

NATIONAL Assessment Centre Services

1st Jan 2009

2nd

Date In: 28/12/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20001521/13	SAS e-filing		
Veh No: SMQ 7296Z	E-mail (within 8hrs, AD 2hrs)		
D.O.A: 24/01/20 1655	i-Motor Claim Form	MT/1082084-001	
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: SKT64825 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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: () Actions: ()

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NA2000939

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		Int Bill	Add Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TP: 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 2009)			
6) TR: Re-inspection \$75			
7) N1: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:-			
ON:			
*N5: Courtesy Car / Tp 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: Idno 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	28/01/2020 12:27
Date Of Accident	24/01/2020 16:55
Exact Location Of Accident	TPE TWDS SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMQ7296Z
Insured/Policyholder	
Name Of Registered Owner	LIM BENG BENG
NRIC No	SXXXX666D
Email Address	DESMOND@SPOREBRANCH.COM
Mobile Phone No	(LOCAL) +65-98581680
Alternative Phone No	OTHERS-98581680
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
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	5112919548
Cover Note Number	
Driver	
Name of Driver	LIM EE SIONG(LIN YIXIANG)
NRIC No	SXXXX170I
Date Of Birth	26/06/1986
Occupation	INDOOR
Date Of Driving Pass	03/07/2006
Driving Experience	13 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98581680
Fax Number	
Contact Number	
EMail Address	DESMOND@SPOREBRANCH.COM

Address	BLK 805D KEAT HONG CLOSE #05-86
Postcode	684805
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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?	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)	2
Passenger 1	NAME: : CHUA POH SUAN 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

I WAS TRAVELLING STRAIGHT ALONG TPE TWDS SLE ON THE EXTREME RIGHT LANE. INFRT OF MY VEH STOP AND I FOLLOWED SUIT. SUDDENLY VEH(B) BEARING REG NO SKT6482S CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT6482S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN WUDA
NRIC/Passport Number	SXXXX810E
Contact Number	81272380
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN


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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:

 28/01/2020
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 28/01/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

DECLARATION

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

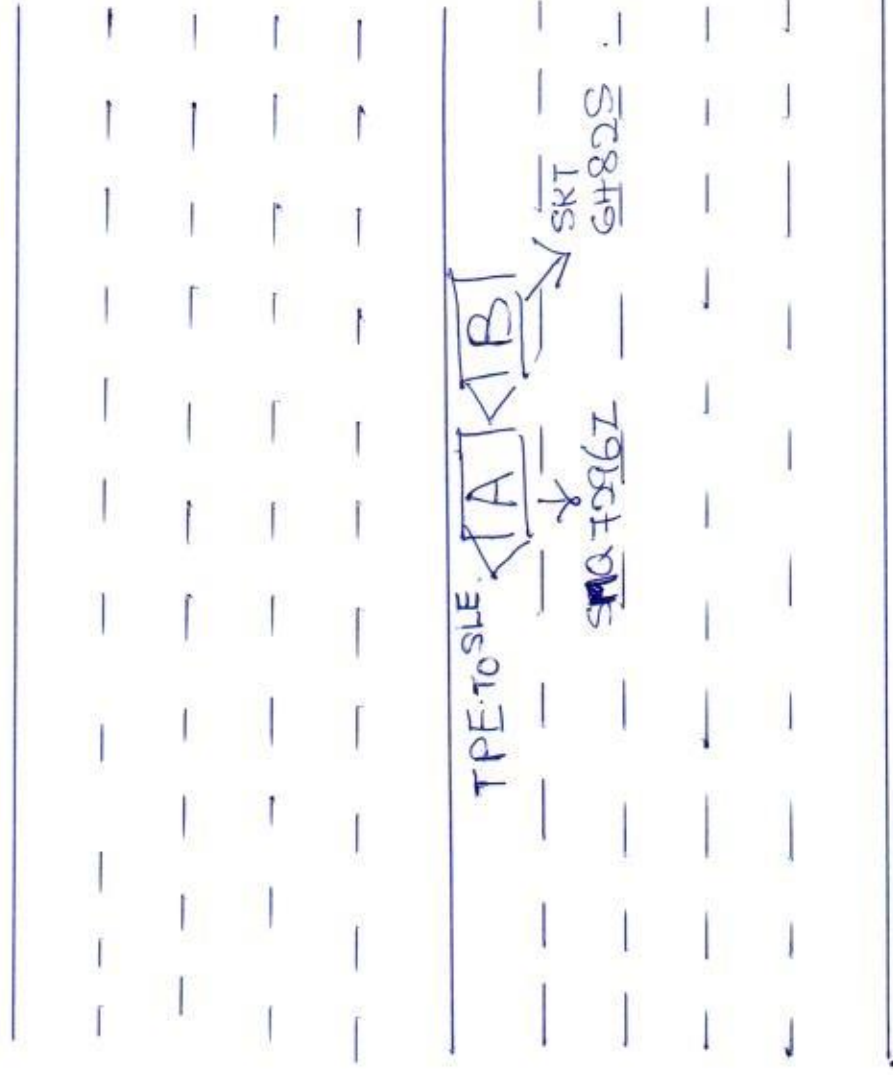
Policyholder's Signature
Date & Time:

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

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

車主 46 96342778
電話 08918581680

24/2020
16:55 PM
0805/14C
SMQ7896Z



Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident 24/01/2020 16:55

Vehicle No. (For Motor) SMQ7296Z

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5112919548		LIM BENG BENG	S1216666D	GPC	drive CLASSIC	SMQ7296Z	SMQ7296Z	28/09/2019	29/11/2020

Continue

Claim Handling

Accident MT/1082084

Policy No.	5112919546	Vehicle No.	SMQ7296Z	GST Registra
Certificate No.				
Policyholder Name	LIM BENG BENG			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	98581680	Contact No.(Office)	0	Contact No.(
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire
Accident Details				
Report Date	29/01/2020 17:48	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/01/2020	Time of Accident hh:mm	18:55	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	TYPE TWOSE SLE			
Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covi
Additional Excess	0.00			
Total OD Excess Applicable	1,100.00	Total TP Excess Applicable	0.00	
Benefits				
GST Registered Information				
GST Registered	Yes	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
Policyholder Mailing Address				
Address 1	BLK 805D #05-86	Address 2	KEAT HONG CLOSE	Address 3
Address 4	SINGAPORE 694805	Address Type	Singapore address	Post Code
Unit No.	13-321	Related Policy Number	5112919548	
OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LIM EE STONG(LIN YIXTANG)	Driver NRIC	SXXXX1701	Driver DOB
Register Date of Driver License	03/07/2006	Driver Age	33	Driving Expe
Contact No.(Mobile)	98581680	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 805D	Address 2	KEAT HONG CLOSE	Address 3
Address 4	SINGAPORE 694805	Address Type	Singapore address	Post Code
Unit No.	#05-86			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	L
Contact No.(Mobile)	96342778	Contact No.(Home)	6
Email Address		OT Vehicle Number	5
Claim Description	SMQ7296Z / SKT6482S ON 24 Jan 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	
Print AK letter		Workshop Repairer	

Save Submit

Attachment

Accident No.

MT/1052084

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

29/01/2020 08:19

Path

Category

Confidi

Choose File

No file chosen

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NO

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No file chosen

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NO

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Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 17:56	NRIC/ Driving License	Y	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 17:56	SAS		Normal	
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Video List

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