

NATIONAL Assessment Centre Services: Page 1 of 2 MMA 1200 15017.

Date In: 3/2/20 14:53	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/IMC 2000 1775164	E-mail (within 3hrs, AIC 3hrs)		
Veh No: SKX 1387X	1-Motor Claim Form	MT/1082656 ⁰⁰¹	3/2/20 15:54
TP Insurer: 3/2/20 07:00	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD: TP Rep (Insured) Only	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars: ()	Veh No: SKD 658B	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 rep/rep.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 6789 6616)	Date of Claim: ()	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

MA 2000 977	Invoice Preparation Checklist:	Am (\$)	PAID (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	72.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2007)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*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 (N11) INC against INC \$20		
	9) N12: Idao Mobile \$30		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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 14:53
Date Of Accident	03/02/2020 07:00
Exact Location Of Accident	PIE TWDS JURONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX1387X
Insured/Policyholder	
Name Of Registered Owner	ONG BOO CHUAN
NRIC No	SXXXX521E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97593630
Alternative Phone No	OFFICE-97593630

Vehicle Particulars

Manufacturer	BMW
Model	216
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	5113379217
Cover Note Number	

Driver

Name of Driver	LIM YUAN PING CHRISTEL(LIN YUANBING) MRS CHRISTEL
NRIC No	SXXXX305A
Date Of Birth	01/07/1974
Occupation	INDOOR
Date Of Driving Pass	29/12/1993
Driving Experience	26 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-81255827
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	6 HACIENDA GROVE #04-07
Postcode	457912
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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: : 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

I WAS TRAVELLING ALONG PIE TWDS JURONG ON THE CENTER LANE. VEH INFRONT OF ME STOP, I MANAGE TO STOP BUT CANNOT STOP IN TIME, AS THE RESULT, MY VEH HIT ONTO THE VEH REAR PORTION. TOTAL 3 VEH INVOLVED IN THE ACCIDENT.

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	SKD658B
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJD4635C

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.
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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.

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

A = SKX 1387 X

B = SKD 658 B

C = SJD 4635 C

PIE twos Jurong

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.:

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="03/02/2020 14:51"/>
Vehicle No.(For Motor)	<input type="text" value="SKX1387X"/>	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 checked="" type="radio"/>	5113379217		ONG BOO CHUAN	S6973521E	GPC	drive CLASSIC	SKX1387X	SKX1387X	27/11/2019	26/11/2020

Claim Handling

Accident MT/1082656

Policy No.	5113379217	Vehicle No.	SKX1387X	GST Registration No.	
Certificate No.					
Policyholder Name	ONG BOO CHUAN	Cover Type	drive CLASSIC	Policyholder NRIC	56973521E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97593630	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KFK	No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	03/02/2020 15:51	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	03/02/2020	Time of Accident hh:mm	07:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS JURONG				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YGED OD Excess	0.00	YGED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	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 5 #04-07	Address 2	HACIENDA GROVE	Address 3	SINGAPORE 457912
Address 4		Address Type	Singapore address	Post Code	457912
Unit No.		Related Policy Number	5113379217		

01 Driver Info

Driver Name	LIM YUAN PING	Driver Type	Named Driver	Driver DOB	01/07/1974
Unnamed driver Name		Driver NRIC	57420305A	Driving Experience	20
Register Date of Driver License	15/07/1999	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)	81255827	Contact No.(Office)		Address 3	SINGAPORE 457912
Address 1	6 HACIENDA GROVE	Address 2	# THE HACIENDA	Post Code	457912
Address 4		Address Type	Singapore address		
Unit No.					
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
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ONG BOO CHUAN	Insured NRIC	56973521E
Contact No.(Mobile)		Contact No.(Home)	64484979	Contact No.(Office)	65303
Email Address		Q1 Vehicle Number	SKX1387X	TP Vehicle Number	SKD65
Claim Description	SKX1387X / SKD658B ON 3 Feb 2020				
Preferred Workshop	0	Insured Liability	Fully at Fault	GSA report	Received
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered				Claim Close Date	03/02/2020 15:54
Report Taken By				Date Received	03/02/2020
					LIU SHAN HUI

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1082656	Claim No.	001
Last Doc. Received	Yes No	Upload Date	03/02/2020 15:54

Path *

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	M:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 03 Feb 2020 15:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 03 Feb 2020 15:54	SAS		Normal	SAS 2020-2-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 03 Feb 2020 15:54	Photos		Normal	Photos 2020-2-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 03 Feb 2020 15:54	Photos		Normal	Photos 2020-2-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 03 Feb 2020 15:54	Photos		Normal	Photos 2020-2-3	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 03 Feb 2020 15:54	Photos		Normal	Photos 2020-2-3	

Video List

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