

NATIONAL Assessment Centre Services.

(part 1 Jan 2003)

MNA 120030153

Date In: 9/13/20 16:03	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MNA1MC2000376164	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SKB 588E	I-Motor Claim Form	M7/1087456-001	9/13/20 16:21
ICIA: 513120 11:30	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (P) Reporting Only	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: GBB 5770T

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 repolrer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ()

/ Towed-In ()

; Invoice: YES ()

/ NO ()

; Towing Co: ()

Remarks:

(INC) (Date: 6/10/2003)

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 2001881

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

IC Checked by (Bgr-In-Charge):

Comments:

U. I.

U. I.

Invoice Item	Amount (\$)	Amount (\$)
1) All: Accident Reporting (\$30);		30.00
2) DA: Damage Assessment (\$100); INC (\$50)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (w/c 10 Jan 2003)		
6) TR: Re-Inspection \$75		
7) N1: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:		
ON:		
*N5: Courtesy Car / Tpt Allowance	\$5	
*N6: Repair Coordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TP (N11): TP (N11) 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	09/03/2020 16:03
Date Of Accident	05/03/2020 11:30
Exact Location Of Accident	PASIR PANJANG WHOLESALE CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB588E
Insured/Policyholder	
Name Of Registered Owner	TEO SOO KHIM, KELVIN (ZHANG SHUQIN)
NRIC No	SXXXX075A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96306549
Alternative Phone No	OFFICE-96306549

Vehicle Particulars

Manufacturer	BMW
Model	520i
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	5115626488
Cover Note Number	

Driver

Name of Driver	TEO SOO KHIM, KELVIN (ZHANG SHUQIN)
NRIC No	SXXXX075A
Date Of Birth	22/03/1979
Occupation	INDOOR
Date Of Driving Pass	13/07/1998
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96306549
Fax Number	
Contact Number	OFFICE-96306549
EMail Address	NOEMAIL

Address	BLK 24 TELOK BLANGAH CRES #03-14
Postcode	090024
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 - MAJOR/MINOR RD
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?	YES
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)	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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB5770T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAMANJEET SINGH
NRIC/Passport Number	GXXXX197P
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TEO SOO KHIM, KELVIN (ZHANG SHUQIN)
Approximate Age	
Injuries Sustain	NECK AND BACK
Injured person in which vehicle?	SKB588E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


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:

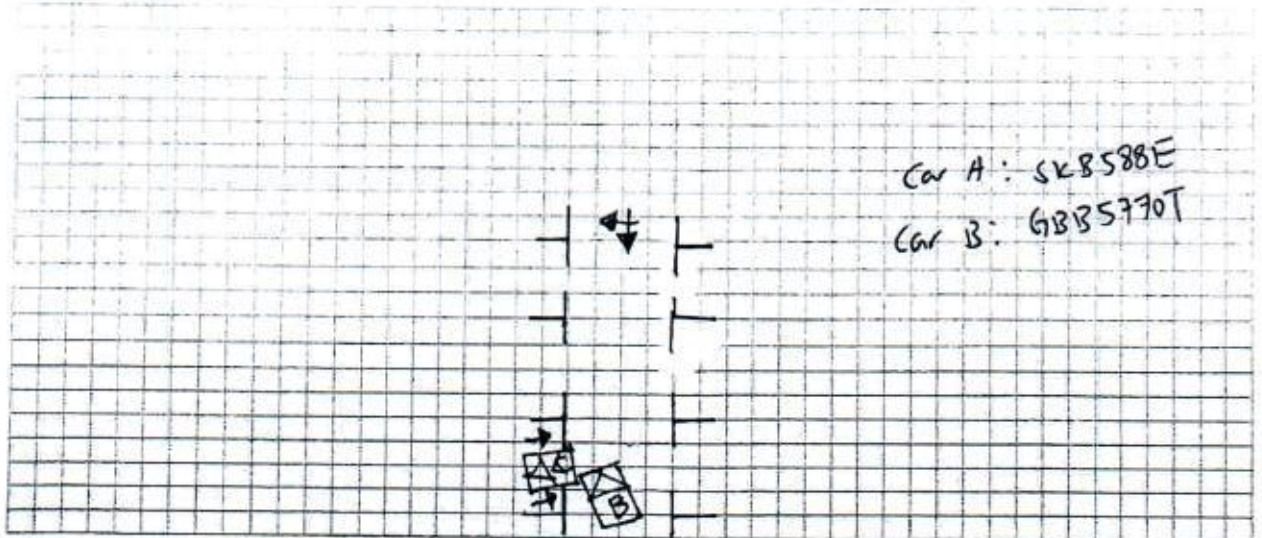
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

SKETCH PLAN

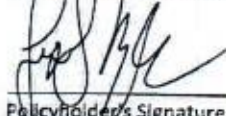


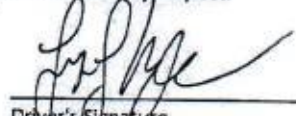
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A was reversing out from the carpark lot. Suddenly I felt a impact from the rear portion of my vehicle. After I alight I then realise that vehicle B had come in from the opposite direction.

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.:

Date of Accident : 05/03/2020 Accident Time: 1133 (24-HR-Format)
Accident Place : Pasir Panjang Wholesale Centre.
Vehicle No. (Car Plate No.) : SKB588E Make/Model: BMW 520I
Insurance Company : NTUC Policy No: 5115626488
Owner or Company Name / IC No. : Teo Soo Khim, Kelvin (57909075A)
Owner or Company Contact No. : 57909075A Owner's Hp 96306549 Company Tel
DRIVER'S Name / IC No. : Same as above.
DRIVER'S Date Of Birth : 22/03/1979 DRIVER'S License Pass Date 13 July 1998
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : Block 24 Telok Blangah Crescent #03-14
DRIVER'S Contact No / Alt No. : 1) 5(090024) ✓ 2) —
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
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): 01
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
Any Injury (IF YES, Pls state): Neck, back

Other Party Driver's Particular (if any)

Vehicle No: GBB5770T
Vehicle Make/Model: Toyota Dyna
Name Driver: Ramanjeet Singh
IC No. Driver/Contact: 68199197P

Vehicle No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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"/>	5115626488		TEO SOO KHIM, KELVIN (ZHANG SHUQIN)	S7909075A	GPC	drive CLASSIC	SKB588E	SKB588E	17/01/2020	16/01/2021

Claim Handling

Accident MT/1087456

Policy No.	5115626488	Vehicle No.	SKB588E	GST Registration No.	
Certificate No.					
Policyholder Name	TEO SOO KHIM, KELVIN (ZHANG SHUQIN)	Cover Type	drive CLASSIC	Policyholder NRIC	S7909075A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96306549	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No ▼
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

▼ Accident Details

Report Date	09/03/2020 16:18	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	05/03/2020	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PASIR PANJANG WHOLESALE CENTRE				

▼ 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 102 #05-916	Address 2	SIMEI STREET 1	Address 3	SINGAPORE S20102
Address 4		Address Type	Singapore address	Post Code	S20102
Unit No.	03-14	Related Policy Number	5115626488		

▼ OI Driver Info

Driver Name	TEO SOO KHIM, KELVIN(ZHANG SHUQIN)	Driver Type	Main Driver	Driver DOB	22/03/1979
Unnamed driver Name		Driver NRIC	S7909075A	Driving Experience	21
Register Date of Driver License	13/07/1998	Driver Age	40	Contact No.(Home)	
Contact No.(Mobile)	96306549	Contact No.(Office)		Address 3	SINGAPORE S20102
Address 1	BLK 102 #05-916	Address 2	SIMEI STREET 1	Post Code	S20102
Address 4		Address Type	Singapore address		
Unit No.	03-14				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	TEO SOO KHIM, KELVIN (ZHANG SHUQIN)	Insured NRIC	S7909075A	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)		
Email Address		OI Vehicle Number	SKB588E	TP Vehicle Number	GBB57	
Claim Description	SKB588E / GBB5770T ON 5 Mar 2020				Name of Preferred Workshop	
Preferred Workshop	<input type="radio"/> Insured Liability	Not at Fault				
Repair Option	<input checked="" type="radio"/> Preferred Workshop, Name unknown	GIA report	Received			
Date Registered	09/03/2020 16:21	Claim Close Date		Date Received	09/03/2020	
Report Taken By	LIEW SHAN HUI					

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1087456	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/03/2020 16:21		
Path *		Category *	Confidential	Urgency *	Desc
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read		Clear	Please Select	NO	Normal

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Mar 2020 16:21	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Mar 2020 16:21	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Mar 2020 16:21	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Mar 2020 16:21	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Mar 2020 16:21	SAS		Normal	SAS 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Mar 2020 16:21	Photos		Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Mar 2020 16:21	Photos		Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Mar 2020 16:21	Photos		Normal	Photos 2020-3-9	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Mar 2020 16:21	Photos		Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Mar 2020 16:21	Photos		Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Mar 2020 16:21	Photos		Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Mar 2020 16:21	Photos		Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Mar 2020 16:21	Photos		Normal	Photos 2020-3-9	

Video List

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