

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA 2001124

Date In: 24/1/20 - 10:32	Job description	Date & Time Completed	Done by
Ref No: NM11C2000461124	SAS e-filing		
Veh No: 55771936	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 23/1/20 - 00:45	i-Motor Claim Form	27/1/08 1664-001	24/1/20 10:43
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No: JMA1066K

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

<p>20200849 / NA2009A</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>2at. 1:</p> <p>2at. 2/3:</p>	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	1st Bill	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: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
QJ*				
*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	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	24/01/2020 10:32
Date Of Accident	23/01/2020 00:40
Exact Location Of Accident	TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT7193G
Insured/Policyholder	
Name Of Registered Owner	WANG FENG
NRIC No	SXXXX948F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86681985
Alternative Phone No	OFFICE-86681985

Vehicle Particulars

Manufacturer	HONDA
Model	CITY 1.5L I-VTEC AUTO
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111069316
Cover Note Number	

Driver

Name of Driver	WANG FENG
NRIC No	SXXXX948F
Date Of Birth	07/10/1982
Occupation	OUTDOOR
Date Of Driving Pass	18/11/2016
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86681985
Fax Number	
Contact Number	OFFICE-86681985
Email Address	NOEMAIL

Address	BLK 572 PASIR RIS STREET 53 #13-36
Postcode	510572
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	SMQ1066K
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	SME7266Z
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 INJURED PERSON 1

Name	WANG FENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJT7193G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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

Refer to attached sketch plan

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:



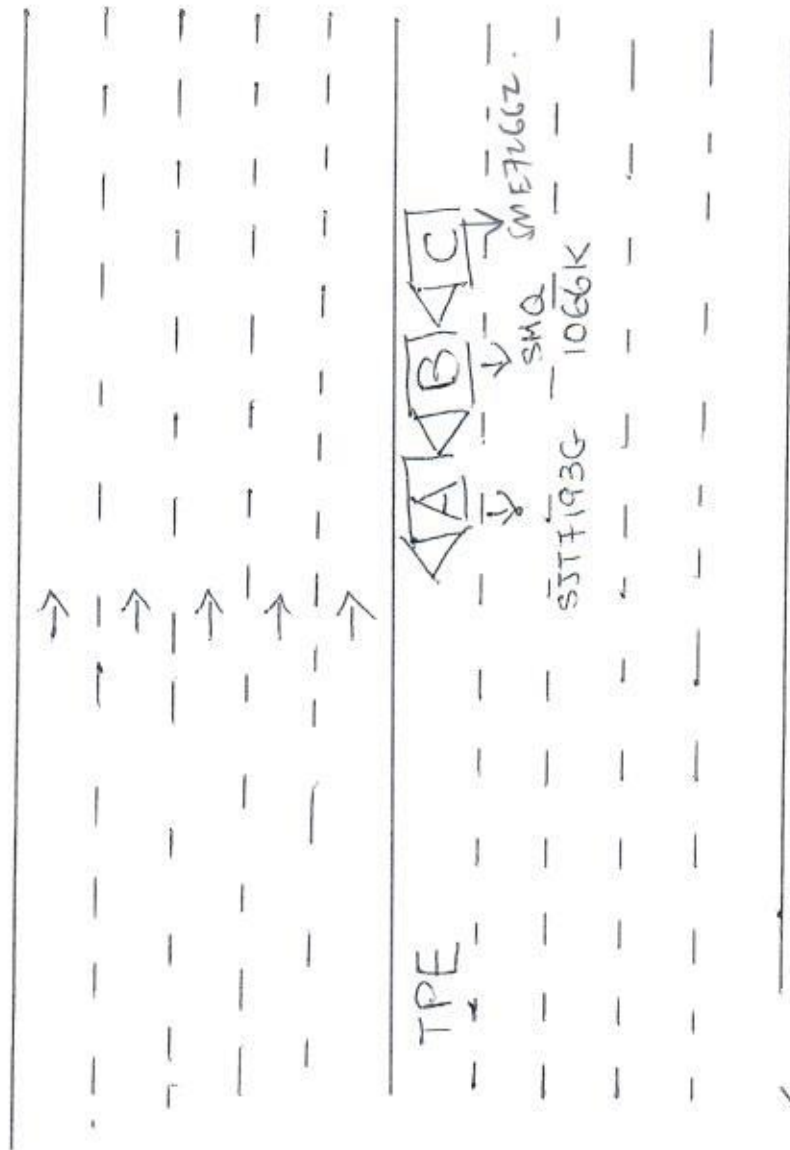
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

00-100000

00-40AM

SJT F193G

HP 86681985



TPE

SJT F193G
SMA 1066K
SMA 1066K
SMA 1066K

Exit 5

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. I SLOW DOWN AS MY VEHICLE SLIGHTLY SHAKE A LITTLE. I TURN ON MY EMERGENCY VEHICLE INDICATOR LIGHT. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. THERE WERE 3 VEHICLES INVOLVED IN THIS ACCIDENT.

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 1 / 20) (DD/MM/YYYY), TIME: (00 : 40) (HH:MM)

LOCATION: JPE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ771934.
 b) INSURANCE COMPANY: 4TJC
 c) POLICY NUMBER: 511069316.
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: 0
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private.
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) -
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Wang Feng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S82689487 CONTACT: 86681985
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

*d) DATE OF BIRTH: (7 / 10 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SM81066K. MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SME7266Z MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

email =

fax =

video =

eBaoTech

GeneralClaim

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="23/01/2020 00:40"/>							
Vehicle No.(For Motor)	<input type="text" value="SJT7193G"/>	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 type="radio"/>	5111069316		WANG FENG	S8268948F	GPC	drivo CLASSIC	SJT7193G	SJT7193G	15/07/2019	14/07/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5111069316	Policyholder Name	WANG FENG	Policyholder NRIC	58268948F
Certificate No.					
Address	BLK 572 #13-36 PASIR RIS STREET 53 SINGAPORE 510572				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	12/07/2019	Effective Date	15/07/2019 00:00	Expiry Date	14/07/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 572 #13-36	Address 2	PASIR RIS STREET 53	Address 3	SINGAPORE 510572
Address 4		Address Type	Singapore address	Post Code	510572
Unit No.	13-36	Related Policy Number	5111069316		

Insured Object: SJT7193G

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	22/09/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 22 Sep 2019, the following amendment(s) is/are made to this policy: 1. The Policy is extended to cover use for hire or reward. 2. An excess of S\$2,000.00 is imposed under Section 1 of this Policy. 3. An excess of S\$1,500.00 is imposed under Section 2 of this Policy. 4. The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience. In view of this amendment, an additional premium of \$865.70 (inclusive of GST) is payable under your policy. This amount will be debited to your credit card account number 4265-69xx-xxxx-7749.

Continue

Cancel

Claim Handling

Accident MT/1081669

Policy No.	S111069316	Vehicle No.	SJT7193G	GST Registration No.	
Certificate No.					
Policyholder Name	WANG FENG			Policyholder NRIC	S8268948F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	86681985	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		sCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	sCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	24/01/2020 10:31	Accident Report Within 24 hrs.	Yes	Accident Type	Chain Collision
Date of Accident	23/01/2020	Time of Accident (hh:mm)	00:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	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			

Policyholder Mailing Address

Address 1	BLK 572 #13-36	Address 2	PASIR RIS STREET 53	Address 3	SINGAPORE S10572
Address 4		Address Type	Singapore address	Post Code	S10572
Unit No.	13-36	Related Policy Number	S111069316		

Q1 Driver Info

Driver Name	WANG FENG	Driver Type	Main Driver	Driver DOB	07/10/1982
Unnamed driver Name		Driver NRIC	S8268948F	Driving Experience	3
Register Date of Driver License	18/11/2016	Driver Age	37	Contact No.(Home)	0
Contact No.(Mobile)	86681985	Contact No.(Office)	0	Address 3	SINGAPORE S10572
Address 1	BLK 572	Address 2	PASIR RIS STREET 53	Post Code	S10572
Address 4		Address Type	Singapore address		
Unit No.	13-36				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	WANG FENG	Insured NRIC	S8268948F
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		Q1 Vehicle Number	SJT7193G	TP Vehicle Number	SMQ1066K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJT7193G / SMQ1066K ON 23 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	24/01/2020 10:43	Claim Close Date		Date Received	24/01/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit





























Attachment

-

Accident No.	MT/1081669	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/01/2020 10:46		
Path *					
	Browse...	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	Normal	

Attachment List

☐ Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Jan 2020 10:46	NRIC/ Driving License	Y	NRIC/ Driving License 2020-1-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Jan 2020 10:46	SAS	Normal	SAS 2020-1-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Jan 2020 10:45	Photos	Normal	Photos 2020-1-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Jan 2020 10:45	Photos	Normal	Photos 2020-1-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Jan 2020 10:45	Photos	Normal	Photos 2020-1-24	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Jan 2020 10:43	Photos	Normal	Photos 2020-1-24	

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
CES) on 24 Jan 2020 10:43

Photos

Normal

Photos 2020-1-24

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
CES) on 24 Jan 2020 10:43

Photos

Normal

Photos 2020-1-24

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
CES) on 24 Jan 2020 10:43

Photos

Normal

Photos 2020-1-24

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
CES) on 24 Jan 2020 10:43

Photos

Normal

Photos 2020-1-24

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI
CES) on 24 Jan 2020 10:43

Photos

Normal

Photos 2020-1-24

Video List

Uploaded By/Date

Folder Date

File Name



Source

Action

Display in New Window

Scan and uploading