

NATIONAL Assessment Centre Services.

Part 1 (Jan 09)

MMA 1200 26877

Date In: 21/3/20 10:30	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MMA / INC 2000 3408164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SMA 5248K	I-Motor Claim Form	MT/1086559-001	21/3/20 18:31
TPA: 29/12/20 16:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
Old: TP: 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:

SKS 8888.Y.

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 Ref No: 67000016)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury:

Date/Time	Action

MMA 2001745

Driver/Owner:	
Contact No:	
Managed Portion:	
C Checked by (Engr-In-Charge):	
Comments:	

Invoice Description	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30);	30	30
2) DA: Damage Assessment (\$100); INC (\$50)	100	50
3) TP: Towing Fee \$40/\$45	40	45
4) PT: Follow-Through Survey \$120	120	
5) PT: Follow-Through Survey (Resurvey) \$30	30	
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75	75	
7) NI: Idao DA + SMRT Survey \$160	160	
8) NTUC Additional Services:-		
ON:		
*N5: Courtesy Car / Tpt Allowance	35	
*N6: Repair Coordination	30	
*N7: Post Repair Inspection	25	
*N8: DV / Collect Excess Coordination	35	
TE (N11): TP (Non INC) against INC	20	
9) N12: Idao Mobile	30	
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	02/03/2020 10:30
Date Of Accident	29/02/2020 16:00
Exact Location Of Accident	TAMPINES ST 11 BLK 139 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA5248K
Insured/Policyholder	
Name Of Registered Owner	YEO CHIN LEONG
NRIC No	SXXXX406D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97315755
Alternative Phone No	OFFICE-97315755

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	REPORTING ONLY
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	5105123578-01
Cover Note Number	

Driver

Name of Driver	YEO CHIN LEONG
NRIC No	SXXXX406D
Date Of Birth	13/05/1947
Occupation	INDOOR
Date Of Driving Pass	15/03/1965
Driving Experience	54 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97315755
Fax Number	
Contact Number	OFFICE-97315755
EMail Address	NOEMAIL

Address	BLK 144 TAMPINES ST 12 #02-374
Postcode	521144
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	COLLIDED INTO PARKED VEHICLE
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)	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

WHILE MOVING OUT FROM THE CARPARK LOT, MY VEH LEFT HAND SIDE ACCIDENTALLY GRAZED ONTO VEH B RIGHT FRONT PORTION.

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	SKS8888Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHYAMALA
NRIC/Passport Number	
Contact Number	86868813
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.**
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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

A = SMA 5248K
B = SKS 8888Y

81K 139 Tampines St 11 Carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement

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.:

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="29/02/2020 10:29"/>
Vehicle No.(For Motor)	<input type="text" value="SMA5248K"/>	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 type="radio"/>	5105123578-01		YEO CHIN LEONG	S0465406D	GPC	drivo CLASSIC	SMA5248K	SMA5248K	04/11/2019	03/11/2020

Claim Handling

Accident MT/1086559

Policy No.	S105123578-01	Vehicle No.	SMAS248K	GST Registration No.	
Certificate No.					
Policyholder Name	YEO CHIN LEONG			Policyholder NRIC	S04654060
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97315755	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	10	Private Hire	No
Accident Details					
Report Date	02/03/2020 18:28	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	29/02/2020	Time of Accident hh:mm	16:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES ST 11 BLK 139 CARPARK				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	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	600.00	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 144 #02-374	Address 2	TAMPINES ST 12	Address 3	SINGAPORE S21144
Address 4		Address Type	Singapore address	Post Code	S21144
Unit No.		Related Policy Number	S105123578-01		
01 Driver Info					
Driver Name	YEO CHIN LEONG	Driver Type	Main Driver	Driver DOB	13/05/1947
Unnamed driver Name		Driver NRIC	S04654060	Driving Experience	54
Register Date of Driver License	15/03/1965	Driver Age	72	Contact No.(Home)	
Contact No.(Mobile)	97315755	Contact No.(Office)		Address 3	SINGAPORE S21144
Address 1	BLK 144 #02-374	Address 2	TAMPINES ST 12	Post Code	S21144
Address 4		Address Type	Singapore 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	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	YEO CHIN LEONG	Insured NRIC	S04654060
Contact No.(Mobile)	97315755	Contact No.(Home)		Contact No.(Office)	
Email Address		01 Vehicle Number	SMAS248K	TP Vehicle Number	SKS888
Claim Description	SMAS248K / SKS888BY ON 29 Feb 2020				
Preferred Workshop	0	Insured Liability	Fully at Fault		
Repair Option	Yes	Preferred Workshop, Name unknown		GSA report	Received
Date Registered		Claim Close Date	02/03/2020 18:30	Date Received	02/03/2020
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1086559	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/03/2020 18:31
Path *			
Choose File	No file chosen	Category *	Confidential
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) o 02 Mar 2020 18:31	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-3-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:31	SAS	Normal	SAS 2020-3-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:31	Photos	Normal	Photos 2020-3-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:30	Photos	Normal	Photos 2020-3-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:30	Photos	Normal	Photos 2020-3-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:30	Photos	Normal	Photos 2020-3-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:30	Photos	Normal	Photos 2020-3-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:30	Photos	Normal	Photos 2020-3-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2020 18:30	Photos	Normal	Photos 2020-3-2

Video List

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