

NATIONAL Assessment Centre Services.

(wef 1 Jan'05)

MAN 000000

Date In: 2/1/05-15:06	Job description	Date & Time Completed	Done by
Ref No: NA/INC2003069/24	SAS e-filing		
Veh No: SKP3481K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/1/20-11:30	I-Motor Claim Form	27/1/05 15:06	2/1/05 15:24
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SKP3481K	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

Claimant's Particulars:	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N/a INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments:	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 15:06
Date Of Accident	23/02/2020 11:30
Exact Location Of Accident	CTE TWDS CITY BEFORE BRADDELL RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKP3481K
Insured/Policyholder	
Name Of Registered Owner	LIM MEI LIAN
NRIC No	SXXXX739H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-89210840
Alternative Phone No	OFFICE-89210840
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA180 (R18 BI)
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	THIRD PARTY
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	5105579829
Cover Note Number	
Driver	
Name of Driver	POH SENG LENG (FU CHENGLONG)
NRIC No	SXXXX240A
Date Of Birth	24/05/1982
Occupation	INDOOR
Date Of Driving Pass	03/11/2018
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82871124
Fax Number	
Contact Number	OFFICE-82871124
Email Address	NOEMAIL

Address	BLK 5 BEACH ROAD #15-4937
Postcode	190005
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - EX SPOUSE
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: : - GENDER: : FEMALE

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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV3956B
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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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.

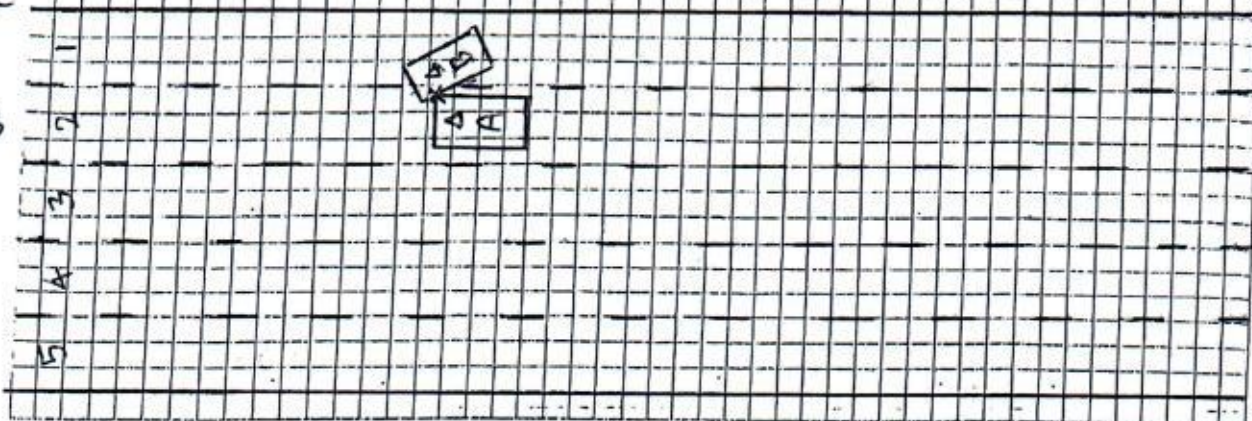

Policyholder's Signature
Date & Time:


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


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

← CTE City Before Brundell Road Exit

ven B:
skv 3456 B



On the stated time and date,
I was driving my car (Veh A: SKP 3481K) on
lane 2 along CTE towards City before Bradotell
12d Exit. Suddenly, a car (Veh B: SKV 3956B) changed
lane abruptly from lane 1 to 2 and collided onto
the right portion of my car.

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

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

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

Date of Accident : 23/02/2020 Accident Time: 1130 (24-HR-Format)
Accident Place : CTE City before Braddell
Vehicle Reg. No. (Car Plate No.) : SKP 3481K
Vehicle Make/Model : MERCEDES BENZ CLA 180
Insurance Company : NTUC Policy No. 5105579829
Owner or Company Name / IC No. : LIM MEI LIAN 8438739H
Owner or Company Contact No. : 89210840 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : POH SENG LENG 58214240 A
DRIVER'S Date Of Birth : 24/05/1982 DRIVER'S License Pass Date 03/11/2018
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : BLK 5 BEACH RD #15-4937
DRIVER'S Contact No. / Alt No. : 1) 82871124 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : ADMIN@MYCAR.SG
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 02 - no injury 1 female
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SKV 3956B

Vehicle Reg. No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Driver's Contact & Add: _____

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="23/02/2020 11:30"/>
Vehicle No. (For Motor)	<input type="text" value="SKP3481K"/>	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"/>	5105579829		LIM MEI LIAN	S8438739H	GPC	drive CLASSIC	SKP3481K	SKP3481K	16/11/2018	29/02/2020

Policy Information

Policy No.	5105579829	Policyholder Name	LIM MEI LIAN	Policyholder NRIC	S8438739H
Certificate No.					
Address	1189 UPPER SERANGOON ROAD #08-02 MIDTOWN RESIDENCES SINGAPORE 534785				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	16/11/2018	Effective Date	16/11/2018 00:00	Expiry Date	29/02/2020 23:59
Excess Type		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	INSURE LINK PTE LTD	Agent Tel.	64444644	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	1189 UPPER SERANGOON ROAD	Address 2	#08-02 MIDTOWN RESIDENCES	Address 3	SINGAPORE 534785
Address 4		Address Type	Singapore address	Post Code	534785
Unit No.	08-02	Related Policy Number	5105579829		

Insured Object: SKP3481K

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	13/08/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 16 Nov 2018 TO 29 Feb 2020 In view of this amendment, an additional premium of \$475.10 (inclusive of GST) is payable under your policy.

Continue

Cancel

Claim Handling

Accident MT/1085569

Policy No.	5105579829	Vehicle No.	SKP3481K	GST Registration No.	
Certificate No.					
Policyholder Name	LIM MEI LIAN			Policyholder NRIC	S8438739H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	89210840	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	70
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	24/02/2020 15:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	23/02/2020	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS CITY BEFORE BRADDELL RD EXIT				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	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	1189 UPPER SERANGOON ROAD	Address 2	#06-02 MIDTOWN RESIDENCES	Address 3	SINGAPORE 534785
Address 4		Address Type	Singapore address	Post Code	534785
Unit No.	06-02	Related Policy Number	5105579829		

DI Driver Info

Driver Name	POH SENG LENG (PU CHENGLONG)	Driver Type	Main Driver	Driver DOB	24/05/1982
Unnamed driver Name		Driver NRIC	S8214240A	Driving Experience	1
Register Date of Driver License	03/11/2018	Driver Age	37	Contact No.(Home)	0
Contact No.(Mobile)	89210840	Contact No.(Office)	0	Address 3	SINGAPORE 190005
Address 1	BLK 5	Address 2	BEACH ROAD	Post Code	190005
Address 4		Address Type	Singapore address		
Unit No.	15-4937				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LIM MEI LIAN	Insured NRIC	S8438739H
Contact No.(Mobile)	88938587	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	ANGEL128384@GMAIL.COM	DI Vehicle Number	SKP3481K	TP Vehicle Number	SKV35568
Claimant Type Claimant *	Please Select	Type of Benef *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKP3481K / SKV35568 ON 23 Feb 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/02/2020 15:24	Claim Close Date		Date Received	24/02/2020 00:00
Report Taken By					

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1085569	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/02/2020 15:25

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

☐ Send Message

Attachment List

Msg Sent?

Attachment	Uploaded By/Date	Category	Urgency	Description	(CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 24 Feb 2020 15:25	NR1C/ Driving License	Y	Normal	NR1C/ Driving License 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 24 Feb 2020 15:25	SAS		Normal	SAS 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 24 Feb 2020 15:25	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 24 Feb 2020 15:25	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 24 Feb 2020 15:25	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 24 Feb 2020 15:25	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 24 Feb 2020 15:25	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 24 Feb 2020 15:25	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 24 Feb 2020 15:25	Photos		Normal	Photos 2020-2-24
Video List					
Uploaded By/Date	Folder Date	File Name		Source	Action
		Display in New Window	Scan and uploading		