

NATIONAL Assessment Centre Services [part 1 3/1/05] MMA 1200 17939

Date In: 10/21/20 11:00	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAI/INC 2000 2236144	E-mail (within 3hrs, AIG 2hrs)		
Veh No: SLA 4535A	I-Motor Claim Form	MT11083614-001	10/21/20 11:22
DDA: 912120 19:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD - TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whs		

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

TP Particulars: Veh No: SMP 9835K 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 repolrer.

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

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

Remarks (INC require 07/11/06):

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 2001264	1) AR: Accident Reporting (\$30)	30.00
Claimant's Particulars:	2) DA: Damage Assessment (\$100); INC (\$30)	
Driver/Owner:	3) TP: Towing Fee \$40/\$45	
Contact No:	4) FT: Follow-Through Survey \$120	
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey) \$30	
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$23	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Non INC) against INC \$20	
	9) NI2: 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	10/02/2020 11:00
Date Of Accident	09/02/2020 19:00
Exact Location Of Accident	838 JURONG WEST ST 81 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA4535A
Insured/Policyholder	
Name Of Registered Owner	TAY HUI MIN
NRIC No	SXXXX879J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81123576
Alternative Phone No	OFFICE-81123576

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	5078016079-03
Cover Note Number	

Driver

Name of Driver	TAY HUI MIN
NRIC No	SXXXX879J
Date Of Birth	02/12/1990
Occupation	OUTDOOR
Date Of Driving Pass	02/09/2009
Driving Experience	10 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81123576
Fax Number	
Contact Number	OFFICE-81123576
Email Address	NOEMAIL

Address	BLK 58 HAVELOCK RD #06-168
Postcode	161058
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	SIDE SWIPE
Weather Conditions	DRIZZLING
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN 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

AFTER REVERSING INTO THE LOT, I TRY TO ADJUSTING THE POSITION OF MY VEH TO PARK PROPERLY, SUDDENLY VEH B COME SPEEDING FROM MAIN ROAD AND HIT ONTO MY VEH FRONT RIGHT PORTION.

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	SMP9835K
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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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.



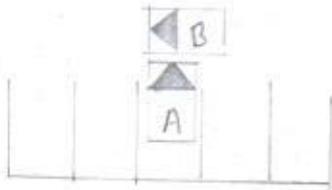
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



A = SLA 4535 A
B = SMP 9835 K.

838 Jurong West St 91 Carpark

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. 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 checked="" type="radio"/>	5078016079-03		TAY HUI MIN	S9046879J	GPC	drivo CLASSIC	SLA4535A	SLA4535A	01/03/2019	29/02/2020

Continue

Claim Handling

Accident MT/1083614

Policy No.	5078016079-03	Vehicle No.	SLA4535A	GST Registration No.	
Certificate No.					
Policyholder Name	TAY HUI MIN	Cover Type	drive CLASSIC	Policyholder NRIC	S9046879J
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	81123576	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	30	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	10/02/2020 11:19	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	09/02/2020	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	838 JURONG WEST ST B1 CARPARK				

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	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 58 #06-168	Address 2	HAVELOCK ROAD	Address 3	SINGAPORE 161058
Address 4		Address Type	Singapore address	Post Code	161058
Unit No.		Related Policy Number	S078016079-03		

OI Driver Info

Driver Name	TAY HUI MIN	Driver Type	Main Driver	Driver DOB	02/12/1990
Unnamed driver Name		Driver NRIC	S9046879J	Driving Experience	10
Register Date of Driver License	02/09/2009	Driver Age	29	Contact No.(Home)	
Contact No.(Mobile)	81123576	Contact No.(Office)		Address 3	SINGAPORE 161058
Address 1	BLK 58 #06-168	Address 2	HAVELOCK ROAD	Post Code	161058
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
Breathalyser 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	TAY HUI MIN	Insured NRIC	S9046879J	
Contact No.(Mobile)	81123576	Contact No.(Home)		Contact No.(Office)	06168	
Email Address	TAYHUIMIN@LIVE.COM	OI Vehicle Number	SLA4535A	TP Vehicle Number	SMP98	
Claim Description	SLA4535A / SMP9835K ON 9 Feb 2020				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Partially at Fault	GIA report	Received	
Date Registered	10/02/2020 11:21	Claim Close Date		Date Received	10/02/2020	
Report Taken By	LIEW SHAN HUI					

Print AK letter

Attachment

Accident No.	MT/1083614	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/02/2020 11:22
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	NO
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Desc
Choose File	No file chosen	Clear	
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M:
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-10	
	10 Feb 2020 11:22				



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Feb 2020 11:22	SAS	Normal	SAS 2020-2-10
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Feb 2020 11:22	Photos	Normal	Photos 2020-2-10
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Feb 2020 11:22	Photos	Normal	Photos 2020-2-10
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Feb 2020 11:22	Photos	Normal	Photos 2020-2-10
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Feb 2020 11:21	Photos	Normal	Photos 2020-2-10
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Feb 2020 11:21	Photos	Normal	Photos 2020-2-10
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Feb 2020 11:21	Photos	Normal	Photos 2020-2-10
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Feb 2020 11:21	Photos	Normal	Photos 2020-2-10
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Feb 2020 11:21	Photos	Normal	Photos 2020-2-10
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Feb 2020 11:21	Photos	Normal	Photos 2020-2-10

Video List

Uploaded By/Date	Folder Date	File Name	Source
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