

NATIONAL Assessment Centre Services. [part 1 Jan 2021]

MMA 1200 22603

Date In: 20/2/20 09:44	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 20002906/h4	E-mail (within 3hrs, AIC 2hrs)		
Veh No: AU 3129X	I-Motor Claim Form	MT/1085064 ⁰⁰¹	20/2/20 10:26
DDA: 19/2/20 08:50	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD - IP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksr		

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

TP Particulars: Veh No: SMR 7039U. INC () / Non-INC () Tel: ()

Owner / Driver: ()

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 6010, 6010, 6010)	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	Action

MA 2001540	Invoice #	70-20
Claimants/Parties:	1) AR: Accident Reporting (\$30);	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Bgr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
Auditors Comments:	For claiming excess UNC Only (w/c 10 Jan 2020)	
	6) TR: Re-inspection \$75	
	7) NI: Idno DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpt Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NF: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$5	
	TP (N11): TP (N11) INC against INC \$20	
	9) N12: Idno 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	20/02/2020 09:44
Date Of Accident	19/02/2020 08:50
Exact Location Of Accident	JUNC OF TRAFFIC LIGHT NO 21 TWDS MACPHERSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	AU3129X
Insured/Policyholder	
Name Of Registered Owner	DIANN LEE XIN YEE
NRIC No	SXXXX925B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93697552
Alternative Phone No	OFFICE-93697552

Vehicle Particulars

Manufacturer	VESPA
Model	SPIN
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108545030
Cover Note Number	

Driver

Name of Driver	DIANN LEE XIN YEE
NRIC No	SXXXX925B
Date Of Birth	17/06/1991
Occupation	INDOOR
Date Of Driving Pass	28/12/2018
Driving Experience	1 YEAR AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-93697552
Fax Number	
Contact Number	OFFICE-93697552
EEmail Address	NOEMAIL

Address	538 MILTONIA CLOSE #02-43
Postcode	768113
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	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

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	SMR7039U
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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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**.
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:

19/02/20
1745

Driver's Signature

(If driver is not the policyholder)

Date & Time:

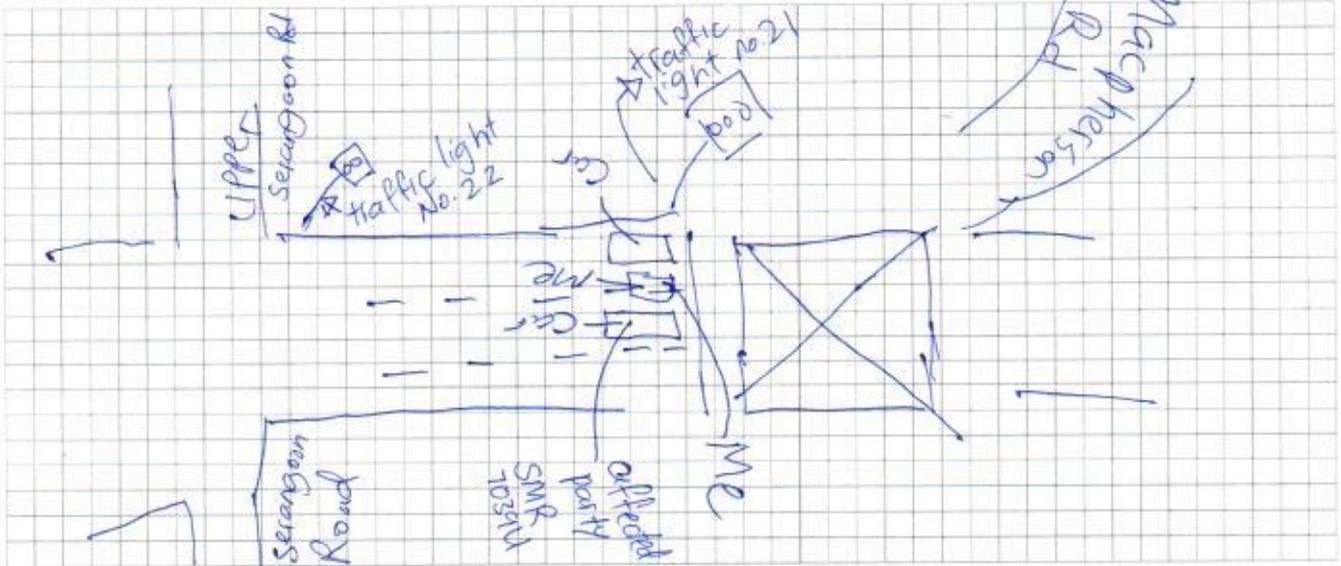
19/02/20
1745

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- As I was moving off traffic light no. 21, my vehicle AU 3129X's kickstart lever grazed the left bumper of vehicle SMR 7039U.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

[Signature]

[Signature]

Policyholder's Signature
Date & Time: 19 Feb 2020
1745

Driver's Signature
(If driver is not the policyholder)
Date & Time: 19 Feb 2020
1745

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

ACCIDENT STATEMENT

ACCIDENT DATE: 19/02/20 (DD/MM/YYYY), TIME: 08:50 (HH:MM)

LOCATION: At the junction of traffic light no. 21 (towards McPherson Road)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: AU 3129X
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YESPA SPRINT 1978
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Commuting to work
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: DIANN LEE XIN YEE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9187925B CONTACT: 93697552
c) ADDRESS: BLK 538 #02-43, Miltonia Residences, Miltonia close, Yishun Avenue 1, S768113

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DIANN LEE XIN YEE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9187925B CONTACT: 93697552
c) ADDRESS: BLK 538 #02-43, Miltonia Residences, Miltonia close, Yishun Avenue 1, S768113

*d) DATE OF BIRTH: 17/06/1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMR 7039U MODEL: Toyota Prius
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 84982907

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passengers
(Including driver)
(1)

*No of passenger
(Including driver)
()

*No of passenger
(Including driver)
()

Scene photo

check email

email = diannlx@gmail.com

fax =

video = No.

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"/>	5108545030		DJANN LEE XIN YEE	S9181925B	GMC	Third Party	AU3129X	AU3129X	29/03/2019	31/03/2020

Continue

Claim Handling

Accident MT/1085064

Policy No.	5108545030	Vehicle No.	AU3129X	GST Registration No.	
Certificate No.					
Policyholder Name	DIANN LEE XIN YEE			Policyholder NRIC	S9181925B
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	93697552	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	20/02/2020 10:20	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	19/02/2020	Time of Accident hh:mm	08:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF TRAFFIC LIGHT NO 21 TWDS MACPHERSON RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	Not Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	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	538 MILTONIA CLOSE	Address 2	#02-43 THE MILTONIA RESIDEN	Address 3	SINGAPORE 768113
Address 4		Address Type	Singapore address	Post Code	768113
Unit No.	02-43	Related Policy Number	5108545030		

OT Driver Info

Driver Name	DIANN LEE XIN YEE	Driver Type	Main Driver	Driver DOB	17/06/1993
Unnamed driver Name		Driver NRIC	S9181925B	Driving Experience	3
Register Date of Driver License	01/01/2017	Driver Age	28	Contact No.(Home)	
Contact No.(Mobile)	93697552	Contact No.(Office)		Address 3	SINGAPORE 768113
Address 1	538 MILTONIA CLOSE	Address 2	#02-43 THE MILTONIA RESIDEN	Post Code	768113
Address 4		Address Type	Singapore address		
Unit No.	02-43				
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	DIANN LEE XIN YEE	Insured NRIC	S9181925B	
Contact No.(Mobile)	93697552	Contact No.(Home)		Contact No.(Office)		
Email Address	DIANNLXY@GMAIL.COM	OT Vehicle Number	AU3129X	TP Vehicle Number	SMR7039U	
Claim Description	AU3129X / SMR7039U ON 19 Feb 2020				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Partially at Fault	GIA report	Received	
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	Claim Close Date	20/02/2020 10:25	
Date Registered				Date Received	20/02/2020	
Report Taken By	LIEW SHAN HUI					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1085064	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	20/02/2020 10:26
Path *		Category *	
Choose File	No file chosen	Confidential	NO
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		Urgency	Description	M
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Feb 2020 10:26	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Feb 2020 10:26	SAS		Normal	SAS 2020-2-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Feb 2020 10:25	Photos		Normal	Photos 2020-2-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Feb 2020 10:25	Photos		Normal	Photos 2020-2-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Feb 2020 10:25	Photos		Normal	Photos 2020-2-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Feb 2020 10:25	Photos		Normal	Photos 2020-2-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Feb 2020 10:25	Photos		Normal	Photos 2020-2-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Feb 2020 10:25	Photos		Normal	Photos 2020-2-20	

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"/>				