

NATIONAL Assessment Centre Services: [part 1 Jan 2020] MMA 120010936

Date In: 23/1/20 11:12	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC20001386/h4	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SGU 7805E	I-Motor Claim Form	MT11081510 ⁰⁰¹	23/1/20 11:39.
DETA: 22/1/20 19:15.	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD: TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKL 1033 E	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 100line: 6718 6616)	Date Claim 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

MMA 2000802		Invoice Preparation Checklist		Amc (\$)	SAIR (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$10)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) PT: Follow-Through Survey \$120			
		5) PT: Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 19 Jan 2020)			
		6) TR: Re-inspection \$75			
		7) N1: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:			
		Q1:			
		*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: 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	23/01/2020 11:12
Date Of Accident	22/01/2020 19:15
Exact Location Of Accident	NEWTON CIRCUS ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU7805E
Insured/Policyholder	
Name Of Registered Owner	MARK ISAAC
Co Reg No	5XXXX749M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82583147

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	AFTER 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	PRIVATE HIRE

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	5109778471
Cover Note Number	

Driver

Name of Driver	NELSON JOSEPH
NRIC No	SXXXX269E
Date Of Birth	05/07/1977
Occupation	INDOOR
Date Of Driving Pass	13/07/2011
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82583147
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 484 ADMIRALTY LINK #03-59
Postcode	750484
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 - CHANGE/CROSS LANE
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 CLEMENCEAU AVE N BEFORE EXIT TO NEWTON CIRCUS, I WAS ON THE EXTREME RIGHT LANE, WHEN I MOVING OUT TO THE CIRCUS, SUDDENLY I FELT AN IMPACT FROM MY LEFT, AFTER THE INCIDENT, I REALIZED VEH B FROM THE CENTER LANE CUT INTO MY LANE AND HIT ONTO MY VEH LEFT FRONT PORTION.

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	SKL1033E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WINNIE JONG
NRIC/Passport Number	SXXXX028C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

MARK ISAAC
Co Reg No: 53361749M



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.:

Newton Circus

A: 780 SE
B: 1033 E

Clemenceau Ave N

Refer to statement

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

Policyholder's Signature
Date & Time:

are true in every respect.

A handwritten signature in dark ink, appearing to be "H.A." or similar, located at the bottom right of the page.

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"/>
Vehicle No.(For Motor)	<input type="text" value="SGU7805E"/>	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"/>	5109778471		MARK ISAAC	53361749M	GPC	Third Party, Fire & Theft	SGU7805E	SGU7805E	25/05/2019	24/05/2020

Claim Handling

Accident MT/1081510

Policy No.	5109778471	Vehicle No.	SGU7805E	GST Registration No.	
Certificate No.					
Policyholder Name	MARK ISAAC			Policyholder NRIC	533617496
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	82583147	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Yes
▼ Accident Details					
Report Date	23/01/2020 11:36	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	22/01/2020	Time of Accident hh:mm	19:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEWTON CIRCUS ROUNDABOUT				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
QD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED QD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total QD Excess Applicable	500.00	Total TP Excess Applicable	1,500.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	23/01/2020 11:38:08 System changed GST Status Verified from No to Yes				

▼ Policyholder Mailing Address

Address 1	BLK 484 #03-59	Address 2	ADMIRALTY LINK	Address 3	SINGAPORE 750484
Address 4		Address Type	Singapore address	Post Code	750484
Unit No.	01-58	Related Policy Number	5109778471		

▼ OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NELSON JOSEPH	Driver NRIC	SXXXX269E	Driver DOB	05/07/1977
Register Date of Driver License	13/07/2011	Driver Age	42	Driving Experience	8
Contact No.(Mobile)	82583147	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 484 #03-59	Address 2	ADMIRALTY LINK	Address 3	SINGAPORE 750484
Address 4		Address Type	Singapore address	Post Code	750484
Unit No.	03-59				
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	MARK ISAAC	Insured NRIC	533617496	
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)		
Email Address		Q1 Vehicle Number	SGU7805E	TP Vehicle Number	SKL1033E	
Claim Description	SGU7805E / SKL1033E ON 22 Jan 2020				Name of Preferred Workshop	8
Preferred Workshop	0	Insured Liability	Not at Fault			
COMPLAINT No.	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered				Claim Close Date	23/01/2020 11:39	
Report Taken By				Date Received	23/01/2020	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1081510	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	23/01/2020 11:39		
Path *					
Choose File	No file chosen	Category *	Confidential	Urgency *	Desci
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Message Read					
▼ Attachment List					

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