

NATIONAL Assessment Centre Services (wef 1 Jan 05) **MNAIV 0030041**

Date In: 9/3/20 - 15:25	Job description	Date & Time Completed	Done by
Ref No: NA/INC 200325724	SAS e-filing		
Veh No: SKB557R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 7/1/20 - 22:30	i-Motor Claim Form	M7/1087441-00	9/3/20 K:33
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: 2H3795 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

NA 2002018	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) 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)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2 / 3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*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 (N-in 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	09/03/2020 15:23
Date Of Accident	07/03/2020 22:30
Exact Location Of Accident	TAMPINES CENTRAL 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB5957R
Insured/Policyholder	
Name Of Registered Owner	LIN SHIDE
NRIC No	SXXXX618Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97474334
Alternative Phone No	OFFICE-97474334

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS 2.4 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	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	5094249158-02
Cover Note Number	

Driver

Name of Driver	LIN SHIDE
NRIC No	SXXXX618Z
Date Of Birth	27/05/1983
Occupation	INDOOR
Date Of Driving Pass	21/08/2003
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97474334
Fax Number	
Contact Number	OFFICE-97474334
EEmail Address	NOEMAIL

Address	BLK 842D TAMPINES STREET 82 #03-64
Postcode	524842
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?	
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: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - 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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH329S
Vehicle Make/Model/Colour	HONDA JAZZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEUNG SAU FONG

NRIC/Passport Number	SXXXX458H
Contact Number	96363095
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.
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: 8/3/20



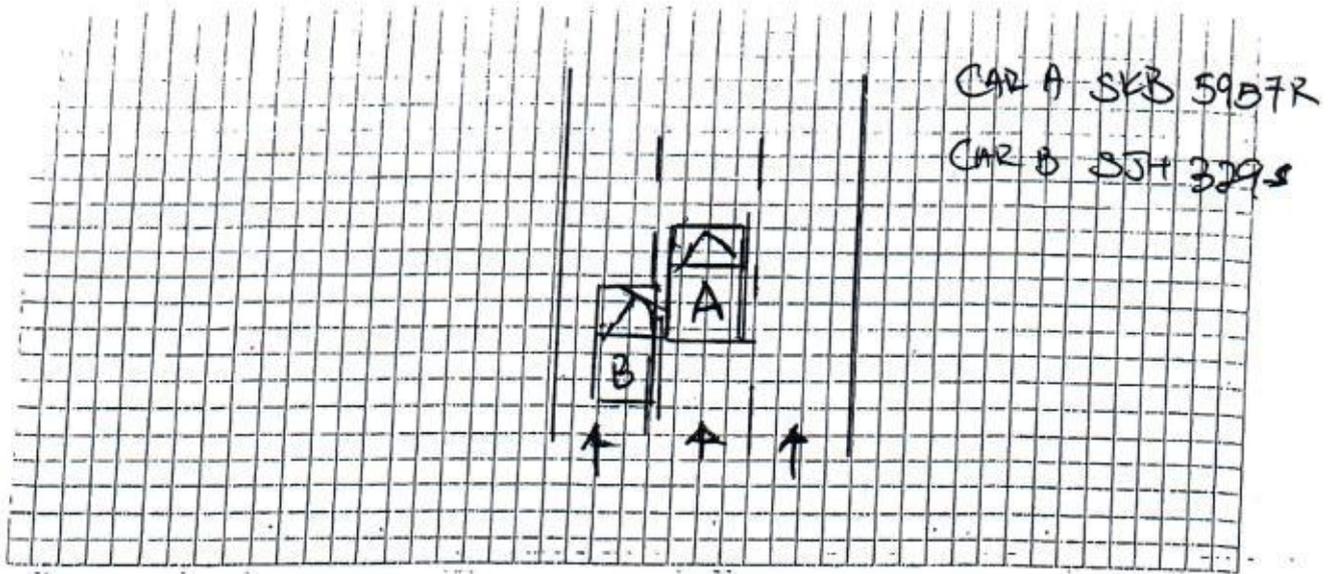
Driver's Signature
(If driver is not the policyholder)
Date & Time: 8/3/20



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



Along Tampines Central
5



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON STATED DATE AND TIME .

I WAS TRAVELLING WITH MY VEHICLE BEARING SKB 5957R ALONG TAMPINES CENTRAL 5. SUDDENLY CAR BEARING SJH 329S CHANGE IT LANE AND COLLIDED ON MY VEHICLE LEFT PASSENGER SIDE. WE BOTH DRIVER EXCHANGE PARTICULAR AND AGREED TO PROCEED WITH INSURANCE CLAIM .

DECLARATION

✓ We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 8/3/20

x

Driver's Signature

(If driver is not the policyholder)

Date & Time: 8/3/20

x

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident : 07/3/2020 Accident Time: 2234. (24-HR-Format)
 Accident Place : ARUNG TAMPINES CENTRAL 5
 Vehicle Reg. No. (Car Plate No.) : SKB 5957R
 Vehicle Make/Model : TOYOTA ESTIMA
 Insurance Company : NTUC INCOME Policy No. _____
 Owner or Company Name / IC No. : LIN SHIH 83156182
 Owner or Company Contact No. : 97474334 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : AS ABOVE
 DRIVER'S Date Of Birth : 27/5/1983 DRIVER'S License Pass Date 21/03/2020
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : BLK 842D TAMPINES ST B2 #03-69
520042
 DRIVER'S Contact No / Alt No. : (1) _____ (2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : ADMIN @ MYCAR . SG No injuries
 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): 04 3 x FEMALE PASSENGER
1 x DRIVER MALE
ADMIN @ MYCAR . SG
 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 Particular (if any)

Vehicle Reg. No: <u>SHH 329S</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>HONDA JAZZ</u>	Vehicle Make/Model: _____
Name Driver: <u>LEUNG SAU FONG</u>	Name Driver: _____
IC No. Driver: <u>S26154504</u>	IC No. Driver: _____
Driver's Contact & Add: <u>96363095</u>	Driver's Contact & Add: _____

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"/>	509424915B-02		LIN SHIDE	S8315618Z	GPC	drive CLASSIC	SKB5957R	SKB5957R	21/09/2019	20/09/2020

Policy Information

Policy No.	5094249158-02	Policyholder Name	LIN SHIDE	Policyholder NRIC	S8315618Z
Certificate No.					
Address	BLK 842D #03-64 TAMPINES STREET 82 SINGAPORE 524842				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	30/08/2019	Effective Date	21/09/2019 00:00	Expiry Date	20/09/2020 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	OVERSEA UNION MOTOR REALT	Agent Tel.	62867433	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 842D #03-64	Address 2	TAMPINES STREET 82	Address 3	SINGAPORE 524842
Address 4		Address Type	Singapore address	Post Code	524842
Unit No.		Related Policy Number	5094249158-02		

Insured Object: SKB5957R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Accident MT/1087441

Policy No.	S094249158-02	Vehicle No.	SKB5957K	GST Registration No.	
Certificate No.					
Policyholder Name	LIN SHIDE			Policyholder NRIC	S8315618Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drvo CLASSIC	Loading	0
Contact No. (Mobile)	97474334	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
▼ Accident Details					
Report Date	09/03/2020 15:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	07/03/2020	Time of Accident hh:mm	22:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES CENTRAL 5				
▼ 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 TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 842D #03-64	Address 2	TAMPINES STREET 82	Address 3	SINGAPORE 524842
Address 4		Address Type	Singapore address	Post Code	524842
Unit No.		Related Policy Number	S094249158-02		

▼ Q1 Driver Info

Driver Name	LIN SHIDE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8315618Z	Driver DOB	27/05/1983
Register Date of Driver License	21/08/2003	Driver Age	36	Driving Experience	16
Contact No. (Mobile)	97474334	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 842D	Address 2	TAMPINES STREET 82	Address 3	SINGAPORE 524842
Address 4		Address Type	Singapore address	Post Code	524842
Unit No.	03-64				
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	LIN SHIDE	Insured NRIC	S8315618Z	
Contact No. (Mobile)		Contact No. (Home)	98423863	Contact No. (Office)		
Email Address		OI Vehicle Number	SKB5957R	TP Vehicle Number	SJH3295	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SKB5957R / SJH3295 ON 7 Mar 2020				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	09/03/2020 15:33	Claim Close Date		Date Received	09/03/2020 00:00	
Report Taken By	Jackson					

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1087441	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/03/2020 15:34

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 15:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-3-9	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 15:34	SAS	Normal	SAS 2020-3-9	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 15:33	Photos	Normal	Photos 2020-3-9	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 15:33	Photos	Normal	Photos 2020-3-9	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 15:33	Photos	Normal	Photos 2020-3-9	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 15:33	Photos	Normal	Photos 2020-3-9	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 15:33	Photos	Normal	Photos 2020-3-9	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 15:33	Photos	Normal	Photos 2020-3-9	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 15:33	Photos	Normal	Photos 2020-3-9	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 15:33	Photos	Normal	Photos 2020-3-9	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 15:33	Photos	Normal	Photos 2020-3-9	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in new Window"/> <input type="button" value="Scan and uploading"/>				