

NATIONAL Assessment Centre Services [part 1 Jan 2023] **MMA 120016340**

Date In: 5/12/20 15:53	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 2002020/h4	E-mail (within 3hrs, A/C 2hrs)		
Web No: SKP 1777X	I-Motor Claim Form	M7/108309P-001	5/12/20 16:20
IP: A: 5/12/20 08:30	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP: C: Reporting Only	I-Photo Uploaded		
IP: Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Workshop		

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

IP Particulars: Vch No: **SLR 1548T** 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 repaler.

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

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

Remarks: (INC 4000000 6789 4616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time	Actions

Client's Particulars: MA 2001054 Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: DATE:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		30.00	
	2) DA: Damage Assessment (\$100); INC (\$30)			
	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) PT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2023)			
	6) TR: Re-Inspection \$75			
	7) NI: Idao DA + EMRT Survey \$160			
	8) NTUC Additional Services:			
ON:				
*NS: Courtesy Car / Tpt Allowance	\$5			
*NG: Repair Co-ordination	\$10			
*NJ: Post Repair Inspection	\$25			
*NI: DV / Collect Excess Coordination	\$5			
TE (N11): TP (Non INC) against INC	\$20			
9) N12: Idao 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	05/02/2020 15:53
Date Of Accident	05/02/2020 08:30
Exact Location Of Accident	JUNC OF GEYLANG EAST AVE 1 & GEYLANG E CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP1777X
Insured/Policyholder	
Name Of Registered Owner	LIM HUAT BENG
NRIC No	SXXXX409H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92480036
Alternative Phone No	OFFICE-92480036

Vehicle Particulars

Manufacturer	BMW
Model	520I
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	5115411923
Cover Note Number	

Driver

Name of Driver	LIM HUAT BENG
NRIC No	SXXXX409H
Date Of Birth	11/10/1961
Occupation	INDOOR
Date Of Driving Pass	06/06/1979
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92480036
Fax Number	
Contact Number	OFFICE-92480036
Email Address	NOEMAIL

Address	BLK 8 LORONG 39 GEYLANG #05-07
Postcode	387882
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	NO 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	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

I WAS TRAVELLING ALONG GEYLANG EAST AVE 1 AFTER CROSS THE TRAFFIC JUNC WITH GEYLANG EAST CENTRAL, AFTER I ENTER TO A CARPARK, THE SAY VEH APPROACH ME IN THE CARPARK, THE DRIVER CLAIMS I HAD HIT ONTO HIS VEH RIGHT SIDE MIRROR, BUT I CHECK ON MY VEH LEFT SIDE MIRROR NOT SCRATCHED AT ALL.

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	SLR1548T
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.:

A = SKP 1777X.

Geylang East Central B = SLR 1548T

Geylang East Ave 1

[illegible]

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="05/02/2020 15:44"/>
Vehicle No.(For Motor)	<input type="text" value="SKP1777X"/>	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"/>	5115411923		LJM HUAT BENG	S1489409H	GPC	drivo PREMIUM	SKP1777X	SKP1777X	28/01/2020	27/01/2021

Claim Handling

Accident MT/1083098

Policy No.	5115411923	Vehicle No.	SKP1777X	GST Registration No.	
Certificate No.					
Policyholder Name	LIM HUAT BENG				
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive PREMIUM	Policyholder NRIC	S1489409H
Contact No.(Mobile)	92480036	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KPK	= No Yes	TCA	= No Yes	eCode	No ▼
NCD Protection	Yes	NCD Entitlement(%)	50	eCode Reason	
				Private Hire	No

▼ Accident Details

Report Date	05/02/2020 16:18	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	05/02/2020	Time of Accident h:mm	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF GEYLANG EAST AVE 1 & GEYLANG E CENTRAL				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
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	8 LORONG 39 GEYLANG	Address 2	#05-07 SIMS RESIDENCES	Address 3	SINGAPORE 387882
Address 4		Address Type	Singapore address	Post Code	387882
Unit No.	05-07	Related Policy Number	5115411923		

▼ O1 Driver Info

Driver Name	LIM HUAT BENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1489409H	Driver DOB	01/10/1961
Register Date of Driver License	01/01/1980	Driver Age	58	Driving Experience	40
Contact No.(Mobile)	92480036	Contact No.(Office)		Contact No.(Home)	
Address 1	8 LORONG 39 GEYLANG	Address 2	#05-07 SIMS RESIDENCES	Address 3	SINGAPORE 387882
Address 4		Address Type	Singapore address	Post Code	387882
Unit No.	05-07				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No
-------------------------------------	------	-------------	----------

Modification History

Claim 001 New

Claim Type *	OO-MX ▼	Insured Name	LIM HUAT BENG	Insured NRIC	S1489409H
Contact No.(Mobile)	93821777	Contact No. (Home)	57450012	Contact No. (Office)	
Email Address	BENIJM1138@GMAIL.COM	CI Vehicle Number	SKP1777X	TP Vehicle Number	SLR135
Claim Description	SKP1777X / SLR1548T ON 5 Feb 2020				
Preferred Workshop Registration No. Finalisation	0	Insured Liability	Not at Fault ▼	GIA report	Received ▼
Date Registered	05/02/2020 16:20	Preferred Repair Option	Preferred Workshop, Name unknown ▼	Claim Close Date	05/02/2020
Report Taken By	LIEW SHAN HUJ	Date Received	05/02/2020		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1083098	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	05/02/2020 16:20
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

▼ Attachment List

Attachment	Uploaded By/Date	Category	Y	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Feb 2020 16:20	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Feb 2020 16:20	SAS		Normal	SAS 2020-2-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Feb 2020 16:20	Photos		Normal	Photos 2020-2-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Feb 2020 16:20	Photos		Normal	Photos 2020-2-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Feb 2020 16:20	Photos		Normal	Photos 2020-2-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Feb 2020 16:20	Photos		Normal	Photos 2020-2-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Feb 2020 16:20	Photos		Normal	Photos 2020-2-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Feb 2020 16:20	Photos		Normal	Photos 2020-2-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Feb 2020 16:20	Photos		Normal	Photos 2020-2-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Feb 2020 16:20	Photos		Normal	Photos 2020-2-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Feb 2020 16:20	Photos		Normal	Photos 2020-2-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Feb 2020 16:20	Photos		Normal	Photos 2020-2-5

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	