

NATIONAL Assessment Centre Services.

[part 1 Jan 2009]

MNA 1200 222 64.

| | | | |
|------------------------------|--|-----------------------|----------------|
| Date In: 19/12/20 11:33 | Job description | Date & Time Completed | Done by |
| Ref No: NAI INC 2000 2916164 | SAS e-filing | | |
| Veh No: SMQ 1347A | E-mail (within 3hrs, AIC 2hrs) | | |
| DOA: 17/11/20 16:30 | I-Motor Claim Form | MT/1081018-002 | 20/12/20 11:52 |
| OD: TP Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / GW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SHD 3470R | 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 reporter.

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

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

| | | |
|---|-----------------------|---------|
| Remarks: (INC Ref No: 6700 4610) | 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 | Action |
|-----------|--------|
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|-------------|
| NA 2001538 | Invoice Information | Amount (\$) | Amount (\$) |
| Claimants Particulars: | 1) AIR: Accident Reporting (\$300) | 2000 | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) | | |
| Contact No: | 3) TP: Towing Fee | \$40/\$45 | |
| Damaged Portion: | 4) FT: Follow-Through Survey | \$120 | |
| QC Checked by (Bugr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) | \$30 | |
| Architects Comments: | For claiming against UNC Only (w/c 10 Jan 2009) | | |
| Sal: L: | 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 Coordination | \$10 | |
| | *NI: Post Repair Inspection | \$25 | |
| | *NI: DV / Collect Excess Coordination | \$5 | |
| | TP (NI1): TP (NI1 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 | 19/02/2020 11:33 |
| Date Of Accident | 17/01/2020 16:30 |
| Exact Location Of Accident | RAFFLES QUAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | SMQ1347A |
| Insured/Policyholder | |
| Name Of Registered Owner | GD CARZ |
| Co Reg No | 5XXX597J |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-64649355 |

Vehicle Particulars

| | |
|--|-----------------------|
| Manufacturer | HONDA |
| Model | SHUTTLE HYBRID 1.5 AT |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL |
| 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 | NO |
| Policy Number | 5111925837 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LIM JUN GUANG DICKSON |
| NRIC No | SXXXX307F |
| Date Of Birth | 02/10/1989 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 12/11/2013 |
| Driving Experience | 6 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97888571 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 812 YISHUN RING RD #02-4151 |
| Postcode | 760812 |
| 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: : 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

I WAS TRAVELLING ALONG RAFFLES QUAY ON THE THIRD LANE, I SIGNALING RIGHT AND CHECK ON SECOND LANE HAVE A GAP FOR ME FILTERING INTO SECOND LANE, SUDDENLY TAXI COME FROM BEHIND TRY TO SQUEEZE THRU MY VEH AND HIT ONTO MY VEH RIGHT FRONT PORTION. AFTER THE INCIDENT, THE TAXI DRIVER NEVER COME DOWN, I THOUGHT NOTHING HAPPENED THEN I NEVER MAKE ANY INSURANCE REPORT UNTIL I RECEIVED A LETTER FROM MY INSURANCE COMPANY.

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 | SHD3470R |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| 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.:

cross st

A = 5MQ 1347A
B = SHD 3470

Raffles Quay

A = 5MQ 1347A
B = 5HD 3470R

[illegible]

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



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" value="5111925837"/> | Date of Accident | <input type="text" value="17/01/2020 11:29"/> |
| Vehicle No.(For Motor) | <input type="text" value="SMQ1347A"/> | 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 checked="" type="radio"/> | 5111925837 | 5111925837-000049 | GD CARZ | 53122597J | GFM | drive CLASSIC | SMQ1347A | SMQ1347A | 30/10/2019 | 18/08/2020 |

Claim Handling

Accident MT/1081018

| | | | | | |
|---|---|-------------------------------|---|------------------------|------------------|
| Policy No. | 5111925837 | Vehicle No. | SMQ1347A | GST Registration No. | |
| Certificate No. | 5111925837-000049 | | | | |
| Policyholder Name | GD CARZ | Cover Type | drive CLASSIC | Policyholder NRIC | 531225973 |
| Product Code | FLEET MASTER INSURANCE | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | NA | 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(%) | 0 | eCode Reason | |
| NCD Protection | No | | | Private Hire | Not available |
| ▼ Accident Details | | | | | |
| Report Date | 20/01/2020 17:10 | Accident Report Within 24 hrs | Yes | Accident Type | Others |
| Date of Accident | 17/01/2020 | Time of Accident hh:mm | 12:00 | Country of Accident | Singapore |
| Reporting Centre | administrator | Orange Force | No | ICM No. | |
| Accident Location | RAFFLES QUAY TWOS SHENTON WAY | | | | |
| ▼ Total Excess Applicable | | | | | |
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| OD Standard Excess | 1,000.00 | TP Standard Excess | 1,000.00 | | |
| YIED OD Excess | | YIED TP Excess | | Driver is Covered? | Not Applicable |
| Additional Excess | | | | | |
| Total OD Excess Applicable | 1000.00 | Total TP Excess Applicable | 1,000.00 | | |
| ▼ Benefits | | | | | |
| ▼ GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | | |
| GST Registration No. | | GST Status Verified | Yes | | |
| Modification History | | | | | |
| ▼ Policyholder Mailing Address | | | | | |
| Address 1 | 210 TURF CLUB ROAD | Address 2 | B16 TURF CITY | Address 3 | SINGAPORE 267995 |
| Address 4 | | Address Type | Singapore address | Post Code | 267995 |
| Unit No. | | Related Policy Number | 5111925837 | | |
| ▼ OI Driver Info | | | | | |
| Driver Name | | Driver Type | | Driver DOB | |
| Unnamed driver Name | | Driver NRIC | | Driving Experience | |
| Register Date of Driver License | | Driver Age | | Contact No.(Office) | |
| Contact No.(Mobile) | | Contact No.(Office) | | Address 3 | |
| Address 1 | | Address 2 | | Post Code | |
| Address 4 | | Address Type | Foreign 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 | |

Modification History

Claim 002 **New**

| | | | | | | | |
|-------------------------|------------------------------------|----------------------------------|--------------------|---------------------|----------------------------|---------------|------------|
| Claim Type * | OD-MX | Insured Name | GO CARZ | Insured NRIC | 531225973 | | |
| Contact No.(Mobile) | 92331245 | Contact No.(Home) | | Contact No.(Office) | 646495 | | |
| Email Address | | OI Vehicle Number | SMQ1347A | TP Vehicle Number | SHD34 | | |
| Claim Description | SMQ1347A / SHD3470R ON 17 Jan 2020 | | | | Name of Preferred Workshop | 0 | |
| Preferred Workshop | 0 | Insured Liability | Partially at Fault | GIA report | Received | | |
| Preferred Repair Option | Yes | Preferred Workshop, Name unknown | | | | | |
| Date Registered | | | | Claim Close Date | 20/02/2020 11:47 | Date Received | 20/02/2020 |
| Report Taken By | LIEW SHAN HUI | | | | | | |

☒ Print AK letter

Save Submit

Attachment

| | | | | | |
|---|---|-----------------------|------------------|-------------|---------------------------------|
| Accident No. | MT/1081018 | Claim No. | 002 | | |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 20/02/2020 11:52 | | |
| Path * | | Category * | Confidential | Urgency * | Desc |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Message Read | | | | | |
| ▼ Attachment List | | | | | |
| Attachment | Uploaded By/Date | Category | Urgency | Description | |
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o | 20 Feb 2020 11:52 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-2-20 |



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
20 Feb 2020 11:52

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SAS 2020-2-20

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
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Photos 2020-2-20

Video List

Uploaded By/Date

Folder Date

File Name

Source

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Scan and uploading