

NATIONAL Assessment Centre Services.

(wef 1 Jan'05)

MDA 12005 612

Date In: 4/2/20-12:48	Job description	Date & Time Completed	Done by
Ref No: NA/INC 2001886/24	SAS e-filing		
Veh No: 56 y 364	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 3/2/20-18:45	i-Motor Claim Form	M7/1082859-021	4/2/20 12:48
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: 5Jx4164P	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

NA 2001527	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	04/02/2020 12:48
Date Of Accident	03/02/2020 18:40
Exact Location Of Accident	BRADDELL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY36H
Insured/Policyholder	
Name Of Registered Owner	LIAN PENG HUI
Work Permit No	SXXXX998I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90072500
Alternative Phone No	OFFICE-90072500

Vehicle Particulars

Manufacturer	BMW
Model	B 200 AT ABS AIRB HID 2WD 5DR SR(CHROME)
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	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	5114605985
Cover Note Number	

Driver

Name of Driver	LIEW YEENA
NRIC No	SXXXX288F
Date Of Birth	30/12/1986
Occupation	OUTDOOR
Date Of Driving Pass	16/12/2006
Driving Experience	13 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-92338663
Fax Number	
Contact Number	OFFICE-92338663
Email Address	NOEMAIL

Address	42 MOUNT VERNON ROAD #03-33
Postcode	368061
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	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)	1

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 TRAVELLING ALONG THE STATED VENUE. BEFORE I WANTED TO FILTERED LEFT, I SLOW DOWN MY VEHICLE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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	SJX4164P
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)

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**.
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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:

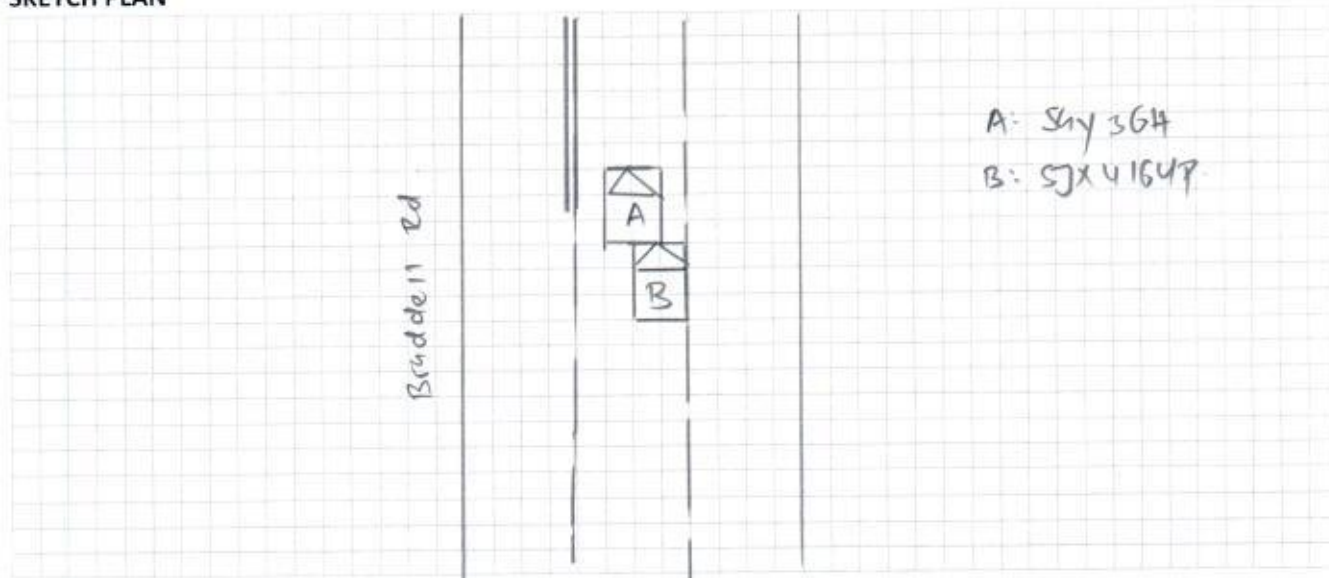


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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.

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.:

eBaoTech

GeneralClaim

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"/>	5114605985		LIAN PENG HUI	S7819998J	GPC	drive CLASSIC	SGY36H	SGY36H	03/12/2019	02/12/2020

 Policy Information

Policy No.	5114605985	Policyholder Name	LIAN PENG HUI	Policyholder NRIC	S78199981
Certificate No.					
Address	42 MOUNT VERNON ROAD #03-33 BARTLEY RIDGE SINGAPORE 368061				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	03/12/2019	Effective Date	03/12/2019 00:00	Expiry Date	02/12/2020 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	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	42 MOUNT VERNON ROAD	Address 2	#03-33 BARTLEY RIDGE	Address 3	SINGAPORE 368061
Address 4		Address Type	Singapore address	Post Code	368061
Unit No.	03-33	Related Policy Number	5114605985		

 Insured Object: SGY36H

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	04/12/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 04 Dec 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: DICKSON CAPITAL PTE LTD CHASSIS NUMBER: WDD2462432J169511 ENGINE NUMBER: 27091030178107 VEHICLE REGISTRATION NUMBER: SGY36H ORIGINAL REGISTRATION DATE: 26 Jun 2013

[Continue](#) [Cancel](#)

Claim Handling

Accident MT/1082859

Policy No.	S114605985	Vehicle No.	SGY36H	GST Registration No.	
Certificate No.					
Policyholder Name	LIAN PENG HUI	Cover Type	drive CLASSIC	Policyholder NRIC	S7819998I
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	90072500	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Endorsement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	04/02/2020 13:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/02/2020	Time of Accident hh:mm	18:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	BRADELL RD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	1100.00	Total TP Excess Applicable			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	42 MOUNT VERNON ROAD	Address 2	#03-33 BARTLEY RIDGE	Address 3	SINGAPORE 368061
Address 4		Address Type	Singapore address	Post Code	368061
Unit No.	03-33	Related Policy Number	S114605985		
Of Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	30/12/1986
Unnamed driver name	YEBNA	Driver NRIC	SXXXX289F	Driving Experience	13
Register Date of Driver License	16/12/2006	Driver Age	33	Contact No. (Home)	0
Contact No. (Mobile)	92338663	Contact No. (Office)	0	Address 3	SINGAPORE 368061
Address 1	42 MOUNT VERNON ROAD	Address 2	BARTLEY RIDGE	Post Code	368061
Address 4		Address Type	Singapore address		
Unit No.	03-33				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	LIAN PENG HUI	Insured NRIC	S7819998I	
Contact No. (Mobile)		Contact No. (Home)	56184455	Contact No. (Office)		
Email Address	desmondlian@gmail.com	01 Vehicle Number	SGY36H	TP Vehicle Number	5XK4164P	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SGY36H / 5XK4164P ON 3 Feb 2020				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	G3A report	Received	
Date Registered	04/02/2020 13:45	Claim Close Date		Date Received	04/02/2020 00:00	
Report Taken By	Jackson					











☒ Print AX letter

Save Submit

Attachment

Accident No.	MT/1082859	Claim No.	001						
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/02/2020 13:46						
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				

☐ Send Message

Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Feb 2020 13:46	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2020-2-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Feb 2020 13:46	SAS		Normal	SAS 2020-2-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Feb 2020 13:46	Photos		Normal	Photos 2020-2-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Feb 2020 13:46	Photos		Normal	Photos 2020-2-4	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Feb 2020 13:45	Photos		Normal	Photos 2020-2-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Feb 2020 13:45	Photos		Normal	Photos 2020-2-4	

Video List					
Uploaded By/Date	Folder Date	File Name	Source	Action	
<div>Display In New Window</div> <div>Scan and uploading</div>					