

NATIONAL Assessment Centre Services: [part 1 Jan 02] MNAI 20012719

Date In: 29/01/2020 11:10	Job description	Date & Time Completed	Done by
Ref No: NA/INC20001554/P	SAS e-filing		
Veh No: 55W6076	E-mail (within 3hrs, AIC 2hrs)		
UPA: 25/01/2020	I-Motor Claim Form <sup>E-600</sup>	MT/1081970-001	
TP: <u>Reporting Only</u>	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 / OW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SLZ 69016 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: ( )

Reminders: (INC Ref No: 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	Action

MNAI 2000940

Claimant's Particulars:	Invoice Preparation Checklist	Am (\$)	PAID (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30):	2.000	
Contact No:	2) DA: Damage Assessment (\$100): INC (\$40)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Eng-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claimant assist: INC Only (wa 19 Jan 2020)		
	6) TR: Re-Inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*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	29/01/2020 11:10
Date Of Accident	25/01/2020 11:55
Exact Location Of Accident	PIE TWDS CHANGI BEFORE STEVENS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW6407G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG JULIAN
NRIC No	SXXXX364F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96791611
Alternative Phone No	OFFICE-96791611

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108698349
Cover Note Number	

### Driver

Name of Driver	SANIAF BIN JASMAN
NRIC No	SXXXX668J
Date Of Birth	10/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1986
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96359785
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 314 SEMBAWANG DRIVE #11-450
Postcode	750314
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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: : UNKNOWN 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 ATTACHED.

#### 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	SLZ6901G
Vehicle Make/Model/Colour	VOLKSWAGEN
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:

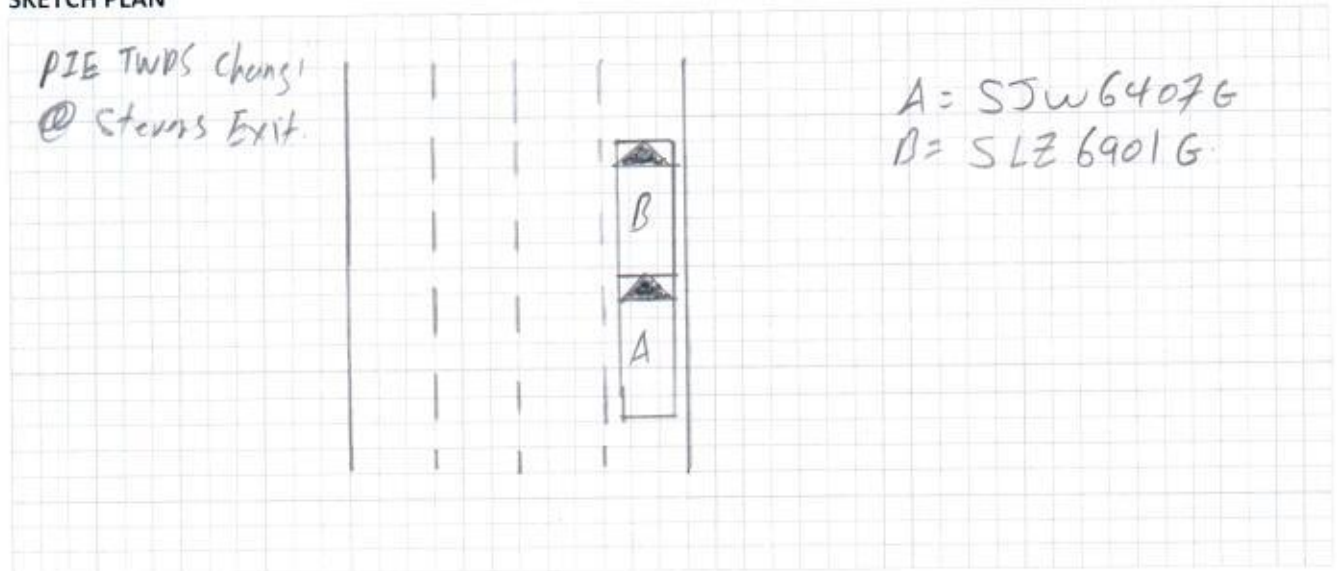
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on Lane 1 of PIE TWDS Changi. Suddenly vehicle B in front of me slowed down and did an Emergency brake and I Hit onto its rear as I could not stop in time.

## 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="25/01/2020 10:42"/>
Vehicle No.(For Motor)	<input type="text" value="SJW6407G"/>	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"/>	5108698349		NG JULIAN	S1677364F	GPC	drivo CLASSIC	SJW6407G	SJW6407G	05/04/2019	05/04/2020



## Claim Handling

## Accident MT/1081970

Policy No.	5108698340	Vehicle No.	SJW6407G	GST Registration No.	
Certificate No.					
Policyholder Name	NG JULIAN			Policyholder NRIC	S1677364F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96359785	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(%)	0	Private Hire	Yes

## Accident Details

Report Date	29/01/2020 11:56	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	25/01/2020	Time of Accident hh:mm	11:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI BEFORE STEVENS				

## 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	500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	2,500.00	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			

## Policyholder Mailing Address

Address 1	BLK 472B #15-51	Address 2	FERNVALE STREET	Address 3	FERNVALE RIVERGROVE
Address 4	SINGAPORE 792472	Address Type	Singapore address	Post Code	792472
Unit No.	15-51	Related Policy Number	5108982328		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SANJAY BIN JASHAN	Driver NRIC	SXXXX568J	Driver DOB	10/10/1965
Register Date of Driver License	01/01/1986	Driver Age	34	Driving Experience	34
Contact No.(Mobile)	96359785	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 314	Address 2	SEHBAWANG DRIVE	Address 3	SINGAPORE 750314
Address 4		Address Type	Singapore address	Post Code	750314
Unit No.	#11-450				
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 OD-MX New

Claim Type *	OD-MX	Insured Name	NG JULIAN	Insured NRIC	S167		
Contact No.(Mobile)		Contact No. (Home)	NIL	Contact No. (Office)			
Email Address		Vehicle Number	SJW6407G	TP Vehicle Number	SLZ6		
Claim Description	SJW6407G / SLZ6901G ON 25 Jan 2020				Name of Preferred Workshop		
Preferred Workshop	0	Insured Liability	Fully at Fault				
Damage No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered				Claim Close Date	29/01/2020 12:05	Date Received	29/0
Report Taken By			BEH SWEE YANG SHERWIN	Workshop Repairer		Total Loss but Repaired	
Print AX letter							

Save Submit

## Attachment

Accident No.	MT/1081970	Claim No.	001			
Last Doc. Received	* Yes No	Upload Date	29/01/2020 12:00			
Path *		Category *	Confidential	Urgency *	Des	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Message Read		Clear	Please Select	NO	Normal	

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 12:05	SAS	Normal	SAS 2020-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 12:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 12:04	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 12:04	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 12:04	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 12:04	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 12:04	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 12:04	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 12:02	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 12:02	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 12:02	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 12:02	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 12:02	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 12:02	Photos	Normal	Photos 2020-1-29

## Video List

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