020-1-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 17 Jan 2020 16:20	Photos		Normal	Photos 2020-1-17

Video List

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