

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA17001343 ✓

Date In: 7/2/20-17:54	Job description	Date & Time Completed	Done by
Ref No: NA/IN C20021494	SAS e-filing		
Veh No: SJR1036C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 6/2/20-20:30	i-Motor Claim Form	6/7/1083484-00	7/2/20 18:05
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: 6LP7888H 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

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30			
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 2 / 3:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*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 (N'n INC) against INC \$20			
	9) N12: Idac Mobile 30			
	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	07/02/2020 17:54
Date Of Accident	06/02/2020 20:30
Exact Location Of Accident	TIONG BAHRU RD TWDS ZION RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR1036C
Insured/Policyholder	
Name Of Registered Owner	CU LEASING PRIVATE LIMITED
Co Reg No	2XXXXX183G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96266209
Alternative Phone No	OFFICE-96266209

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE (HD) 1.6 DOHC AT ABS AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5115351600
Cover Note Number	

Driver

Name of Driver	SIEW WENFENG, LIONEL (SHAO WENFENG, LIONEL)
NRIC No	SXXXX332G
Date Of Birth	22/02/1983
Occupation	INDOOR
Date Of Driving Pass	11/10/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92289899
Fax Number	
Contact Number	OFFICE-92289899
Email Address	NOEMAIL

Address	BLK 487 SEGAR ROAD #09-542
Postcode	670487
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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: : - 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

REFER TO STATEMENT.

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	SLP7888H
Vehicle Make/Model/Colour	NISSAN
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 willful misrepresentation or withholding of material facts may allow insurance companies to revoke 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:



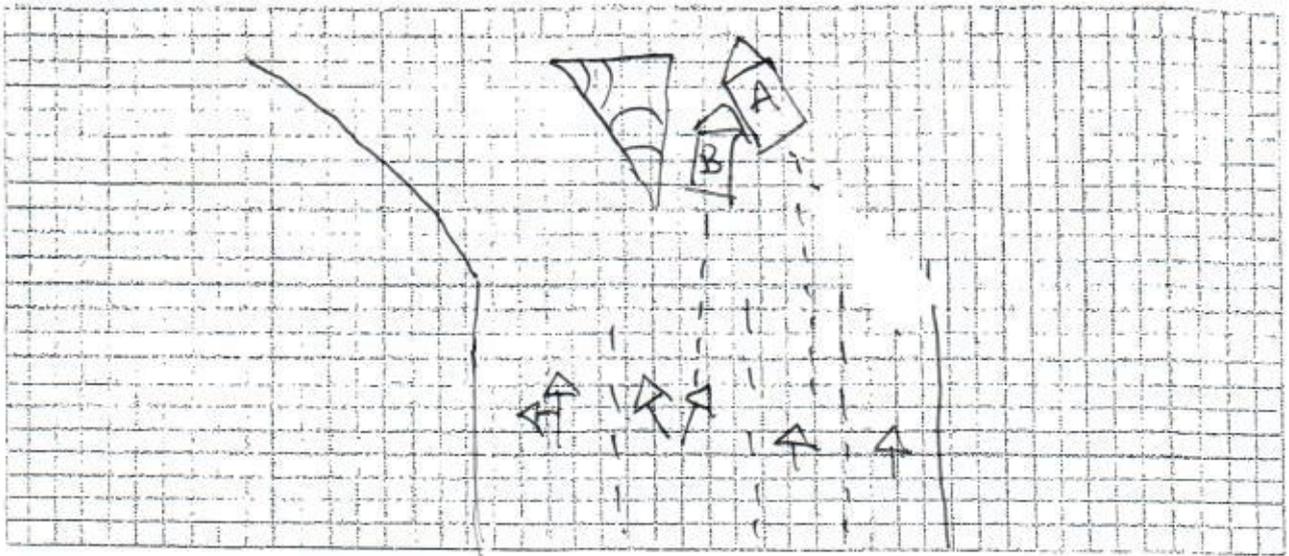


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

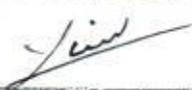
On the stated date and time, I was travelling along Tiong Bahru Road toward Zion Road. I was on the *second lane from the right. I was making a lane change to my left. suddenly ven B collided onto my car.

DECLARATION

(We declare that 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.:

Date of Accident : 06/02/2020 Accident Time: 2030 (24-HR-Format)

Accident Place : Tiong Bahru Road toward Zion Road.

Vehicle Reg. No. (Car Plate No.) : SJR1036C

Vehicle Make/Model : Hyundai Quantle.

Insurance Company : NTCIC Policy No. _____

Owner or Company Name /IC No. : CU Leasing

Owner or Company Contact No. : 9626 62001. Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : Siew Wen Feng, Lionel 58306332G

DRIVER'S Date Of Birth : 22/02/1983 DRIVER'S License Pass Date 11/Oct/2017

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____

DRIVER'S Address : 487 Segar Road # #09-542 670487

DRIVER'S Contact No. / Alt No. : 1) 922 89899. 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : _____

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 02 Passenger: Male. No Particular

Was there any video Captured by car camera: YES NO
Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLP 7888H

Vehicle Reg. No: _____

Vehicle Make/Model: Nissan.

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Driver's Contact & Add: _____

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"/>	5115351600	5115351600-000011	CU LEASING PRIVATE LIMITED	201842183G	GFM	drive CLASSIC	SJR1036C	SJR1036C	18/01/2020	17/01/2021

Continue

Policy Information

Policy No.	5115351600	Policyholder Name	CU LEASING PRIVATE LIMITED	Policyholder NRIC	201842183G
Certificate No.	5115351600-000011				
Address	21 TOH GUAN ROAD EAST #05-03 TOH GUAN CENTRE SINGAPORE 608609				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	13/01/2020	Effective Date	18/01/2020 00:00	Expiry Date	17/01/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	GOH CHEN PENG (WU ZHENPIN	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	21 TOH GUAN ROAD EAST	Address 2	#05-03 TOH GUAN CENTRE	Address 3	SINGAPORE 608609
Address 4		Address Type	Singapore address	Post Code	608609
Unit No.	05-03	Related Policy Number	5115351600		

Insured Object: 5115351600-000011

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1083484

Policy No.	5115351600	Vehicle No.	SJR1036C	GST Registration No.	
Certificate No.	5115351600-000011				
Policyholder Name	CU LEASING PRIVATE LIMITED	Cover Type	drive CLASSIC	Policyholder NRIC	201842183G
Product Code	FLEET MASTER INSURANCE	Contract No. (Office)	0	Loading	0
Contact No. (Mobile)	96266209	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	N
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Orange Force		Private Hire	Yes

Accident Details

Report Date	07/02/2020 18:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	06/02/2020	Time of Accident hh:mm	20:30	Country of Accident	Singapore
Reporting Centre		ICM No.			
Accident Location	TIOING BAHRU RD TWDS ZION RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver Is Covered?	
OO Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OO Excess	0.00	YIED TP Excess			
Additional Excess	0	Total TP Excess Applicable			
Total OO Excess Applicable	2000.00				

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	21 TOH GUAN ROAD EAST	Address 2	#05-03 TOH GUAN CENTRE	Address 3	SINGAPORE 608609
Address 4		Address Type	Singapore address	Post Code	608609
Unit No.	05-03	Related Policy Number	5115351600		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	22/02/1983
Unnamed Driver Name	SIEW WENFENG, LIONEL (SHAC)	Driver NRIC	SXXXX332G	Driving Experience	2
Register Date of Driver License	11/10/2017	Driver Age	36	Contact No. (Home)	0
Contact No. (Mobile)	92269999	Contact No. (Office)	0	Address 1	SEGAR ROAD
Address 1	BLK 487	Address 2	SEGAR ROAD	Address 3	SEGAR GROVE
Address 4	SINGAPORE 670487	Address Type	Singapore address	Post Code	670487
Unit No.	09-542	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OO-MX	Insured Name	CU LEASING PRIVATE LIMITED	Insured NRIC	201842183G
Contact No. (Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	NIL
Email Address		OI Vehicle Number	SJR1036C	TP Vehicle Number	SLP788BH
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJR1036C / SLP788BH ON 6 Feb 2020				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes	Insured Liability *	Fully at Fault	GIA report	Received
Date Registered	07/02/2020 18:05	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	07/02/2020 00:00
Report Taken By	Jackson	Claim Close Date			

Print AK letter

Save Submit

Attachment

Accident No.	MT/1083484	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/02/2020 18:06

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

[Send Message](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Feb 2020 18:06	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-2-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Feb 2020 18:06	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-2-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Feb 2020 18:06	SAS	Normal	SAS 2020-2-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Feb 2020 18:06	Photos	Normal	Photos 2020-2-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Feb 2020 18:06	Photos	Normal	Photos 2020-2-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Feb 2020 18:06	Photos	Normal	Photos 2020-2-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Feb 2020 18:06	Photos	Normal	Photos 2020-2-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Feb 2020 18:05	Photos	Normal	Photos 2020-2-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Feb 2020 18:05	Photos	Normal	Photos 2020-2-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Feb 2020 18:05	Photos	Normal	Photos 2020-2-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Feb 2020 18:05	Photos	Normal	Photos 2020-2-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Feb 2020 18:05	Photos	Normal	Photos 2020-2-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Feb 2020 18:05	Photos	Normal	Photos 2020-2-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Feb 2020 18:05	Photos	Normal	Photos 2020-2-7	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in new Window Scan and uploading		