

# NATIONAL Assessment Centre Services

Date In: 06/03/20	Job description	Date & Time Completed	Done by
Ref No NA/INC20003673/13	SAS e-filing		
Veh No SKT1304	E-mail (w/within 8hrs, AIC 2hrs)		
D.O.A 05/03/20 2100	i-Motor Claim Form	MT/1087208 - 001	
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: ( ) Tol: Fax: ( )

TP Particulars:	Veh No: SHB4734J	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%; F: 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

NA2001848	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	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 (Non INC) against INC \$20		
	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 10:47
Date Of Accident	05/03/2020 21:00
Exact Location Of Accident	ALONG THOMSON RD OUTSIDE VELOCITY SHOPPING CENTRE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKT130Y
Insured/Policyholder	
Name Of Registered Owner	CHUA YEW MENG
NRIC No	SXXXX810J
Email Address	ANSON@SUN-CITY.COM.SG
Mobile Phone No	(LOCAL) +65-93698702
Alternative Phone No	OTHERS-93698702
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER
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	5084802812-03
Cover Note Number	
Driver	
Name of Driver	CHUA YEW MENG
NRIC No	SXXXX810J
Date Of Birth	29/10/1986
Occupation	OUTDOOR
Date Of Driving Pass	15/11/2010
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93698702
Fax Number	
Contact Number	OTHERS-93698702
EMail Address	ANSON@SUN-CITY.COM.SG

Address	BLK 10A BENDEMEER RD #16-107
Postcode	331010
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 - CHANGE/CROSS LANE
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?	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)	4
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 3	NAME: : DAUGHTER GENDER: : FEMALE

#### 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 WAS TRAVELLING ALONG THOMSON RD TWDS MOULMEIN RD ON THE 4TH LANE OF A5-LANES RD. WHEN THERE'S ONCOMING VEH WAS FAR AWAY, I START TO SWERVE MY VEH. SUDDENLY THE VEH HORN AND I MANAGED TO STOP MY VEH BUT THE VEH KEEP ON MOVING AND HIT ONTO MY FRT LEFT SIDE PORTION OF MY VEH EVENTHOUGH HE HAD ENOUGH TIME TO STOP.

#### 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	SHB4734J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

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.
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:

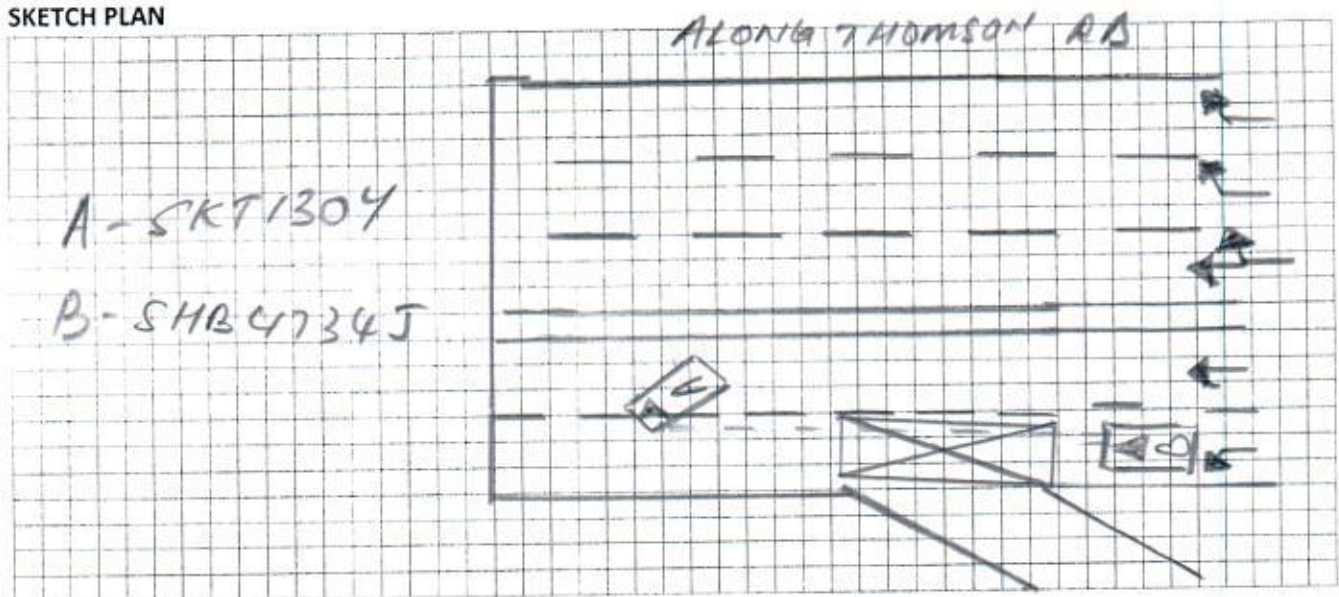
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 6/3/20  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 06/03/20  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the 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="05/03/2020 21:00"/>
Vehicle No.(For Motor)	<input type="text" value="SKT130Y"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5084802812-03		CHUA YEWMENG	S86328103	GPC	drive CLASSIC	SKT130Y	SKT130Y	12/10/2019	11/10/2020

Continue

Claim Handling

Accident MT/1087208

Policy No.	5084802812-03	Vehicle No.	SKT130Y	GST Registration No.
Certificate No.				
Policyholder Name	CHUA YEW MENG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	93698702	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
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
<b>▼ Accident Details</b>				
Report Date	06/03/2020 15:59	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/03/2020	Time of Accident hh:mm	21:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG THOMSON RD OUTSIDE VELOCITY SHOPPING CENTRE			
<b>▼ Total Excess Applicable</b>				
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?
Additional Excess	0.00			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	
<b>▼ Benefits</b>				
<b>▼ GST Registered Information</b>				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified	Yes	
Modification History				
<b>▼ Policyholder Mailing Address</b>				
Address 1	BLK 10A #16-107	Address 2	BENDEMEER ROAD	Address 3
Address 4	SINGAPORE 331010	Address Type	Singapore address	Post Code
Unit No.	16-107	Related Policy Number	5084802812-03	
<b>▼ 01 Driver Info</b>				
Driver Name	CHUA YEW MENG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8632810J	Driver DOB
Register Date of Driver License	15/11/2010	Driver Age	33	Driving Experience
Contact No.(Mobile)	93698702	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 10A	Address 2	BENDEMEER ROAD	Address 3
Address 4	SINGAPORE 331010	Address Type	Singapore address	Post Code
Unit No.	#16-107			
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 OD-MX New

Claim Type *	OD-MX	Insured Name	CHUA YEW MENG	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
Email Address		O1 Vehicle Number	SKT130Y	TP Vehicle Number
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	
Claimant Name *		Claimant NRIC *		
Claimant Address				
Claim Description	SKT130Y / SHB4734J ON 5 Mar 2020			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	06/03/2020 16:07	Claim Close Date		Date Received
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired
<input checked="" type="checkbox"/> Print AK letter				



Save

Submit

Attachment

Accident No. MT/1087208

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 06/03/2020 00:00

Path \*

Category \*

Confidential

Urgency

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Message Read

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 16:07

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-3-

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 16:07

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-3-

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 16:07

SAS

Normal

SAS 2020-3-6

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 16:07

Photos

Normal

Photos 2020-3-6

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 16:07

Photos

Normal

Photos 2020-3-6

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 16:07

Photos

Normal

Photos 2020-3-6

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 16:06

Photos

Normal

Photos 2020-3-6

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 16:06

Photos

Normal

Photos 2020-3-6

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 16:06

Photos

Normal

Photos 2020-3-6

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 16:06

Photos

Normal

Photos 2020-3-6

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 16:06

Photos

Normal

Photos 2020-3-6

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 16:06

Photos

Normal

Photos 2020-3-6

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 16:04

Photos

Normal

Photos 2020-3-6

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 16:04

Photos

Normal

Photos 2020-3-6

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 16:04

Photos

Normal

Photos 2020-3-6

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 16:04

Photos

Normal

Photos 2020-3-6

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 16:04

Photos

Normal

Photos 2020-3-6

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 16:04

Photos

Normal

Photos 2020-3-6

Video List

Uploaded By/Date

Folder Date

File Name

Sour

Display in New Window

Scan and uploading