NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA12 0010367

Date In: 2/1/20-14:01	Job description	Date &Time Completed	Done by
Ref No: NA/INCV0001319/24	SAS e-filing		
Veh No: SCM299M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 2/1/20 -18:30	i-Motor Claim Form	M7/10813M-00M 2/1/20 14:18	
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: SJQ815YD.	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

NA120082M

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist	Amt ($) 1st Bill	Amt ($) 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 witholding 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	22/01/2020 12:01
Date Of Accident	21/01/2020 18:30
Exact Location Of Accident	MCE TWDS CITY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCM2992U

Insured/Policyholder

Name Of Registered Owner	TAN NAI LIEW
NRIC No	SXXXX424E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96681766
Alternative Phone No	OFFICE-96681766

Vehicle Particulars

Manufacturer	BMW
Model	528I 2.0L AT D/AB 2WD 4DR GAS/D NAV
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	5062467131-06
Cover Note Number	

Driver

Name of Driver	TAN NAI LIEW
NRIC No	SXXXX424E
Date Of Birth	27/10/1936
Occupation	INDOOR
Date Of Driving Pass	04/01/1957
Driving Experience	63 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96681766
Fax Number	
Contact Number	OFFICE-96681766
EMail Address	NOEMAIL

Address	29 SIGLAP DRIVE
Postcode	456155
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	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	4
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

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	SJQ8154D
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKP3994Y
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)	

DETAILS OF OTHER VEHICLE PROPERTY 3

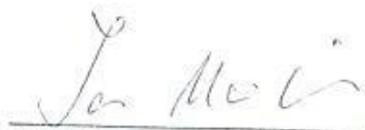|	
Vehicle Registration Number	SJZ1253A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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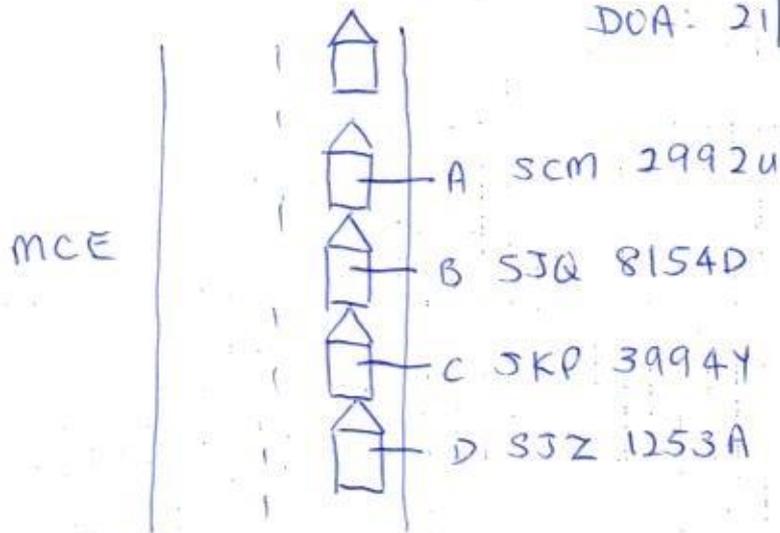Date & Time: (If driver is not the policyholder)
                                             Date & Time:

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

SKETCH PLAN

DOA: 21/1/20

MCE

A SCM 2992U

B SJQ 8154D

C JKP 3994Y

D SJZ 1253A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front car stopped so I followed suit but veh B failed to brake in time & collided onto my veh rear portion. Later I realised there was other vehicles involved.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Policyholder's Signature
Date & Time:

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

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

Personal Particulars

Date of Accident: __21 | 1 | 20__   Time of Accident: __6.30 pm__

Exact Location of Accident: __MCE towards City__

Owner's Name: __Tan Nai Liew__   NRIC No: __50092424E__ HP No: __9668 1766__

Driver's Name: __"__   NRIC No: __"__ HP No: __"__

Date of Birth: _____ Driving Licence Passing Date: _____ Occupation: (Indoor) / Outdoor

Address: _____

Relationship of Driver with Insured: __Owner__. Email Address: _____

Vehicle No: __SCM399M.__   Make & Model: _____

Insurance Co: __NTUC__   Coverage: _____ Policy No: _____

*Purpose of Reporting?   Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: (Private Use) / Work

*Weather Condition ?   Clear / Raining / Others: _____   Wet / (Dry) / Others: _____

* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: __1 + 1 woman__ B: _____ C: _____ D: _____

*Was Anybody Injured ? (Yes / No) If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police ?

O No   O Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

O No   O Yes, Vehicle Registration No: _____ insurer: _____

*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes/No)

Third Party Driver's Particulars

Vehicle B No: __SKM 2016A__ SJG 8154D   Make & Model: _____

Driver's Name: __Chan Kan Wai Anthony__   NRIC No: __S8945014__ HP No: _____

Vehicle C No: __SKP 3994Y__   Make & Model: _____

Driver's Name: _____   NRIC No: _____ HP No: _____

Witness Particulars

Name: _____   NRIC No: _____ HP 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		21/01/2020 18:30		
Vehicle No.(For Motor)	SCM2992U			Certificate Number				

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5062467131-06		TAN NAI LIEW	S0092424E	GPC	drivo PREMIUM	SCM2992U	SCM2992U	30/11/2019	29/11/2020

Continue

Claim Handling

Accident MT/1081322

Policy No.	5062467131-06	Vehicle No.	SCM2992U	GST Registration No.	
Certificate No.					
Policyholder Name	TAN NAI LIEW			Policyholder NRIC	S0092424E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	⦿ No ◯ Yes	TCA	⦿ No ◯ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not available

▽ Accident Details

Report Date	22/01/2020 10:57	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	21/01/2020	Time of Accident hh:mm	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

▽ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

▽ Benefits

Coverage		Sum Insured	
Accessory		1000	
Excess Waiver		99999999.99	
Transport Allowance		99999999.99	

▽ GST Registered Information

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

▽ Policyholder Mailing Address

Address 1	29 SIGLAP DRIVE	Address 2	FRANKEL ESTATE	Address 3	SINGAPORE 456155
Address 4		Address Type	Singapore address	Post Code	456155
Unit No.		Related Policy Number	5062467131-06		

▽ OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	◯ Yes ⦿ No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	TAN NAI LIEW	Insured NRIC	S0092424E
Contact No.(Mobile)	91391796	Contact No.(Home)	67891274	Contact No.(Office)	66666666
Email Address		DI Vehicle Number	SCM2992U	TP Vehicle Number	SJQ8154D
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SCM2992U / SJQ8154D ON 21 Jan 2020			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/01/2020 12:28	Claim Close Date		Date Received	22/01/2020 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

▽

Accident No.	MT/1081322	Claim No.	002
Last Doc. Received	⦿ Yes ◯ No	Upload Date	22/01/2020 12:29

Path *		Category *	Confidential	Urgency *	Description *
	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 [v] | [v] Normal [v]

☐ Send Message

▽ **Attachment List**

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2020 12:29	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2020 12:29	SAS		Normal	SAS 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2020 12:29	Photos		Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2020 12:29	Photos		Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2020 12:29	Photos		Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2020 12:29	Photos		Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2020 12:29	Photos		Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2020 12:29	Photos		Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2020 12:29	Photos		Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2020 12:28	Photos		Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2020 12:28	Photos		Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2020 12:28	Photos		Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2020 12:28	Photos		Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2020 12:28	Photos		Normal	Photos 2020-1-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2020 12:28	Photos		Normal	Photos 2020-1-22	

▽ **Video List**

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading