

NATIONAL Assessment Centre Services. [ref: Jaf100]

MAA120014556

| | | | |
|--------------------------|--|-----------------------|-----------|
| Date In: 9/10/2020 17:56 | Job description | Date & Time Completed | Done by |
| Ref No: XIA/NC20001762/Y | SAS e-illing | | |
| Veh No: SKC 2824 | E-mail (update this, AIC this) | | |
| D.O.A: 11/02/2020 09:15 | I-Motor Claim Form | M11082569-001 | 9/10/2020 |
| OD: TP: Repairing Only | I-Motor W/O (With/Out OD this, TP this) | | 11.27 |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Writer | | |

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

TP Particulars: Vch No: SM0105L 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 ()

() 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: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$9000] ()

Injury: _____

XIA2000674

| | | |
|---------------------------------|---|-----------|
| Driver/Owner: | 1) ART Accident Reporting (\$30) | |
| Contact No: | 2) DA: Damage Assessment (\$100) INC (\$40) | |
| Damage Portion: | 3) TP: Towing Fee | \$40/\$40 |
| QC Checked by (Engr-In-Charge): | 4) PT: Follow-Through Survey | \$10 |
| | 5) PT: Follow-Through Survey (Resurvey) | \$10 |
| | For claiming excess INC Only (over 10 Jan 2000) | |
| | 6) TR: Re-inspection | \$75 |
| | 7) NI: In-DA + SMRT Survey | \$160 |
| | 8) NTUC Additional Services | |
| | 9) NI: In-DA Mobile | \$0 |
| | 10) NI: In-DA Mobile | \$0 |
| | 11) NI: In-DA Mobile | \$0 |
| | 12) NI: In-DA Mobile | \$0 |
| | 13) NI: In-DA Mobile | \$0 |
| | 14) NI: In-DA Mobile | \$0 |
| | 15) NI: In-DA Mobile | \$0 |
| | 16) NI: In-DA Mobile | \$0 |
| | 17) NI: In-DA Mobile | \$0 |
| | 18) NI: In-DA Mobile | \$0 |
| | 19) NI: In-DA Mobile | \$0 |
| | 20) NI: In-DA Mobile | \$0 |
| | 21) NI: In-DA Mobile | \$0 |
| | 22) NI: In-DA Mobile | \$0 |
| | 23) NI: In-DA Mobile | \$0 |
| | 24) NI: In-DA Mobile | \$0 |
| | 25) NI: In-DA Mobile | \$0 |
| | 26) NI: In-DA Mobile | \$0 |
| | 27) NI: In-DA Mobile | \$0 |
| | 28) NI: In-DA Mobile | \$0 |
| | 29) NI: In-DA Mobile | \$0 |
| | 30) NI: In-DA Mobile | \$0 |
| | 31) NI: In-DA Mobile | \$0 |
| | 32) NI: In-DA Mobile | \$0 |
| | 33) NI: In-DA Mobile | \$0 |
| | 34) NI: In-DA Mobile | \$0 |
| | 35) NI: In-DA Mobile | \$0 |
| | 36) NI: In-DA Mobile | \$0 |
| | 37) NI: In-DA Mobile | \$0 |
| | 38) NI: In-DA Mobile | \$0 |
| | 39) NI: In-DA Mobile | \$0 |
| | 40) NI: In-DA Mobile | \$0 |
| | 41) NI: In-DA Mobile | \$0 |
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| | 43) NI: In-DA Mobile | \$0 |
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| | 48) NI: In-DA Mobile | \$0 |
| | 49) NI: In-DA Mobile | \$0 |
| | 50) NI: In-DA Mobile | \$0 |
| | 51) NI: In-DA Mobile | \$0 |
| | 52) NI: In-DA Mobile | \$0 |
| | 53) NI: In-DA Mobile | \$0 |
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| | 56) NI: In-DA Mobile | \$0 |
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| | 58) NI: In-DA Mobile | \$0 |
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| | 62) NI: In-DA Mobile | \$0 |
| | 63) NI: In-DA Mobile | \$0 |
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| | 72) NI: In-DA Mobile | \$0 |
| | 73) NI: In-DA Mobile | \$0 |
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| | 80) NI: In-DA Mobile | \$0 |
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| | 93) NI: In-DA Mobile | \$0 |
| | 94) NI: In-DA Mobile | \$0 |
| | 95) NI: In-DA Mobile | \$0 |
| | 96) NI: In-DA Mobile | \$0 |
| | 97) NI: In-DA Mobile | \$0 |
| | 98) NI: In-DA Mobile | \$0 |
| | 99) NI: In-DA Mobile | \$0 |
| | 100) NI: In-DA Mobile | \$0 |

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 17:56 |
| Date Of Accident | 01/02/2020 09:15 |
| Exact Location Of Accident | JUNCTION OF YUNG KUANG RD/YUAN CHING RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKC2862U |
| Insured/Policyholder | |
| Name Of Registered Owner | YIP YIE BUN |
| NRIC No | SXXXX146C |
| Email Address | YIEBUN@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-87771611 |
| Alternative Phone No | OTHERS-87771611 |

Vehicle Particulars

| | |
|--|------------------|
| Manufacturer | HYUNDAI |
| Model | ELANTRA |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| 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 |
| Fleet Policy | NO |
| Policy Number | 5115624886 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | YIP YIE BUN |
| NRIC No | SXXXX146C |
| Date Of Birth | 27/09/1968 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 28/06/1994 |
| Driving Experience | 25 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87771611 |
| Fax Number | |
| Contact Number | OTHERS-87771611 |
| E Mail Address | YIEBUN@GMAIL.COM |

| | |
|---|-----------------------------------|
| Address | 115 JALAN JURONG KECHIL #04-11 |
| Postcode | 598676 |
| 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 | COLLISION - MAJOR/MINOR RD |
| 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) | 3 |
| Passenger 1 | NAME: : PASSENGER GENDER: : MALE |
| Passenger 2 | NAME: : PASSANGER 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

PLEASE REFER TO SKETCH PLAN

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 | SMD1750L |
| Vehicle Make/Model/Colour | TOYOTA NOAH |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | YIP |
| NRIC/Passport Number | |
| Contact Number | 90013974 |
| 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:

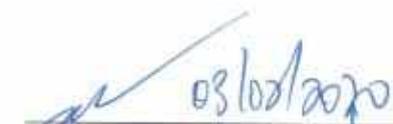
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



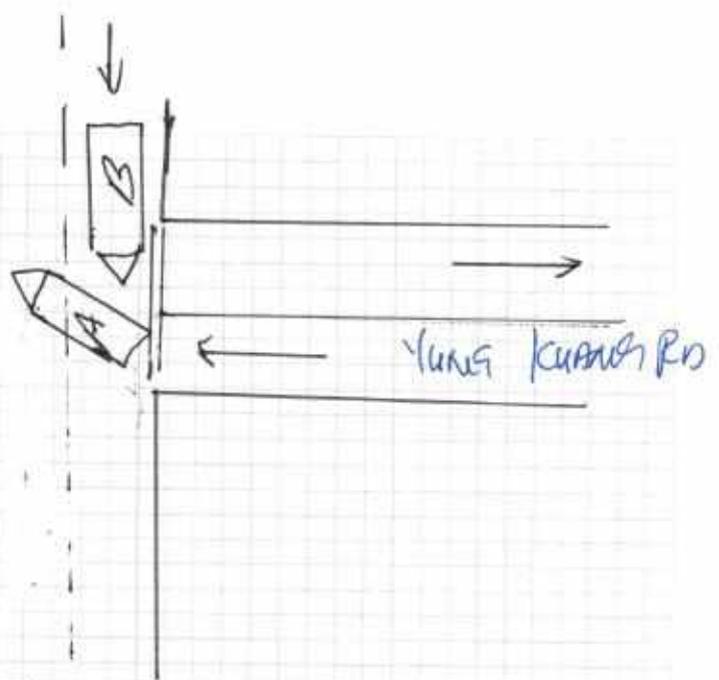
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A SKC 28624

Vehicle B SMD 1750L

Yuan
Chang Rd



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Yung Kung Road

At 9.15am, I was turning out from Yung Kung Road to the right. A car from Yuan Chang Road (vehicle B) hit me on right side of car.

Two passenger was injured and send to hospital.

Vehicle B driver not injured and condition is alright.

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:

 03/04/2020
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

2. 11/1/2001/1556

ACCIDENT STATEMENT

ACCIDENT DATE: (1 / 2 / 2020) (DD/MM/YYYY), TIME: (09:15) (HH:MM)

LOCATION: Yuan Eho Kwang Road

1. DETAILS OF VEHICLE
 - a) VEHICLE NUMBER: SKC 2862U
 - b) INSURANCE COMPANY: NTUC
 - c) POLICY NUMBER: _____
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: _____
 - f) TYPE: (SAFARI / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: _____
 - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2 m / 3

2. INSURED / POLICY HOLDER
 - a) NAME: Yip Yie Bun (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S6899146C CONTACT: _____
 - c) ADDRESS: 115 Jln Jurong Kechil #04-11
598676

* No of passenger (including driver) (3)

- * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
- DRIVER
 - a) NAME: Yip Yie Bun (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S6899146C CONTACT: 87771611
 - c) ADDRESS: same as above

- * d) DATE OF BIRTH: (27/09/1968) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR) Grab
- f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear
b) ROAD SURFACE: (DRY / WET / OTHERS) _____
6. WAS ANYBODY INJURED (YES/NO) NO
7. a) REPORTED TO POLICE (YES/NO) NO
IF YES, PLEASE STATE WHICH POLICE STATION: _____

* No of passenger (including driver) ()

8. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER: SMD1750L MODEL: Toyota Noah
 - b) DRIVER'S NAME: Yip
 - c) NRIC/FIN/PASSPORT: _____ CONTACT: 85-90013974

* No of passenger (including driver) ()

9. THIRD PARTY VEHICLE
 - d) VEHICLE NUMBER: _____ MODEL: _____
 - e) DRIVER'S NAME: _____
 - f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = yiebur@gmail.com
VIDEO

SV

Claim Handling

Accident MT/1082569

| | | | | | |
|---------------------|--|---------------------|--|----------------------|--|
| Policy No. | 5115624886 | Vehicle No. | SKC2862U | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | YIP YIE BUN | | | Policyholder NRIC | |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | Third Party | Loading | |
| Contact No.(Mobile) | 87771611 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | |
| KFK | <input type="radio"/> No <input type="radio"/> Yes | TCA | <input type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire | |

Accident Details

| | | | | | |
|-------------------|---|-------------------------------|-------|---------------------|--|
| Report Date | 03/02/2020 10:46 | Accident Report Within 24 hrs | Yes | Accident Type | |
| Date of Accident | 01/02/2020 | Time of Accident hh:mm | 09:35 | Country of Accident | |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | JUNCTION OF YONG KUANG RD/YUAN CHING RD | | | | |

Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|------|--------------------|--|
| Excess Type | Per Accident | Windscreen Excess | 0.00 | | |
| GD Standard Excess | 0.00 | TP Standard Excess | 0.00 | | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Covered? | |
| Additional Excess | | | | | |
| Total OD Excess Applicable | 0.00 | Total TP Excess Applicable | 0.00 | | |

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 393 #17-466 | Address 2 | BUKIT BATOK WEST AVENUE 5 | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | |
| Unit No. | | Related Policy Number | 5115624886 | | |

01 Driver Info

| | | | | | |
|---|---|---------------------|---------------------------|------------------------|--|
| Driver Name | YIP YIE BUN | Driver Type | Main Driver | | |
| Unnamed driver Name | | Driver NRIC | 56899146C | Driver DOB | |
| Register Date of Driver License | 01/01/2009 | Driver Age | 51 | Driving Experience | |
| Contact No.(Mobile) | 87771611 | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | BLK 393 #17-466 | Address 2 | BUKIT BATOK WEST AVENUE 5 | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | SKC2862U | Driver Insurer Company | |

| | | | |
|-------------------------------------|------|-------------|---|
| Declaration | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any Injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Modification History

Claim 001 OD-MX **New**

Claim Type *

| | | | |
|---------------------|-----------------------------------|----------------------------------|----------------------|
| Contact No.(Mobile) | 81111022 | Insured Name | YIP YIE BUN |
| Email Address | yiebun@gmail.com | Contact No.(Home) | 86880013 |
| Claim Description | SKC2862U / SHD1750L ON 1 Feb 2020 | | |
| Preferred Workshop | Insured Liability | Fully at Fault | |
| Finalisation | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report: Received |
| Date Registered | | Claim Close Date | 03/02/2020 11:07 |
| Report Taken By | | Workshop Repairer | ROSLI WAHAB |

Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1082569 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 03/02/2020 11:27 |

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

Search

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|-------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5115624886 | | YIP YIE BUN | S6899146C | GPC | Third Party | SKC2862U | SKC2862U | 18/01/2020 | 09/02/2021 |

Continue