

NATIONAL Assessment Centre Services. Part 1 Jan 03 MMA 120027670

Date In	3/3/20 11:08	Job description	Date & Time Completed	Done by
Ref No	MA/INC 20003468/h4	SAS e-filing		
Veh No	SLU 9731L	E-mail (within 2hrs, AIC 2hrs)		
ICLA	2/3/20 09:55	I-Motor Claim Form	MT/1086640 ⁰⁰¹	3/3/20 11:38
OT	TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: FBK 3707T. 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: YBS () / 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: 6740 6616)	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

MA2001769		Amount (\$)	Amount (\$)
Comments/Particulars:		Invoice Ref: 1086640	Head Bill
Driver/Owner:		1) All: Accident Reporting (\$30)	30.00
Contact No:		2) DA: Damage Assessment (\$100); INC (\$30)	
Damaged Portion:		3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120	
Auditors' Comments:		5) FT: Follow-Through Survey (Resurvey) \$30	
Tel: 1:		For claimant against INC Only (waived 10 Jan 2003)	
Tel: 2:		6) TR: Re-Inspection \$75	
		7) NI: Idao DA + EMRT Survey \$160	
		8) NTUC Additional Services:-	
		Q1:	
		*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 (Non-INC) against INC \$20	
		9) N12: Idao 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 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	03/03/2020 11:08
Date Of Accident	02/03/2020 09:55
Exact Location Of Accident	KAKI BUKIT AUTOBAY INFRONT #02-14
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU9731L
Insured/Policyholder	
Name Of Registered Owner	LEE BOON YEE
NRIC No	SXXXX324I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84991570
Alternative Phone No	OFFICE-84991570

Vehicle Particulars

Manufacturer	TOYOTA
Model	CHR
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	5109613108
Cover Note Number	

Driver

Name of Driver	LEE BOON YEE
NRIC No	SXXXX324I
Date Of Birth	10/06/1985
Occupation	INDOOR
Date Of Driving Pass	26/11/2010
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84991570
Fax Number	
Contact Number	OFFICE-84991570
Email Address	NOEMAIL

Address	BLK 317A YISHUN AVE 9 #10-104
Postcode	701317
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	COLLISION - HEAD TO REAR
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

I STOP INFRONT KAKI BUKIT AUTOBAY #02-14, WHEN I PREPARE ALIGHTED A FEW SECOND AND OPEN A DOOR HEARD A BANG SOUND, THEN I REALIZED A BIKE FROM BEHIND COLLIDED ONTO MY VEH REAR 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	FBK3707T
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)	

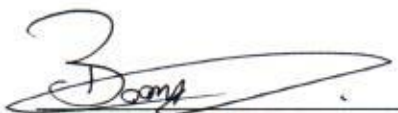
SKETCH PLAN

IMPORTANT NOTICE

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

SKETCH PLAN

02-14

A ← oto_B

A = SLU 9731 L
B = FBK 3707 T

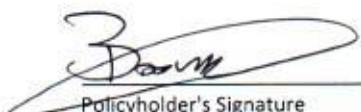
Kaki Bukit Auto bay

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="02/03/2020 11:06"/>
Vehicle No.(For Motor)	<input type="text" value="SLU9731L"/>	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"/>	5109613108		LEE BOON YEE	S85183241	GPC	drivo CLASSIC	SLU9731L	SLU9731L	19/06/2019	18/06/2020

Claim Handling

Accident MT/1086640

Policy No.	5109613108	Vehicle No.	SLU9731L	GST Registration No.	
Certificate No.					
Policyholder Name	LEE BOON YEE			Policyholder NRIC	S85183241
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	84991570	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(%)	20	Private Hire	No

▼ Accident Details

Report Date	03/03/2020 11:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/03/2020	Time of Accident hh:mm	09:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KAKI BUKIT AUTOBAY INFRONT #02-14				

▼ 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 317A #10-104	Address 2	YISHUN AVENUE 9	Address 3	YISHUN GREENWALK
Address 4	SINGAPORE 761317	Address Type	Singapore address	Post Code	761317
Unit No.	10-104	Related Policy Number	5109613108		

▼ OI Driver Info

Driver Name	LEE BOON YEE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S85183241	Driver DOB	10/06/1985
Register Date of Driver License	01/01/2010	Driver Age	34	Driving Experience	10
Contact No.(Mobile)	84991570	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 317A #10-104	Address 2	YISHUN AVENUE 9	Address 3	YISHUN GREENWALK
Address 4	SINGAPORE 761317	Address Type	Singapore address	Post Code	761317
Unit No.	10-104				
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	LEE BOON YEE	Insured NRIC	S8518
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		DI	SLU9731L	TP	FBK371
Claim Description		Vehicle Number	SLU9731L / FBK3707T ON 2 Mar 2020	Vehicle Number	
Preferred Workshop	0	Insured Liability	Not at Fault	Name of Preferred Workshop	0
Workshop No.	Yes	Repair Option	Preferred Workshop, Name unknown		
Date Registered		GIA report	Received		
Report Taken By		Claim Close Date	03/03/2020 11:37	Date Received	03/03/
			LIEW SHAN HUI		

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1086640	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/03/2020 11:38
Path *		Category *	Confidential
Choose File No file chosen		Please Select	NO
Choose File No file chosen		Please Select	NO
Choose File No file chosen		Please Select	NO
Choose File No file chosen		Please Select	NO
Choose File No file chosen		Please Select	NO
Choose File No file chosen		Please Select	NO
Choose File No file chosen		Please Select	NO
Message Read			
Attachment List			

Attachment	Uploaded By/Date	Category		Urgency	Description	M
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 11:38	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 11:38	SAS		Normal	SAS 2020-3-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 11:38	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 11:38	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 11:38	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 11:37	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 11:37	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 11:37	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 11:37	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 11:37	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 11:37	Photos		Normal	Photos 2020-3-3	
▼ Video List						
Uploaded By/Date	Folder Date	File Name		Source		
		Display in New Window	Scan and uploading			