

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] MHA 000 2629

Date In: 15/12-12:25	Job description	Date & Time Completed	Done by
Ref No: HA INC 2000 2629/24	SAS e-filing		
Veh No: VMPT424B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 4/2/00-21:20	i-Motor Claim Form	17/12/04 494-001	15/12/04 15:30
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 54K978M	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:	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

HA 2001230	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl 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: Idao Mobile 30		
Lat. 1:	Invoice dated	Fee Charged	
Lat. 2 / 3:	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	15/02/2020 12:25
Date Of Accident	14/02/2020 21:20
Exact Location Of Accident	NEWTON CIRCUS TWDS SCOTTS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP7424B
Insured/Policyholder	
Name Of Registered Owner	KOO PEK TEONG
Passport No/FIN	FXXXX674W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92273826
Alternative Phone No	OFFICE-92273826

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	5114442568
Cover Note Number	

Driver

Name of Driver	KOO PEK TEONG
Passport No/FIN	FXXXX674W
Date Of Birth	22/08/1974
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2018
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92273826
Fax Number	
Contact Number	OFFICE-92273826
Email Address	NOEMAIL

Address	BLK 17 JOO SENG ROAD #10-143
Postcode	360017
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	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)	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, AS I WANTED TO FILTER TO LEFT LANE I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT BEFORE I CAN PROCEED. WHEN I FILTER TO LEFT LANE A LITTLE AND ACCIDENTALLY GRAZED ONTO VEHICLE B REAR 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	SGK978M
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)	3


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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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.



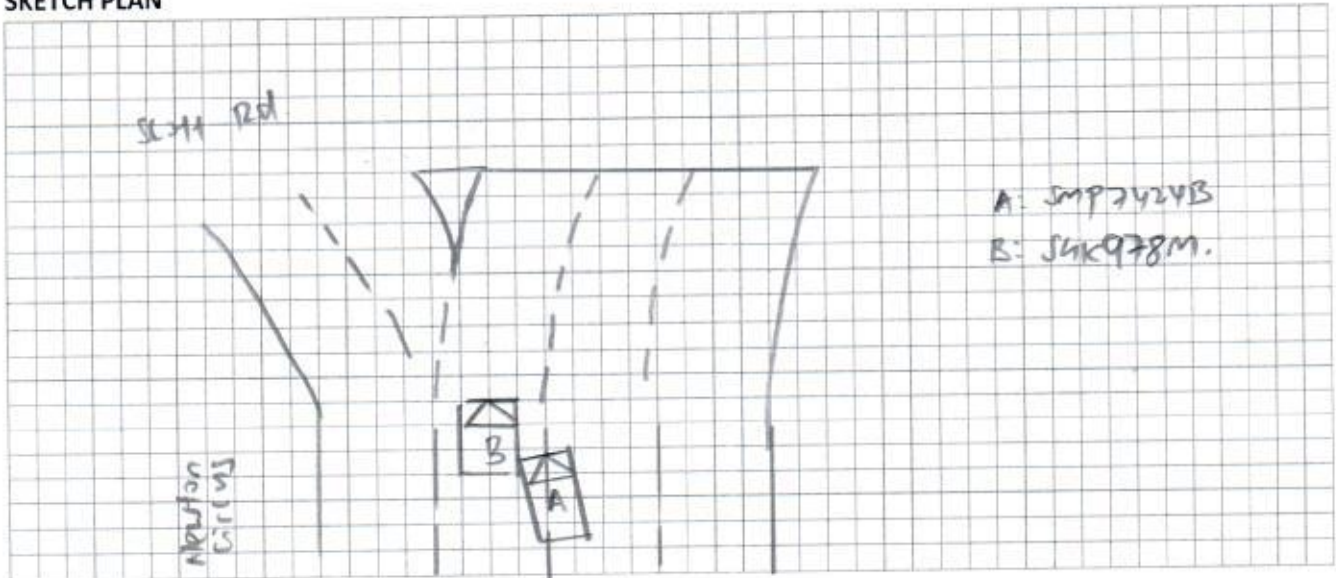
Policyholder's Signature
Date & Time:

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

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.	<input type="text"/>	Date of Accident	<input type="text" value="14/02/2020 21:20"/>							
Vehicle No.(For Motor)	<input type="text" value="SMP7424B"/>	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"/>	5114442568		KOO PEK TEONG	F7375674W	GPC	drive CLASSIC	SMP7424B	SMP7424B	28/11/2019	27/11/2020
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5114442568	Policyholder Name	KOO PEK TEONG	Policyholder NRIC	F7375674W
Certificate No.					
Address	BLK 17 #10-143 JOO SENG ROAD JOO SENG HEIGHTS SINGAPORE 360017				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	28/11/2019	Effective Date	28/11/2019 00:00	Expiry Date	27/11/2020 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	ALFA CREDIT PTE LTD	Agent Tel.	62411228	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 17 #10-143	Address 2	JOO SENG ROAD	Address 3	JOO SENG HEIGHTS
Address 4	SINGAPORE 360017	Address Type	Singapore address	Post Code	360017
Unit No.	10-143	Related Policy Number	5114442568		

▶ Insured Object: SMP74248

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1084494

Policy No.	5114442568	Vehicle No.	SMP7424B	GST Registration No.	
Certificate No.					
Policyholder Name	KOO PEK TEONG	Cover Type	drive CLASSIC	Policyholder NRIC	F7375674W
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	92273826	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="N"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	15/02/2020 15:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	14/02/2020	Time of Accident hh:mm	21:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEWTON CIRCUS TWDS SCOTTS 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	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
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	BLK 17 #10-143	Address 2	300 SENG ROAD	Address 3	300 SENG HEIGHTS
Address 4	SINGAPORE 360017	Address Type	Singapore address	Post Code	360017
Unit No.	10-143	Related Policy Number	5114442568		

▼ OE Driver Info

Driver Name	KOO PEK TEONG	Driver Type	Main Driver	Driver DOB	22/08/1974
Unnamed driver Name		Driver NRIC	F7375674W	Driving Experience	1
Register Date of Driver License	11/07/2018	Driver Age	45	Contact No.(Home)	0
Contact No.(Mobile)	92273826	Contact No.(Office)	0	Address 3	300 SENG HEIGHTS
Address 1	BLK 17	Address 2	300 SENG ROAD	Post Code	360017
Address 4	SINGAPORE 360017	Address Type	Singapore address		
Unit No.	10-143				
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
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Modification History

Claim 001 New

Claim Type *	OD-MK	Insured Name	KOO PEK TEONG	Insured NRIC	F7375674W
Contact No.(Mobile)	92273826	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SMP7424B	TP Vehicle Number	SGK978M
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMP7424B / SGK978M ON 14 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	GSA report	Received
Date Registered	15/02/2020 15:52	Claim Close Date		Date Received	15/02/2020 00:00
Report Taken By	Jackson				

☒ Print AK letterSave Submit

Attachment

Accident No.	MT/1084494	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/02/2020 15:53

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> Browse... Clear Please Select	<input type="text"/> Browse... Clear Please Select	<input type="text"/> Browse... Clear Please Select	<input type="text"/> Browse... Clear Please Select	<input type="text"/> Browse... Clear Please Select
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Registration

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 15 Feb 2020 15:53	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-2-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 15 Feb 2020 15:53	SAS	Normal	SAS 2020-2-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 15 Feb 2020 15:53	Photos	Normal	Photos 2020-2-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 15 Feb 2020 15:53	Photos	Normal	Photos 2020-2-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 15 Feb 2020 15:53	Photos	Normal	Photos 2020-2-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 15 Feb 2020 15:53	Photos	Normal	Photos 2020-2-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 15 Feb 2020 15:53	Photos	Normal	Photos 2020-2-15	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 15 Feb 2020 15:52	Photos	Normal	Photos 2020-2-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV/ CES) on 15 Feb 2020 15:52	Photos	Normal	Photos 2020-2-15	

Video List

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