

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MVA/0025603

Date In: 27/1/20 - 09:24	Job description	Date & Time Completed	Done by
Ref No: 11A/INC200326/24	SAS e-filing		
Veh No: 500344814	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 26/1/20 - 18:30	i-Motor Claim Form	M/108585-01	27/1/20 10:19
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: 500344814	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 hotline: 6788 6616)	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

11A2001653	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Est Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	ON*		
	*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'n INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:			
Dat. 1:			
Dat. 2 / 3:			

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	27/02/2020 09:24
Date Of Accident	26/02/2020 18:30
Exact Location Of Accident	AYE TWDS CHANGI BEFORE PORTSDOWN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD3448H
Insured/Policyholder	
Name Of Registered Owner	GAN MIN
NRIC No	SXXXXX724Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81804840
Alternative Phone No	OFFICE-81804840

Vehicle Particulars

Manufacturer	KIA
Model	PICANTO 1.1(A)
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5112813381
Cover Note Number	

Driver

Name of Driver	GAN MIN
NRIC No	SXXXXX724Z
Date Of Birth	20/09/1991
Occupation	INDOOR
Date Of Driving Pass	11/11/2010
Driving Experience	9 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81804840
Fax Number	
Contact Number	OFFICE-81804840
Email Address	NOEMAIL

Address	BLK 944 JURONG WEST STREET 91 #08-493
Postcode	640944
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	CHAIN COLLISION
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	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	SLQ4062M
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKF1511Z
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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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJN3832D

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)

DETAILS OF INJURED PERSON 1

Name

GAN MIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJD3448H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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:

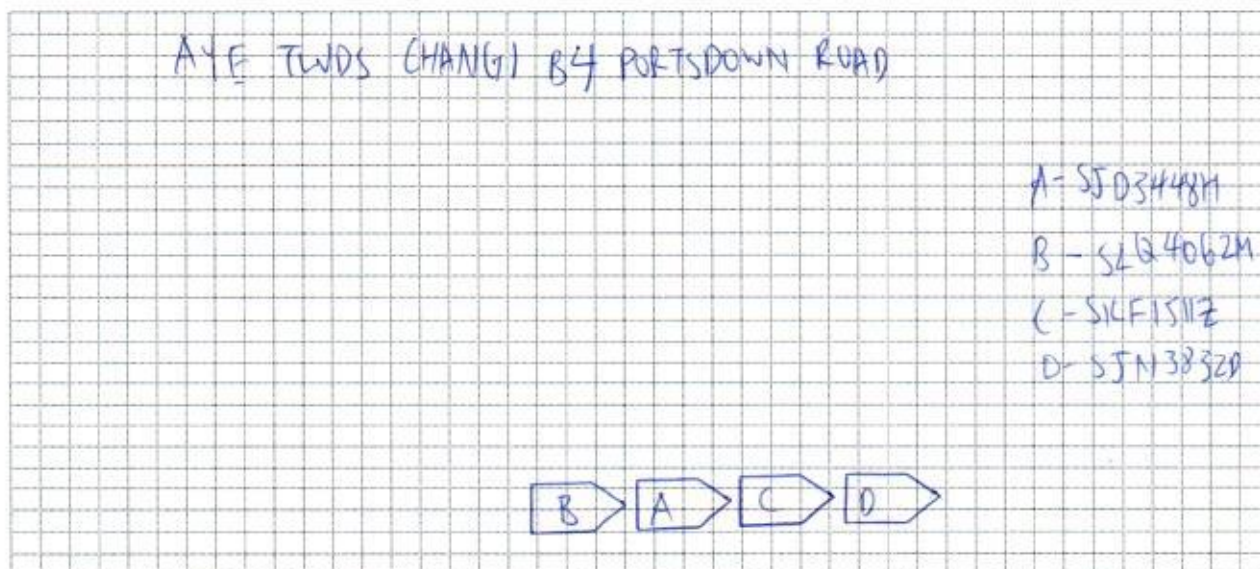
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


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


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

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG AYE TOWARDS CHANGI BEFORE PORTSDOWN ROAD. VEHICLE AHEAD SLOWED DOWN AND I FOLLOWED SUIT. MOMENT LATER VEH B REAR-ENDED MY VEHICLE, THE IMPACT FORCE MY VEHICLE FORWARD TO HIT ONTO VEHICLE C

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.:

Accident Reporting Draft

VEHICLE NO: SJD3448H

MODEL: KIA PICANTO

DATE OF ACCIDENT	26/2/2020		
TIME OF ACCIDENT	1830	HRS	AM/PM
LOCATION OF ACCIDENT	AYE TOWARDS CHANGI BEFORE PORTSDOWN ROAD		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	GAN MIN		
CONTACT NO.	81804840		
NRIC	S9133724Z		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P		
INSURANCE CO.	NTUC		
TYPE OF COVERAGE	COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: SAME AS ABOVE		
NRIC	ANY PASSENGER: 0		
DATE OF BIRTH			
OCCUPATION	OUTDOOR / INDOOR		
DATE OF DRIVING PASS			
GENDER	MALE / FEMALE		
CONTACT NO.	81804840	OFFICE:	HOME:
ADDRESS	APT BLK 944 JURONG WEST ST91 #08-493 S(640944)		
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IF NO:		
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR		
ROAD SURFACE	DRY / WET/ OTHER: DRY		
ANY INJURIES	NO / IF YES: OWNER		
CONTACT NO.			
POLICE REPORT	NO / IF YES:		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	SLQ4062M	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.	SKF1511Z	ANY PASSENGER:	
VEHICLE D NO.	SJN3832D	ANY PASSENGER:	
VEHICLE E NO.		ANY PASSENGER:	
VEHICLE F NO.		ANY PASSENGER:	
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;">  <p>Ryder Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277</p> </div>		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			

eBaoTech

GeneralClaim

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) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5112813381		GAN MIN	S9133724Z	GPC	Third Party	SJD3448H	SJD3448H	20/09/2019	19/09/2020

▼ Policy Information

Policy No.	5112813381	Policyholder Name	GAN MIN	Policyholder NRIC	S9133724Z
Certificate No.					
Address	BLK 944 #08-493 JURONG WEST STREET 91 SINGAPORE 640944				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	20/09/2019	Effective Date	20/09/2019 00:00	Expiry Date	19/09/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	META AGENCY PTE. LTD.	Agent Tel.	98585076	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 944 #08-493	Address 2	JURONG WEST STREET 91	Address 3	SINGAPORE 640944
Address 4		Address Type	Singapore address	Post Code	640944
Unit No.		Related Policy Number	5112813381		

▶ Insured Object: SJD3448H

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1085985

Policy No.	5112813381	Vehicle No.	SJD3448H	GST Registration No.	
Certificate No.					
Policyholder Name	GAN MIN	Cover Type	Third Party	Policyholder NRIC	S9133724Z
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	81804840	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="N"/>
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	27/02/2020 10:17	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	26/02/2020	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	AYE TWOS CHANGE BEFORE PORTSDOWN RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
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	BLK 944 #08-493	Address 2	JURONG WEST STREET 91	Address 3	SINGAPORE 640944
Address 4		Address Type	Singapore address	Post Code	640944
Unit No.		Related Policy Number	5112813381		

OT Driver Info

Driver Name	GAN MIN	Driver Type	Main Driver	Driver DOB	20/09/1991
Unnamed driver Name		Driver NRIC	S9133724Z	Driving Experience	9
Register Date of Driver License	11/11/2010	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	81804840	Contact No.(Office)	0	Address 3	SINGAPORE 640944
Address 1	BLK 944	Address 2	JURONG WEST STREET 91	Post Code	640944
Address 4		Address Type	Singapore address		
Unit No.	08-493				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	GAN MIN	Insured NRIC	S9133724Z
Contact No.(Mobile)	91876616	Contact No.(Home)	87918158	Contact No.(Office)	
Email Address	PAIGEGAN@GMAIL.COM	OT Vehicle Number	SJD3448H	TP Vehicle Number	SLQ4062H
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJD3448H / SLQ4062H ON 26 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	27/02/2020 10:19	Claim Close Date		Date Received	27/02/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Attachment
















Accident No.	MT/1085985	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/02/2020 10:21

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Resources

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 27 Feb 2020 10:21	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 27 Feb 2020 10:21	SAS	Normal	SAS 2020-2-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 27 Feb 2020 10:21	Photos	Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 27 Feb 2020 10:21	Photos	Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 27 Feb 2020 10:21	Photos	Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 27 Feb 2020 10:20	Photos	Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 27 Feb 2020 10:20	Photos	Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 27 Feb 2020 10:20	Photos	Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 27 Feb 2020 10:20	Photos	Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 27 Feb 2020 10:20	Photos	Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 27 Feb 2020 10:20	Photos	Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 27 Feb 2020 10:20	Photos	Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 27 Feb 2020 10:20	Photos	Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 27 Feb 2020 10:20	Photos	Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 27 Feb 2020 10:20	Photos	Normal	Photos 2020-2-27	

Video List

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