

NATIONAL Assessment Centre Services

(ver 1 Jan 03)

MNA 120023767

Date In: 22/12/20 16:48	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 20003024/H4	E-mail (within 3hrs, AIC 2hrs)		
Veh No: YQ 393E	I-Motor Claim Form	MT11085438-001	22/12/20 17:31
DEFA: 21/12/20 11:30	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OH: TP / Reporting Only	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: G8F 9214 K	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 rep/rep.

() 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	Action

MA 2001568		Invoice Preparation Checklist	Amount (\$)	Amount (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);	30.00	
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 (Bug-In-Charge):		5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:		For claiming against INC Only (wof 10 Jan 2003)		
		6) TR: Re-inspection \$75		
		7) NI: Idea DA + SMRT Survey \$160		
		8) NTUC Additional Services:		
		QD:		
		*N3: Courtesy Car / Tpt Allowance \$5		
		*N6: Repair Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$5		
		TE (N11): TP (Non INC) against INC \$20		
		9) N12: Idea 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 willful 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	22/02/2020 16:48
Date Of Accident	21/02/2020 11:30
Exact Location Of Accident	336B ANCHORVALE CRESCENT LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ393E
Insured/Policyholder	
Name Of Registered Owner	LAM RENOVATION CONSTRUCTION CONTRACTOR
Co Reg No	4XXXX400L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91525051

Vehicle Particulars

Manufacturer	ISUZU
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093182556-02
Cover Note Number	

Driver

Name of Driver	SELVARASU BERNATSHA
NRIC No	GXXXX879K
Date Of Birth	28/04/1991
Occupation	OUTDOOR
Date Of Driving Pass	13/08/2018
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85754132
Fax Number	
Contact Number	OTHERS-91525569
EEmail Address	NOEMAIL

Address 622 BEDOK RESERVOIR RD #02-1514
 Postcode 470622
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE
 Weather Conditions RAINING
 Road Surface WET

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

I WAS MOVING OUT FROM THE 336B ANCHORVALE CRESCENT LOADING BAY, MY LORRY RIGHT REAR ACCIDENTALLY HIT ONTO ANOTHER PARKED VEH B LEFT HAND SIDE.

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 GBF9214K
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 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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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.:

SKETCH PLAN

Sketch plan on grid paper showing a loading bay area. Two vehicles are indicated: A (YQ 393 E) and B (GBF 9214 K). The address 336B Anchorage Crescent is written below the sketch.

Loading bay

A = YQ 393 E

B = GBF 9214 K

336B Anchorage Crescent

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION

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



Policyholder's Signature
Date & Time:

S. Bernat Hu

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

Signature

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)

YQ393E

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5093182556-02		LAM RENOVATION CONSTRUCTION CONTRACTOR	49971400L	GFT	Comprehensive	YQ393E	YQ393E	08/04/2019	

Claim Handling

Accident MT/1085438

Policy No.	5093182556-02	Vehicle No.	YQ393E	GST Registration No.	
Certificate No.					
Policyholder Name	LAM RENOVATION CONSTRUCTION CONTRACTOR	Cover Type	Comprehensive	Policyholder NRIC	49971400L
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91535051	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="No"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date

22/02/2020 17:28

Accident Report Within 24 hrs

Yes

Accident Type

Collided into Parked Vehicle

Date of Accident

21/02/2020

Time of Accident hh:mm

11:30

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

336B ANCHORVALE CRESCENT LOADING BAY

Excess

Own damage Excess

600.00

Additional Excess

Windscreen Excess

100.00

Unnamed Driver Excess

Outside Singapore OD Excess

Third Party Excess

0.00

Outside Singapore TP Excess

Benefits

GST Registered Information

GST Registered

No

GST Registration Date

GST Status Verified

Yes

GST Registration No.

Modification History

22/02/2020 17:29:54 System changed GST Status Verified from No to Yes

Policyholder Mailing Address

Address 1

46 LORONG 17 GEYLANG

Address 2

#07-03 ENTERPRISE INDUSTRIAL

Address 3

SINGAPORE 388568

Address 4

Address Type

Singapore address

Post Code

388568

Unit No.

Related Policy Number

5109107098-01

Q1 Driver Info

Driver Name

Unnamed Driver

Driver Type

Unnamed Driver

Driver DOB

28/04/1991

Unnamed driver Name

SELVARASU BERNATSHA

Driver NRIC

GXXXX879K

Driving Experience

1

Register Date of Driver License

13/08/2018

Driver Age

28

Contact No.(Office)

Contact No.(Home)

Address 1

BLK 622 #02-1514

Address 2

BEDOK RESERVOIR ROAD

Address 3

SINGAPORE 470622

Address 4

Address Type

Singapore address

Post Code

470622

Unit No.

02-1514

Driver Insurer Company

Does he own a Singapore Registered car?

☐ Yes ☒ No

Driver Vehicle No.

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

☐ Yes ☒ No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LAM RENOVATION CONSTRUCTION CONTRACTOR	Insured NRIC	49971400L
Contact No.(Mobile)	90010148	Contact No. (Home)	62438140	Contact No. (Office)	65824
Email Address		TP	Vehicle Number	GBF92	
Claim Description	YQ393E / GBF9214K ON 21 Feb 2020				
Preferred Workshop	<input type="text" value="0"/>	Insured Liability	Fully at Fault	GIA report	Received
Preferred Repair Option	<input type="text" value="0"/>	Preferred Workshop, Name unknown			
Date Registered	22/02/2020 17:30	Claim Close Date		Date Received	22/02/2020
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Attachment

Accident No.	MT/1085438	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/02/2020 17:31

Path *

Choose File

No file chosen

Choose File

No file chosen

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Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	22 Feb 2020 17:31	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-22



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
22 Feb 2020 17:31

SAS

Normal

SAS 2020-2-22

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
22 Feb 2020 17:31

Photos

Normal

Photos 2020-2-22

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
22 Feb 2020 17:30

Photos

Normal

Photos 2020-2-22

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
22 Feb 2020 17:30

Photos

Normal

Photos 2020-2-22

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
22 Feb 2020 17:30

Photos

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Photos 2020-2-22

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
22 Feb 2020 17:30

Photos

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Photos 2020-2-22

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
22 Feb 2020 17:30

Photos

Normal

Photos 2020-2-22

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
22 Feb 2020 17:30

Photos

Normal

Photos 2020-2-22

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

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