

NATIONAL Assessment Centre Services. [wef 1 Jan'05] **NAW0014531**

Date In: <b>12/20-15:30</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC/001229/24</b>	SAS e-filing		
Veh No: <b>SPK9490D</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>31/1/20 - 16:00</b>	i-Motor Claim Form	<b>NA/1082516-001</b>	<b>12/20 16:01</b>
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: **YB31422** 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2 / 3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QN*		
	*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 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	01/02/2020 15:50
Date Of Accident	31/01/2020 16:00
Exact Location Of Accident	GOODWOOD FLORIST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFK9990D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOO SEE SHENG
NRIC No	SXXXX544I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98769990
Alternative Phone No	OFFICE-98769990

### Vehicle Particulars

Manufacturer	BMW
Model	530I SE 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	REPORTING ONLY
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	5093117371-02
Cover Note Number	

### Driver

Name of Driver	SOO SEE SHENG (SU SHISHENG)
NRIC No	SXXXX544I
Date Of Birth	24/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	05/07/1991
Driving Experience	28 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98769990
Fax Number	
Contact Number	OFFICE-98769990
Email Address	NOEMAIL

Address	2 WHAMPOA EAST #29-06
Postcode	338517
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

### 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	YP3142Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM BOK HUAT
NRIC/Passport Number	SXXXX127G
Contact Number	96803225
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.



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Policyholder's Signature  
Date & Time:

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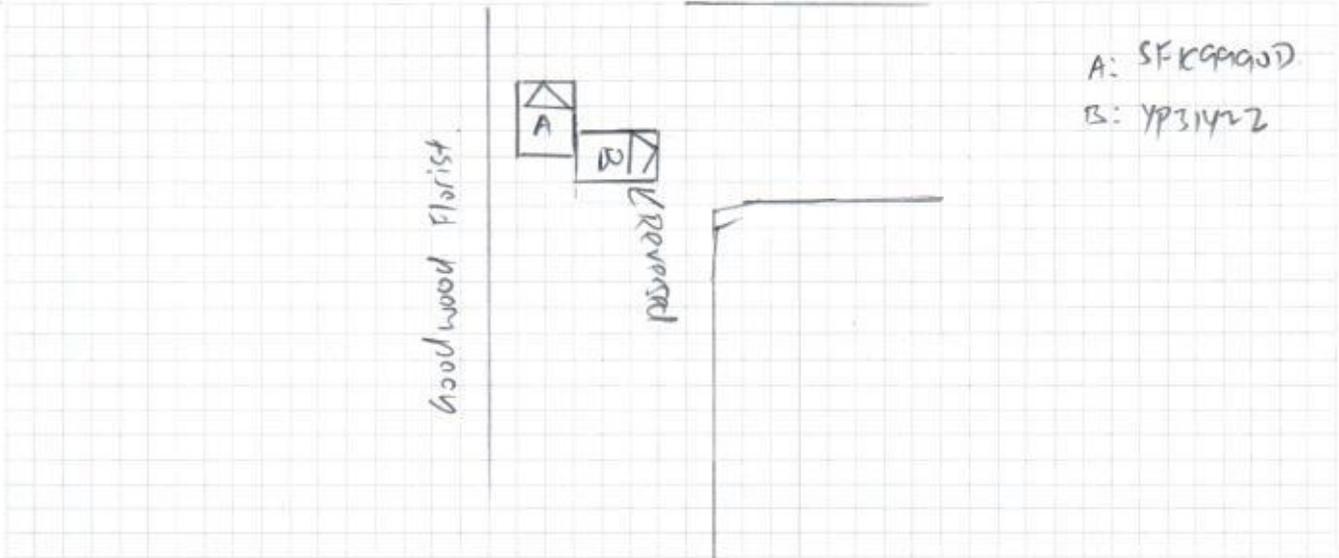
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

**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.:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED OUTSIDE OF GOODWOOD FLORIST. SUDDENLY VEHICLE B REVERSED AND HIT ONTO MY VEHICLE RIGHT PORTION. VEHICLE B THE DRIVER ALIGHT FROM HIS VEHICLE AND INFORMED ME THAT HE COLLIDED ONTO MY STATIONARY VEHICLE.

# ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 1 / 20) (DD/MM/YYYY), TIME: (16 : 00) (HH:MM)

LOCATION: Goodwood Florist

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFK9990D  
b) INSURANCE COMPANY: NFC  
c) POLICY NUMBER: 5093117371 - 02  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) COMPREHENSIVE  
e) MAKE & MODEL: \_\_\_\_\_  
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) NO

## 2. INSURED / POLICY HOLDER

- A) NAME: So See Sheng (Lim Sheng) (MALE / FEMALE) MALE  
b) NRIC/FIN/PASSPORT: S7225472 CONTACT: 98769990  
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: (24 / 6 / 1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) INDOOR

f) YEARS OF DRIVING EXPERIENCE: 10

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

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

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

6. WAS ANYBODY INJURED (YES / NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: YP31422 MODEL: \_\_\_\_\_

b) DRIVER'S NAME: Lim Bok Huet

c) NRIC/FIN/PASSPORT: S13311276 CONTACT: 98803225

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(0)

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

Email = Sooss@AIA.com.sg

fax =

VIDEO = Yes

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)  
[Notice of Loss](#)

**Policy Query**

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093117371-02		SOO SEE SHENG	S7222544I	GAC	drive PREMIUM	SFK999DD	SFK999DD	01/08/2019	31/07/2020

**Policy Information**

Policy No.	5093117371-02	Policyholder Name	SOO SEE SHENG	Policyholder NRIC	S72225441
Certificate No.					
Address	2 WHAMPOA EAST #29-06 EIGHT RIVERSUITES SINGAPORE 338517				
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N		
Policy issue Date	22/06/2019	Effective Date	01/08/2019 00:00	Expiry Date	31/07/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	LIAN HONG PTE LTD	Agent Tel.	67694850	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

**Policyholder Mailing Address**

Address 1	2 WHAMPOA EAST	Address 2	#29-06 EIGHT RIVERSUITES	Address 3	SINGAPORE 338517
Address 4		Address Type	Singapore address	Post Code	338517
Unit No.	29-06	Related Policy Number	5093117371-02		

**Insured Object: SFK9990D**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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**Claim Handling**

Accident MT/1082516

Policy No.	5093117371-02	Vehicle No.	SPK9990D	GST Registration No.	
Certificate No.					
Policyholder Name	SOO SEE SHENG	Cover Type	drive PREMIUM	Policyholder NRIC	S722544E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	98769990	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

↳ **Accident Details**

Report Date	01/02/2020 15:59	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	31/01/2020	Time of Accident hh:mm	16:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GOODWOOD FLORIST				

↳ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				

↳ **Benefits**

↳ **GST Registered Information**

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

↳ **Policyholder Mailing Address**

Address 1	2 WHAMPOA EAST	Address 2	#29-06 EIGHT RIVERSUITES	Address 3	SINGAPORE 338517
Address 4		Address Type	Singapore address	Post Code	338517
Unit No.	29-06	Related Policy Number	5093117371-02		

↳ **O1 Driver Info**

Driver Name	SOO SEE SHENG	Driver Type	Main Driver	Driver DOB	24/06/1972
Unnamed driver Name		Driver NRIC	S722544E	Driving Experience	28
Register Date of Driver License	05/07/1991	Driver Age	47	Contact No.(Home)	0
Contact No.(Mobile)	98769990	Contact No.(Office)	0	Address 3	SINGAPORE 338517
Address 1	2 WHAMPOA EAST	Address 2	EIGHT RIVERSUITES	Post Code	338517
Address 4		Address Type	Singapore address		
Unit No.	29-06				
Does he own a Singapore Registered Car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SOO SEE SHENG	Insured NRIC	S722544E
Contact No.(Mobile)	98769990	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	soos@ala.com.sg	O1 Vehicle Number	SPK9990D	TP Vehicle Number	YP3142Z
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SPK9990D / YP3142Z DN 31 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	01/02/2020 16:01	Claim Close Date		Date Received	01/02/2020 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/1082516	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/02/2020 16:02

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	Browse... Clear Please Select	<input type="text"/>	Normal	
<input type="text"/>	Browse... Clear Please Select	<input type="text"/>	Normal	
<input type="text"/>	Browse... Clear Please Select	<input type="text"/>	Normal	
<input type="text"/>	Browse... Clear Please Select	<input type="text"/>	Normal	
<input type="text"/>	Browse... Clear Please Select	<input type="text"/>	Normal	
<input type="text"/>	Browse... Clear Please Select	<input type="text"/>	Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CC)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 01 Feb 2020 16:02	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-2-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 01 Feb 2020 16:02	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-2-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 01 Feb 2020 16:01	SAS	Normal	SAS 2020-2-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 01 Feb 2020 16:01	Photos	Normal	Photos 2020-2-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 01 Feb 2020 16:01	Photos	Normal	Photos 2020-2-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 01 Feb 2020 16:01	Photos	Normal	Photos 2020-2-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 01 Feb 2020 16:01	Photos	Normal	Photos 2020-2-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 01 Feb 2020 16:01	Photos	Normal	Photos 2020-2-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 01 Feb 2020 16:01	Photos	Normal	Photos 2020-2-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 01 Feb 2020 16:01	Photos	Normal	Photos 2020-2-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 01 Feb 2020 16:01	Photos	Normal	Photos 2020-2-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 01 Feb 2020 16:01	Photos	Normal	Photos 2020-2-1	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	