

NATIONAL Assessment Centre Services

[Part 1 of 3]

MMA 120028676

Date In: 5/3/20 13:47	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/IMC 20003622/h4	E-mail (within 3hrs, AIC 2hrs)		
Veh No: YM 2918A	I-Motor Claim Form	MT/1087010 ⁰⁰¹	5/3/20 14:30
IP: 5/3/20 09:45	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD - IP: Reporting Only	I-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Work		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLH S3 M	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 require 6/08/6616)	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	Action

MA 2001829	Invoice Declaration Checklist	Amo (\$)	Amo (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2003)		
Sub:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUG Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (N11 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	05/03/2020 13:47
Date Of Accident	05/03/2020 09:45
Exact Location Of Accident	BENDEMEER RD JUNC WITH PIE(TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM2918A
Insured/Policyholder	
Name Of Registered Owner	TAN PENG CHUAN
NRIC No	SXXXX499A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97710831
Alternative Phone No	OFFICE-97710831

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5053554738-07
Cover Note Number	

Driver

Name of Driver	LEW YEN KWONG
NRIC No	SXXXX588H
Date Of Birth	16/03/1954
Occupation	OUTDOOR
Date Of Driving Pass	29/07/1982
Driving Experience	37 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81283823
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 72 GEYLANG BAHRU #05-3016
Postcode	330072
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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: : TAN PENG CHUAN GENDER: : MALE

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 AT THE TRAFFIC JUNC OF BENDEMEER RD & PIE(TUAS) ON THE THIRD LANE, THE LANE I WAS ARE TURNING RIGHT AND GOING STRAIGHT LANE, WHEN THE LIGHT TURN GREEN, I SIGNAL RIGHT AND STARTED TO TURNING RIGHT TOWARDS PIE(TUAS), SUDDENLY VEH B FROM THE SECOND LANE(ONLY RIGHT TURN LANE), HE GOING STRAIGHT AND HIT ONTO MY VEH 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	SLH53M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	TEO SIN ENG
NRIC/Passport Number	SXXXX860J
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.
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.

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.:

Bodeplot

Bodeplot

A = YM 2918A
B = SLH53M

Refer to statement

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

2222



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="05/03/2020 13:33"/>
Vehicle No.(For Motor)	<input type="text" value="YM2918A"/>	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"/>	5053554738-07		TAN PENG CHUAN	S1566499A	GCV	Third Party	YM2918A	YM2918A	30/03/2019	29/03/2020

Claim Handling

Accident MT/1087010

Policy No.	5053554738-07	Vehicle No.	YM2918A	GST Registration No.	
Certificate No.					
Policyholder Name	TAN PENG CHUAN	Cover Type	Third Party	Policyholder NRIC	S1566499A
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97710831	Special Remark		Contact No.(Home)	
Email Address		TCA	* No <input type="radio"/> Yes <input type="radio"/>	eCode	No
KFK	* No <input type="radio"/> Yes <input type="radio"/>	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
▼ Accident Details					
Report Date	05/03/2020 14:27	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	05/03/2020	Time of Accident hh:mm	09:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BENDEMEER RD JUNG WITH PIE(TUAS)				
▼ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 155 #05-742	Address 2	ANG MO KIO AVE 4	Address 3	SINGAPORE 560155
Address 4		Address Type	Singapore address	Post Code	560155
Unit No.		Related Policy Number	5053554738-08		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/03/1954
Unnamed driver Name	LEW YEN KWONG	Driver NRIC	SXXXX588H	Driving Experience	37
Register Date of Driver License	29/07/1982	Driver Age	65	Contact No.(Home)	
Contact No.(Mobile)	81283823	Contact No.(Office)		Address 3	SINGAPORE 330072
Address 1	BLK 72 #05-3016	Address 2	GEYLANG BAHRU	Post Code	330072
Address 4		Address Type	Singapore address		
Unit No.	05-3016				
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		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TAN PENG CHUAN	Insured NRIC	S1566499A	
Contact No.(Mobile)	97710831	Contact No.(Home)	64516274	Contact No.(Office)		
Email Address		DI Vehicle Number	YM2918A	TP Vehicle Number	SLH531	
Claim Description	YM2918A / SLH53M ON 5 Mar 2020				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault			
Repair Option	Preferred Workshop, Name unknown	GIA report	Received			
Date Registered	05/03/2020 14:30	Claim Close Date		Date Received	05/03/2020	
Report Taken By	LEW SHAN HUI					
<input checked="" type="checkbox"/> Print AK letter						
<div>Save</div> <div>Submit</div>						

Attachment

Accident No.	MT/1087010	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/03/2020 14:30		
Path *					
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
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Choose File	No file chosen	Clear	Please Select		
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Message Read					
▼ Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	M:
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	05 Mar 2020 14:30	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-5



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
05 Mar 2020 14:30

SAS

Normal

SAS 2020-3-5

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
05 Mar 2020 14:30

Photos

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Photos 2020-3-5

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05 Mar 2020 14:30

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Photos 2020-3-5

Video List

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Folder Date

File Name



Source

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