

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MHA/20028949

Date In: 6/3/20-09:16	Job description	Date & Time Completed	Done by
Ref No: NA/INC2003668/24	SAS e-filing		
Veh No: JGM 4851R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 5/3/20-08:50	i-Motor Claim Form	6/3/20 09:42	
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: Jm 2 4499Z	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

NA2001985	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st 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:-		
	QD:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Dat. 1:	TP (N11): TP (N'n INC) against INC \$20		
Dat. 2 / 3:	9) N12: Idac 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	06/03/2020 09:16
Date Of Accident	05/03/2020 08:50
Exact Location Of Accident	MERCHANT RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU4851R
Insured/Policyholder	
Name Of Registered Owner	YEO CHEE SENG (YANG ZHICHENG)
NRIC No	SXXXX309E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98461161
Alternative Phone No	OFFICE-98461161

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 2.0L 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	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	5104592695-01
Cover Note Number	

Driver

Name of Driver	WONG CHEN HOW
NRIC No	SXXXX411J
Date Of Birth	18/01/1989
Occupation	INDOOR
Date Of Driving Pass	24/05/2014
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86664310
Fax Number	
Contact Number	OFFICE-86664310
Email Address	NOEMAIL

Address	BLK 160 MEI LING STREET #03-311
Postcode	140160
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	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

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	SMQ4999Z
Vehicle Make/Model/Colour	MERCEDES-BENZ A200
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)	


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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: 5/3/20


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

Exit Merchant Rd



(A) SGU4851R
(B) SMQ4999Z




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When vehicle B suddenly jammed brake, I couldn't managed to stop in time. Hence I accidentally hit onto vehicle B. When I came out to check my vehicle, I realised there was another accident in front of vehicle B.

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:

5/3/20


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

Date of Accident

5/3/2020

08:50 hrs.

Accident Time (24 HR-ECRIME)

Accident Place

Exit Merchant Rd.

Vehicle Reg. No (Car plate No.)

SGU4851R

Vehicle Make Model:

Honda Civic

Insurance Company

NTUC

Policy No.

ST04592695-01

Name of Registered Owner

Company / Individual

YEO CHEE SENG (YANG ZHICHENG)

ID of Registered Owner

Co Reg No:

-

Owner's NRIC No:

S7628309E

Co Contact No:

-

Owner's Contact No:

98461161

DRIVER'S Name

WONG CHEN HOW

DRIVER'S NRIC No:

S8979411J

DRIVER'S Date of Birth

18/11/1987

DRIVER'S License Pass Date

24 May 2014

Relationship bet. Owner & Driver

Spouse / Parents / Children / Sibling / Employee / Others:

DRIVER'S Address

AP1216160 Mei LING ST #03-311 (S) 140160

DRIVER'S Contact No. / Alt No.

1)

8666 4310

2)

DRIVER'S Occupation

INDOOR / OUTDOOR (eg. working inside or outside of an ofc)

Email Address

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):

1 driver only

Was the accident reported to the police? YES / NO

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 Particulars (if any)

Vehicle Reg No:

(B) SMA 49992

Vehicle Reg No:

Vehicle Make/Model:

MERC - BENZ A200

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. 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"/>	5104592695-01		YEO CHEE SENG (YANG ZHICHENG)	S7628309E	GPC	drive CLASSIC	SGU4851R	SGU4851R	16/11/2019	15/11/2020

Policy Information

Policy No.	5104592695-01	Policyholder Name	YEO CHEE SENG (YANG ZHICHE	Policyholder NRIC	S7628309E
Certificate No.					
Address	BLK 62 #04-90 MARINE DRIVE SINGAPORE 440062				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	08/10/2019	Effective Date	16/11/2019 00:00	Expiry Date	15/11/2020 23:59
Excess Type	Per Accident	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	TAN HENG HOCK JASON (CHEN	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 62 #04-90	Address 2	MARINE DRIVE	Address 3	SINGAPORE 440062
Address 4		Address Type	Singapore address	Post Code	440062
Unit No.		Related Policy Number	5091151026-03		

Insured Object: SGU4851R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div style="text-align: center;"> <div>Continue</div> <div>Cancel</div> </div>				

Claim Handling

Accident MT/1087119

Policy No.	5104592695-01	Vehicle No.	SGU4851R	GST Registration No.	
Certificate No.					
Policyholder Name	YEO CHEE SENG (YANG ZHICHENG)	Cover Type	drive CLASSIC	Policyholder NRIC	S7628309E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	98461161	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	1% <input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	06/03/2020 09:41	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	05/03/2020	Time of Accident hh:mm	08:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MERCHANT RD EXIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
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 62 #04-90	Address 2	MAKINE DRIVE	Address 3	SINGAPORE 440062
Address 4		Address Type	Singapore address	Post Code	440062
Unit No.		Related Policy Number	S091151026-03		

01 Driver Info

Driver Name	Wong Chen How	Driver Type	Named Driver	Driver DOB	18/01/1989
Unnamed driver Name		Driver NRIC	S89794113	Driving Experience	5
Register Date of Driver License	24/05/2014	Driver Age	31	Contact No.(Home)	0
Contact No.(Mobile)	85564310	Contact No.(Office)	0	Address 3	MEI LING VISTA
Address 1	BLK 160	Address 2	MEI LING STREET	Post Code	140160
Address 4	SINGAPORE 140160	Address Type	Singapore address		
Unit No.	03-311				
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	YEO CHEE SENG (YANG ZHICHENG)	Insured NRIC	S7628309E
Contact No.(Mobile)	98461161	Contact No.(Home)	S4400634	Contact No.(Office)	
Email Address	DONYE0C5@SINGNET.COM.SG	01 Vehicle Number	SGU4851R	TP Vehicle Number	SMQ4999Z
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					Name of Preferred Workshop
Claim Description	SGU4851R / SMQ4999Z ON 5 Mar 2020				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	06/03/2020 00:00
Date Registered	06/03/2020 09:42	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1087119	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/03/2020 09:43

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"/>

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 06 Mar 2020 09:43	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-3-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 06 Mar 2020 09:43	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-3-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 06 Mar 2020 09:43	SAS	Normal	SAS 2020-3-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 06 Mar 2020 09:43	Photos	Normal	Photos 2020-3-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 06 Mar 2020 09:43	Photos	Normal	Photos 2020-3-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 06 Mar 2020 09:42	Photos	Normal	Photos 2020-3-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 06 Mar 2020 09:42	Photos	Normal	Photos 2020-3-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 06 Mar 2020 09:42	Photos	Normal	Photos 2020-3-6	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 06 Mar 2020 09:42	Photos	Normal	Photos 2020-3-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 06 Mar 2020 09:42	Photos	Normal	Photos 2020-3-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 06 Mar 2020 09:42	Photos	Normal	Photos 2020-3-6	

Video List

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