

NATIONAL Assessment Centre Services

(until 1 Jan 2021)

MMA 1200 14811

Date In	3/2/20 12:04	Job description	Date & Time Completed	Done by
Ref No	MA/INC 2000 1778 164	SAS e-filing		
Veh No	SGA 1188Y	E-mail (within 3hrs, A/C 2hrs)		
IP No	2/2/20 14:00.	I-Motor Claim Form	MT/1082665 ⁰⁰¹	3/2/20 16:08
IP	Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Whgn		

Preferred Wksp / INC Assign Wksp / GW: (	Tel:	Fax:
IP Particulars:	Veh No: SKQ 3494T.	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 100line 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

MMA 2000934		Invoice Preparation Checklist	Am (\$)	PA Am (\$)
Client's Particulars:		1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100)	INC (\$30)	
Contact No:		3) TP: Towing Fee	\$40/\$45	
Damaged Portion:		4) FT: Follow-Through Survey	\$120	
QC Checked by (Engr-In-Charge):		5) PT: Follow-Through Survey (Resurvey)	\$30	
Auditors' Comments:		For claiming against INC Only (w/c 19 Jan 2021)		
		6) TR: Re-inspection	\$75	
		7) N1: Idan 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 (Non INC) against INC	\$20	
		9) N12: Idan 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	03/02/2020 12:04
Date Of Accident	02/02/2020 14:00
Exact Location Of Accident	EUNOS LINK SLIP RD INTO KAKI BUKIT AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA1188Y
Insured/Policyholder	
Name Of Registered Owner	SONG KONG BENG
NRIC No	SXXXX100B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96770030
Alternative Phone No	OFFICE-96770030

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	LEARNING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	5103456065-01
Cover Note Number	

Driver

Name of Driver	MICHELLE TOO SU MEI
NRIC No	SXXXX662E
Date Of Birth	09/05/1988
Occupation	INDOOR
Date Of Driving Pass	01/07/2019
Driving Experience	0 YEAR AND 7 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96740091
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 870A TAMPINES ST 86 #10-04
Postcode	521870
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEARNER
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?	
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: : SONG KONG BENG 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

I STOP AT THE SLIP RD FROM EUNOS LINK TO CHECK TRAFFIC COMING FROM THE KAKI BUKIT AVE 1, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ3494T
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

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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**.
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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

Kaki Bukit Ave 1

A = SGA 1188 Y.

B = SKQ 34947



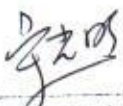
Eunos Link

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/TIN 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="02/02/2020 12:01"/>
Vehicle No.(For Motor)	<input type="text" value="SGA1188Y"/>	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"/>	5103456065-01		SONG KONG BENG	S1130100B	GPC	drive CLASSIC	SGA1188Y	SGA1188Y	30/08/2019	29/08/2020

Claim Handling

Accident MT/1082665

Policy No.	5103456065-01	Vehicle No.	SGA1188Y	GST Registration No.	
Certificate No.					
Policyholder Name	SONG KONG BENG	Cover Type	drive CLASSIC	Policyholder NRIC	S11301008
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96770030	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 16:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/02/2020	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SUNOS LINK SLIP RD INTO KAKI BUKIT AVE 1				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
QD Standard Excess	600.00	TP Standard Excess	0.00		
YIED QD Excess	2500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	1000				
Total QD Excess Applicable	4100.00	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 571 #04-121	Address 2	HOUKANG STREET 51	Address 3	SINGAPORE S30571
Address 4		Address Type	Singapore address	Post Code	530571
Unit No.		Related Policy Number	5103456065-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	09/05/1988
Unnamed driver Name	MICHELLE TOO SU MEI	Driver NRIC	SXXXX662E	Driving Experience	0
Register Date of Driver License	01/07/2019	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	96740091	Contact No.(Office)		Address 3	TAMPINES GREENLACE
Address 1	BLK 870A #10-04	Address 2	TAMPINES STREET 86	Post Code	521870
Address 4	SINGAPORE 521870	Address Type	Singapore address		
Unit No.	10-04				
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 New

Claim Type *	QD-MX	Insured Name	SONG KONG BENG	Insured NRIC	S11301008
Contact No.(Mobile)	96770030	Contact No.(Home)		Contact No.(Office)	
Email Address		Vehicle Number	SGA1188Y	TP Vehicle Number	SKQ34
Claim Description	SGA1188Y / SKQ3494T ON 2 Feb 2020				
Preferred Workshop	0	Insured Liability	Not at fault	GIA report	Received
Preferred Repair Option	Yes	Preferred Workshop, Name unknown		Claim Close Date	03/02/2020 16:08
Date Registered				Date Received	03/02/2020
Report Taken By	LIEW SHAN HUI				
Print AX letter					

Save Submit

Attachment

Accident No.	MT/1082665	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	03/02/2020 16:08		
Path *		Category *	Confidential	Urgency *	Desc
Choose File No file chosen		Please Select	NO	Normal	
Choose File No file chosen		Please Select	NO	Normal	
Choose File No file chosen		Please Select	NO	Normal	
Choose File No file chosen		Please Select	NO	Normal	
Choose File No file chosen		Please Select	NO	Normal	
Choose File No file chosen		Please Select	NO	Normal	
Message Read					
Attachment List					

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2020 16:08	NRJC/ Driving License	Y Normal	NRJC/ Gwning License 2020-2-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2020 16:08	NRJC/ Driving License	Y Normal	NRJC/ Driving License 2020-2-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2020 16:08	SAS	Normal	SAS 2020-2-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2020 16:08	Photos	Normal	Photos 2020-2-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2020 16:08	Photos	Normal	Photos 2020-2-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2020 16:08	Photos	Normal	Photos 2020-2-3
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2020 16:08	Photos	Normal	Photos 2020-2-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2020 16:08	Photos	Normal	Photos 2020-2-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2020 16:08	Photos	Normal	Photos 2020-2-3

Video List

Uploaded By/Date

Folder Date

File Name

Source

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