

NATIONAL Assessment Centre Services

(part 1 Jan 2003)

MMA 1200 24262

Date In: 24/12/20 14:57	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MMA INC 20003068/h4	E-mail (within 2hrs, AIC 2hrs)		
Veh No: SMJ 5762 U	I-Motor Claim Form	MT1085566-001	24/12/20 15:19
DDA: 23/12/20 11:10	I-Motor W/O (within OD 2hrs, TP 4hrs)		
Off: <input checked="" type="checkbox"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMK 6261 L	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: (INC (INC 6788 6016))	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

MMA 2001592		Invoice Ref: (Inc 6788 6016)	Amount (\$): 30.00	Amount (\$): Available
Claimant's Particulars:	Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$80)		
QC Checked by (Engr-In-Charge):	Auditors Comments:	3) TP: Towing Fee \$40/\$45		
		4) FT: Follow-Through Survey \$120		
		5) PT: Follow-Through Survey (Resurvey) \$30		
		For claiming against INC Only (w/c 10 Jan 2003)		
		6) TR: Re-inspection \$75		
		7) NI: Idao DA + SMRT Survey \$160		
		8) NTUC Additional Services:		
		ON:		
		*NS: Courtesy Car / Tpt Allowance \$5		
		*NG: Repair Co-ordination \$10		
		*NJ: Post Repair Inspection \$25		
		*NN: DV / Collect Excess Coordination \$5		
		*NP: DV / Collect Excess Coordination \$20		
		TP (NI1): TP (INC) against INC \$0		
		9) NI2: Idao Mobile		
		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	24/02/2020 14:57
Date Of Accident	23/02/2020 11:10
Exact Location Of Accident	BLK 128 BEDOK RESERVOIR CARPARK LOT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ5762U
Insured/Policyholder	
Name Of Registered Owner	CHIA MUN LOONG
NRIC No	SXXXX340J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91162380
Alternative Phone No	OTHERS-90177085

Vehicle Particulars

Manufacturer	TOYOTA
Model	CHR
Exact Purpose for which vehicle was being used at time of accident	PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	5108046934
Cover Note Number	

Driver

Name of Driver	CHIA MUN LOONG
NRIC No	SXXXX340J
Date Of Birth	14/04/1974
Occupation	OUTDOOR
Date Of Driving Pass	21/10/2000
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91162380
Fax Number	
Contact Number	OTHERS-90177085
Email Address	NOEMAIL

Address	BLK 128 BEDOK RESERVOIR RD #03-1301
Postcode	470128
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	3
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)	0

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	SMK6261L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	POO HWEE KENG
NRIC/Passport Number	SXXXX792I
Contact Number	97347023
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FU103E
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

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.
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.

24.2.2020

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

VEHICLE A: SMJ 5762U

VEHICLE B: SMK 6261 L

VEHICLE C: FU103E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I park my vehicle in the parking lot at 6:00 am. At 11:10 am, my neighbour informed me my car was hit by vehicle B SMK 6261 L, then I went down to get the particulars from vehicle B and I found out a motorcycle FU 103 E parking beside my lot also fell on the ground.

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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 23.2.2020 Time 11:10 Hrs

Exact Location Of Accident * Blk 128 Car Park Lot

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SMJ 5762 U

Insured / Policyholder

Name of Registered Owner * CHIA MUN LOONG

NRIC/FIN/Passport Number * S7411340J

Vehicle Particulars

Manufacturer Toyota

Model CHR

Exact Purpose for which vehicle was being used at time of accident

* Private use ☐ Commercial use ☒ Hire & reward ☐
Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?

* Yes ☐ No ☒ Others

If No, please state action to be taken

* Third Party Claim ☒ Reporting Only ☐

Vehicle Category

* Private ☐ Commercial ☐ Motorcycle ☒

Insurance Details

Name of Insurance Company * NTUC

Type of Coverage * Drive Classic

Fleet Policy Yes ☐ No ☐

Policy Number * 5108046934

Cover Note Number

Driver

Name of Driver * CHIA MUN LOONG

NRIC/FIN/Passport Number * S7411340J

Date of Birth * 14.4.1974

Occupation * Private Hire Driver

Date of Driving Pass * 21.10.2000

Gender * Male ☒ Female ☐

Mobile Number 91162380 / 90177085

Address Blk 128, Bedok Reservoir Rd, #03-130 SC470128

Email Address Jasonchiemunloong@gmail.com

Was driver an employee of the Insured's Company?

* Yes ☐ No ☒

If no, Relationship of the Driver with the Insured

* Owner

Vehicle Registration Number of Driver's Own Vehicle (if applicable)		<input type="text"/>
Insurance Company of Driver's Own Vehicle (if applicable)		<input type="text"/>
General Information (Part A) / Accident		
Type of Accident	* <input type="text" value="SIDE TO FRONT"/>	
Weather Conditions	* Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="text"/>	
Road Surface	* Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Others <input type="text"/>	
Other Information		
Was any body injured in the Accident?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Was any other material or property damaged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Details of Injured Person		
Name	* <input type="text"/>	
Address	<input type="text"/>	
Approximate Age	* <input type="text"/>	
Injuries Sustained	* <input type="text"/>	
If vehicle Occupants, state in which vehicle?	<input type="text"/>	
Were seat belts worn?	* Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was injured conveyed to hospital by ambulance?	* Yes <input type="checkbox"/> No <input type="checkbox"/>	
Details of Police Action		
Was the Accident reported to the Police?	* Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please state which Police Station	<input type="text"/>	
Was notice of intended Prosecution given?	* Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, against whom?	<input type="text"/>	
DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)		
Vehicle Registration Number	* <input type="text" value="SMK 6261"/> <input type="text" value="L"/>	
Vehicle Make / Model / Colour	<input type="text" value="Mitsubishi Attrage White"/>	
Detail Of Properties	<input type="text"/>	
Name of Driver	* <input type="text" value="Pee Hwee Keng"/>	
NRIC/Passport Number	<input type="text" value="S6944792 I"/>	
Contact Number	* <input type="text" value="97347023"/>	
Email Address	<input type="text"/>	
Address	<input type="text"/>	
Insurance Company Name	<input type="text"/>	
Nature of Damage	<input type="text"/>	
Details of Witness		
Name	<input type="text"/>	
Phone Number	<input type="text"/>	
Email Address	<input type="text"/>	

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="24/02/2020 14:01"/>
Vehicle No.(For Motor)	<input type="text" value="SMJ5762U"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108046934		CHIA MUN LOONG	S74113403	GPC	drive CLASSIC	SMJ5762U	SMJ5762U	12/03/2019	11/03/2020

Claim Handling

Accident MT/1085566

Policy No.	S108046934	Vehicle No.	SMJ5762U	GST Registration No.	
Certificate No.					
Policyholder Name	CHIA MUN LOONG	Cover Type	drive CLASSIC	Policyholder NRIC	S7411340J
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90177085	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KPK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	Yes

▼ Accident Details

Report Date	24/02/2020 15:14	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	23/02/2020	Time of Accident hh:mm	11:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 128 BEDOK RESERVOIR CARPARK LOT				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	1,500.00		
Total OD Excess Applicable	2000.00				

▼ 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 128 #03-1301	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS SPRING
Address 4	SINGAPORE 470128	Address Type	Singapore address	Post Code	470128
Unit No.		Related Policy Number	S108046934		

▼ O1 Driver Info

Driver Name	CHIA MUN LOONG	Driver Type	Main Driver	Driver DOB	14/04/1974
Unnamed driver Name		Driver NRIC	S7411340J	Driving Experience	19
Register Date of Driver License	21/10/2000	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)	90177085	Contact No.(Office)		Address 3	EUNOS SPRING
Address 1	BLK 128 #03-1301	Address 2	BEDOK RESERVOIR ROAD	Post Code	470128
Address 4	SINGAPORE 470128	Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

Declaration

Breathalyser 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 *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received
Repair Option	Yes	Preferred Workshop, Name unknown			
Date Registered				24/02/2020 15:17	Claim Close Date
Report Taken By				LIEW SHAN HUI	Date Received

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1085566	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/02/2020 15:19
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
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 Feb 2020 15:19	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 Feb 2020 15:19	SAS		Normal	SAS 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 Feb 2020 15:18	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 Feb 2020 15:18	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 Feb 2020 15:18	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 Feb 2020 15:18	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 Feb 2020 15:18	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 Feb 2020 15:17	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 Feb 2020 15:17	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 Feb 2020 15:17	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 Feb 2020 15:17	Photos		Normal	Photos 2020-2-24
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 Feb 2020 15:17	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 24 Feb 2020 15:17	Photos		Normal	Photos 2020-2-24

Video List

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