

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] MNA 001467

Date In: 3/2/20 - 10.36	Job description	Date & Time Completed	Done by
Ref No: NA/INC 000735674	SAS e-filing		
Veh No: 84721 E	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 16/1/20 - 21:40	i-Motor Claim Form	17/108258-02	3/2/20 11.09
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: 516233514	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>NA 200996</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>Dat. 1:</p> <p>Dat. 2 / 3:</p>	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	Est 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 : Idac DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
9) N12: Idac Mobile				

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	03/02/2020 10:36
Date Of Accident	16/01/2020 21:40
Exact Location Of Accident	TAN TOCK SENG HOSPITAL CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFU7771E
Insured/Policyholder	
Name Of Registered Owner	HAJI AGUS BIN ABDULLAH
NRIC No	SXXXX476D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81217076
Alternative Phone No	OFFICE-81217076

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5067328639-04
Cover Note Number	

Driver

Name of Driver	HAZWAN BIN AGUS
NRIC No	SXXXX724D
Date Of Birth	15/06/1985
Occupation	INDOOR
Date Of Driving Pass	31/12/2004
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98329877
Fax Number	
Contact Number	OFFICE-98329877
Email Address	NOEMAIL

Address	BLK 338A ANCHORVALE CRESCENT #07-77
Postcode	541338
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : HAJI AGUS BIN ABDULLAH GENDER: : MALE

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

ON STATED DATE AND TIME, I WAS WAITING AN EMPTY LOT. I SAW THAT ONE OF THE VEHICLE WANTED TO EXIT FROM LOT. I REVERSED MY VEHICLE. I DID NOT REALIZED THAT MY VEHICLE REAR LEFT PORTION GRAZED ONTO VEHICLE B. I DISCOVERED MY VEHICLE REAR LEFT PORTION WAS DENTED.

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	SKG3331H
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)

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:

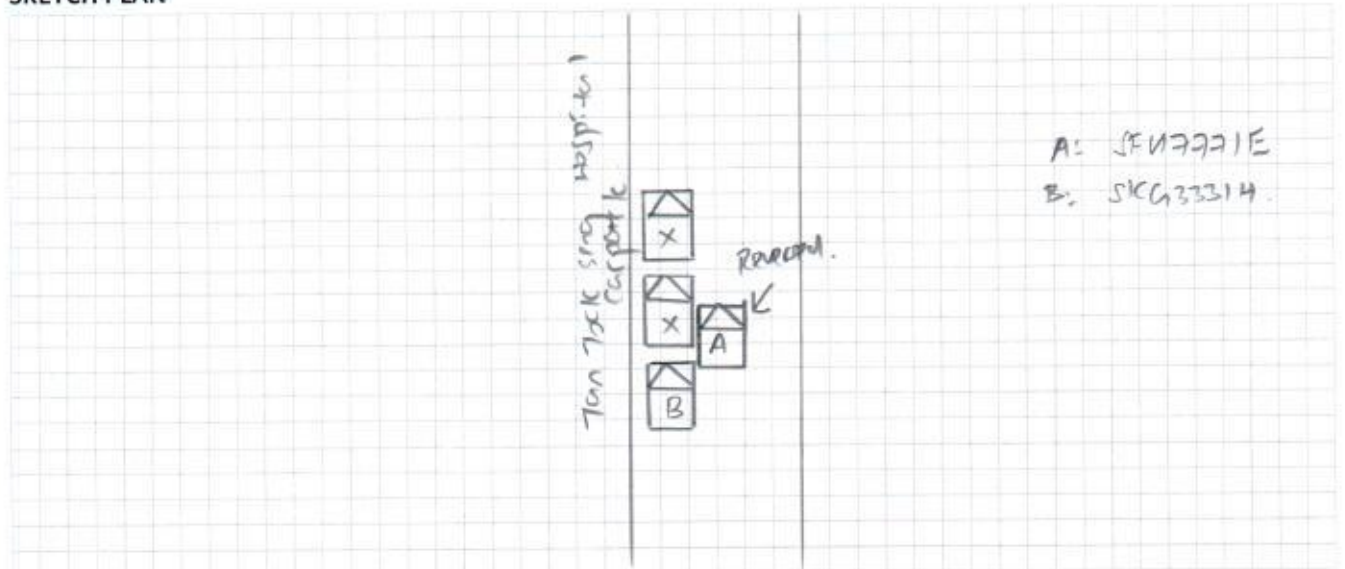
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Refer to statement.

DECLARATION

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

AS
Policyholder's Signature
Date & Time:

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

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

eBaoTech

General Claim

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="16/01/2020 21:40"/>							
Vehicle No.(For Motor)	<input type="text" value="SFU7771E"/>	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"/>	5067328639-04		HAJI AGUS BIN ABDULLAH	50198476D	GPC	Third Party, Fire & Theft	SFU7771E	SFU7771E	12/02/2019	11/02/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1082158

Policy No.	5067328639-04	Vehicle No.	SFU7771E	GST Registration No.	
Certificate No.					
Policyholder Name	HAI AGUS BIN ABDULLAH	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S0198476D
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NIL	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Not available
Accident Details					
Report Date	30/01/2020 11:42	Accident Report Within 24 hrs.	Yes	Accident Type	Unknown
Date of Accident	16/01/2020	Time of Accident hh:mm	21:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN TAN TOCK SENG NEAR COMMUNICABLE DISEASE CENTRE 2				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address					
Address 1	BUK 504 #02-710	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE S30504
Address 4		Address Type	Singapore address	Post Code	S30504
Unit No.		Related Policy Number	5067328639-05		
O1 Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver license		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 2	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	CD-MX	Insured Name	HAI AGUS BIN ABDULLAH	Insured NRIC	S0198476D
Contact No.(Mobile)	81217076	Contact No.(Home)	63863715	Contact No.(Office)	
Email Address		O1 Vehicle Number	SFU7771E	TP Vehicle Number	SKG3331H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SFU7771E / SKG3331H ON 16 Jan 2020				
Preferred Workshop Contact No.		Insured Liability *	Fullly at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/02/2020 11:09	Claim Close Date		Date Received	03/02/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1082158	Claim No.	002																																			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/02/2020 11:10																																			
<table> <thead> <tr> <th>Path *</th><th>Category *</th><th>Confidential</th><th>Urgency *</th><th>Description *</th></tr> </thead> <tbody> <tr> <td>Browse... Clear</td><td>Please Select</td><td><input type="checkbox"/></td><td>Normal</td><td></td></tr> <tr> <td>Browse... Clear</td><td>Please Select</td><td><input type="checkbox"/></td><td>Normal</td><td></td></tr> <tr> <td>Browse... Clear</td><td>Please Select</td><td><input type="checkbox"/></td><td>Normal</td><td></td></tr> <tr> <td>Browse... Clear</td><td>Please Select</td><td><input type="checkbox"/></td><td>Normal</td><td></td></tr> <tr> <td>Browse... Clear</td><td>Please Select</td><td><input type="checkbox"/></td><td>Normal</td><td></td></tr> <tr> <td>Browse... Clear</td><td>Please Select</td><td><input type="checkbox"/></td><td>Normal</td><td></td></tr> </tbody> </table>				Path *	Category *	Confidential	Urgency *	Description *	Browse... Clear	Please Select	<input type="checkbox"/>	Normal		Browse... Clear	Please Select	<input type="checkbox"/>	Normal		Browse... Clear	Please Select	<input type="checkbox"/>	Normal		Browse... Clear	Please Select	<input type="checkbox"/>	Normal		Browse... Clear	Please Select	<input type="checkbox"/>	Normal		Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Path *	Category *	Confidential	Urgency *	Description *																																		
Browse... Clear	Please Select	<input type="checkbox"/>	Normal																																			
Browse... Clear	Please Select	<input type="checkbox"/>	Normal																																			
Browse... Clear	Please Select	<input type="checkbox"/>	Normal																																			
Browse... Clear	Please Select	<input type="checkbox"/>	Normal																																			
Browse... Clear	Please Select	<input type="checkbox"/>	Normal																																			
Browse... Clear	Please Select	<input type="checkbox"/>	Normal																																			
<input type="checkbox"/> Send Message																																						

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 03 Feb 2020 11:10		NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-2-3	

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 03 Feb 2020 11:09	SAS	Normal	SAS 2020-2-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 03 Feb 2020 11:09	Photos	Normal	Photos 2020-2-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 03 Feb 2020 11:09	Photos	Normal	Photos 2020-2-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 03 Feb 2020 11:09	Photos	Normal	Photos 2020-2-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 03 Feb 2020 11:09	Photos	Normal	Photos 2020-2-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 03 Feb 2020 11:09	Photos	Normal	Photos 2020-2-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 03 Feb 2020 11:09	Photos	Normal	Photos 2020-2-3

Video List

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