NATIONAL Assessment Centre Services (wef 1 Jan'05) MNAN0031754

Date In: 12/3/20- 16:57	Job description	Date & Time Completed	Done by
Ref No: NA/IAC 2003944/24	SAS e-filing		
Veh No: SKZ5944	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 11/3/20- 18:12	i-Motor Claim Form	MM/28 7993-00	12/3/20 18:00
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: SDX9978R 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

NA2004

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) In Bill	Amt ($) Add Bill
1) AR : Accident Reporting	($30);		
2) DA : Damage Assessment	($100); INC ($80)		
3) TF : Towing Fee	$40/$45		
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*			
*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*		

MNA120031754 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 12/03/2020 16:51
SUBMITTED BY: Jackson Ho Zhao Tian

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 witholding 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	12/03/2020 16:51
Date Of Accident	11/03/2020 18:10
Exact Location Of Accident	SLE TWDS BKE BEFORE MANDAI RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKZ5592H
Insured/Policyholder	
Name Of Registered Owner	LIM DING QIANG, MELVIN
NRIC No	SXXXX520D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81816950
Alternative Phone No	OFFICE-81816950
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	5107126200-01
Cover Note Number	
Driver	
Name of Driver	LIM GUIHAO
NRIC No	SXXXX124H
Date Of Birth	31/03/1981
Occupation	INDOOR
Date Of Driving Pass	17/12/2010
Driving Experience	9 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98209807
Fax Number	
Contact Number	OFFICE-98209807
EMail Address	NOEMAIL

Address	BLK 501 WOODLANDS DRIVE 14 #04-50
Postcode	730501
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDX9928R
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG CHOON BENG
NRIC/Passport Number	
Contact Number	97719928
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMN2117G
Vehicle Make/Model/Colour	SUZUKI SWIFT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ISAAC KER JIAN YAN
NRIC/Passport Number	
Contact Number	92377574
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLK8937U
Vehicle Make/Model/Colour	TOYOTA CAMRY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VIJI NINAN
NRIC/Passport Number	
Contact Number	94876888
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.
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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.

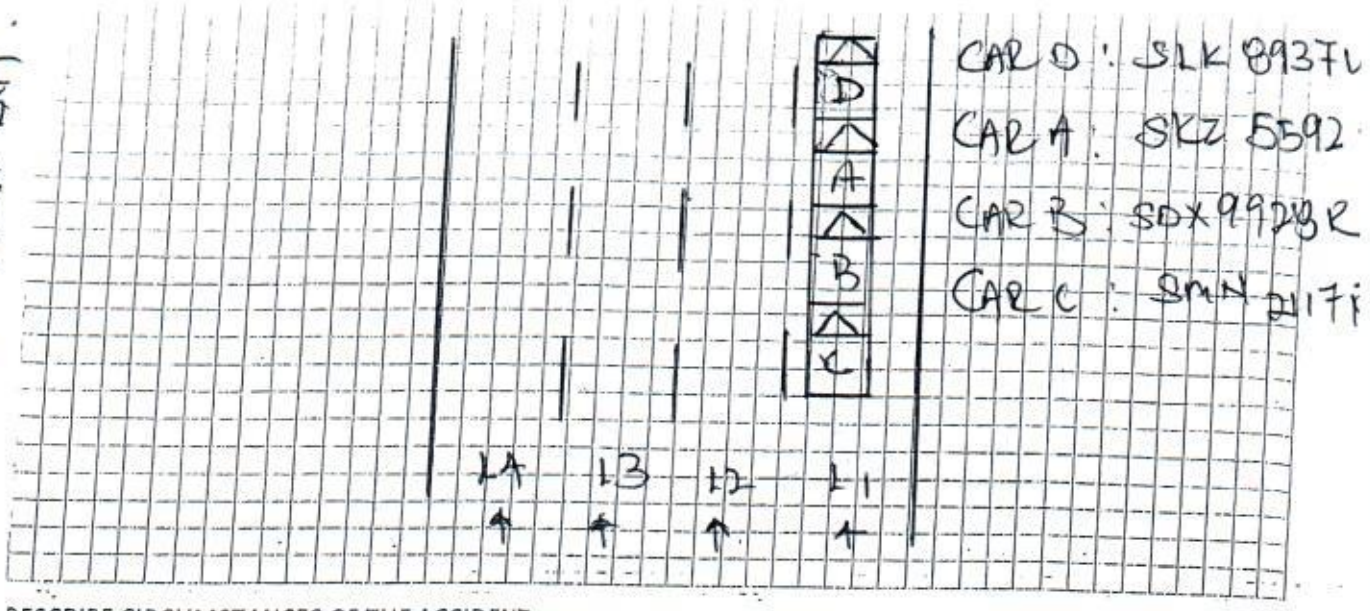
(e) the information so collected under (d) above may be shared / disclosed:

(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.

X	X	
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

SLE TOWARD BKE BEFORE MANDAI EXIT.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON STATED DATE AND TIME.

I WAS TRAVELLING ON MY VEHICLE BEARING SKZ 5592H. ALONG SLE TOWARD BKE BEFORE MANDAI EXIT. DUE TO HEAVY TRAFFIC THE FRONT VEHICLE BEARING SLK 8937U AND MY VEHICLE HAD COME TO AN COMPLETELY STOP AND STATIONARY. SUDDENLY I FELT HUGE IMPACT FROM MY REAR, THE IMPACT WAS SO HUGE THAT MAKE MY VEHICLE TO PROPELLED TO COLLIDED THE FRONT VEHICLE. I ALIGHTED FROM MY VEHICLE THEN I REALISE VECHICE BEARING SDX 9928R 3RD CAR AND FOLLOW BY THE LAST VEHICLE BEARING SMN2117G, I WAS INVOLVED IN A CARS CHAIN COLLISION. WE ALL DRIVER EXCHANGE PARTICULARS AND ARGREED WITH INSURANCE CLAIM.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

Date of Accident : 11/03/2020 Accident Time: 18:10. (24-HR-Format)

Accident Place : SLE TOWARD BKE ~~BEFORE~~ MANDAI EXIT.

Vehicle Reg. No. (Car Plate No.) : SKZ 5592 H.

Vehicle Make/Model : MAZDA 3

Insurance Company : NTUC INCOME. Policy No. S107126200-01

Owner or Company Name /IC No. : LIM DING QIANG MELVIN. S9111520D.

Owner or Company Contact No. : _____ Owner's Hp 81816950 Company Tel

DRIVER'S Name / IC No. : LIM GUI HAO S9110124H.

DRIVER'S Date Of Birth : 31/3/1981 DRIVER'S License Pass Date 17/10/2010

Relationship of Owner & Driver : Spouse \ Parents \ Children \ (Sibling) \ Employee \ Others: _____

DRIVER'S Address : BLK 501 WOODLANDS DR 14 #04-50 S730501

DRIVER'S Contact No./ Alt No. : 1) _____ 2) 98209807.

DRIVER'S Occupation : (INDOOR) \ OUTDOOR (e.g. working inside or outside office)

Email Address : ADWIN@MYCAR.SG.

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 No injury

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)

(1) Vehicle Reg. No: SLK 8937 U (D)

Vehicle Make\Model: TOYOTA CAMRY

Name Driver: YITI NINAN

IC No. Driver: _____

Driver's Contact & Add: 94876888

(3) Vehicle Reg. No: SDX 9939 R. (B)

Vehicle Make\Model: HONDA

Name Driver: ANG CHOR BENG

IC No. Driver: _____

Driver's Contact & Add: 97719928.

(4) VEHICLE REG NO SMN 2117 G (C)

MAKE/MODEL : SUZUKI SWIFT.

NAME DRIVER : 92377574.

CONTACT : ISAAC KER JIAN YAN.

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: 11/03/2020 18:50

Vehicle No.(For Motor): SKZ5592H | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5107126200-01		LIM DING QIANG, MELVIN	S9111520D	GPC	drivo CLASSIC	SKZ5592H	SKZ5592H	27/01/2020	26/01/2021

Continue

Policy Information

Policy No.	5107126200-01	Policyholder Name	LIM DING QIANG, MELVIN	Policyholder NRIC	S9111520D
Certificate No.					
Address	BLK 501 #04-50 WOODLANDS DRIVE 14 SINGAPORE 730501				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	06/01/2020	Effective Date	27/01/2020 00:00	Expiry Date	26/01/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	TELESALES-DIRECT MARKETING	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 501 #04-50	Address 2	WOODLANDS DRIVE 14	Address 3	SINGAPORE 730501
Address 4		Address Type	Singapore address	Post Code	730501
Unit No.		Related Policy Number	5107126200-01		

Insured Object: SKZ5592H

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1087993

Policy No.	S107126200-01	Vehicle No.	SKZ5592H	GST Registration No.	
Certificate No.					
Policyholder Name	LIM DING QIANG, MELVIN			Policyholder NRIC	S9111520D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	81816950	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	12/03/2020 17:58	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	11/03/2020	Time of Accident hh:mm	18:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLE TWDS BKE BEFORE MANDAI RD EXIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	500.00	Total TP Excess Applicable			

Benefits

Coverage		Sum Insured	
Excess Waiver		99999999.99	

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 501 #04-50	Address 2	WOODLANDS DRIVE 14	Address 3	SINGAPORE 730501
Address 4		Address Type	Singapore address	Post Code	730501
Unit No.		Related Policy Number	S107126200-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM GUIHAO	Driver NRIC	SXXXX124H	Driver DOB	31/03/1981
Register Date of Driver License	17/12/2010	Driver Age	38	Driving Experience	9
Contact No.(Mobile)	98209807	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 501	Address 2	WOODLANDS DRIVE 14	Address 3	SINGAPORE 730501
Address 4		Address Type	Singapore address	Post Code	730501
Unit No.	04-50				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ◉ No

Modification History

Claim 001 | New

Claim Type *	OD-MX	Insured Name	LIM DING QIANG, MELVIN	Insured NRIC	S9111520D
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SKZ5592H	TP Vehicle Number	SOX9928R
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SKZ5592H / SOX9928R ON 11 Mar 2020			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Prefererd Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/03/2020 18:00	Claim Close Date		Date Received	12/03/2020 00:00
Report Taken By	Jackson				

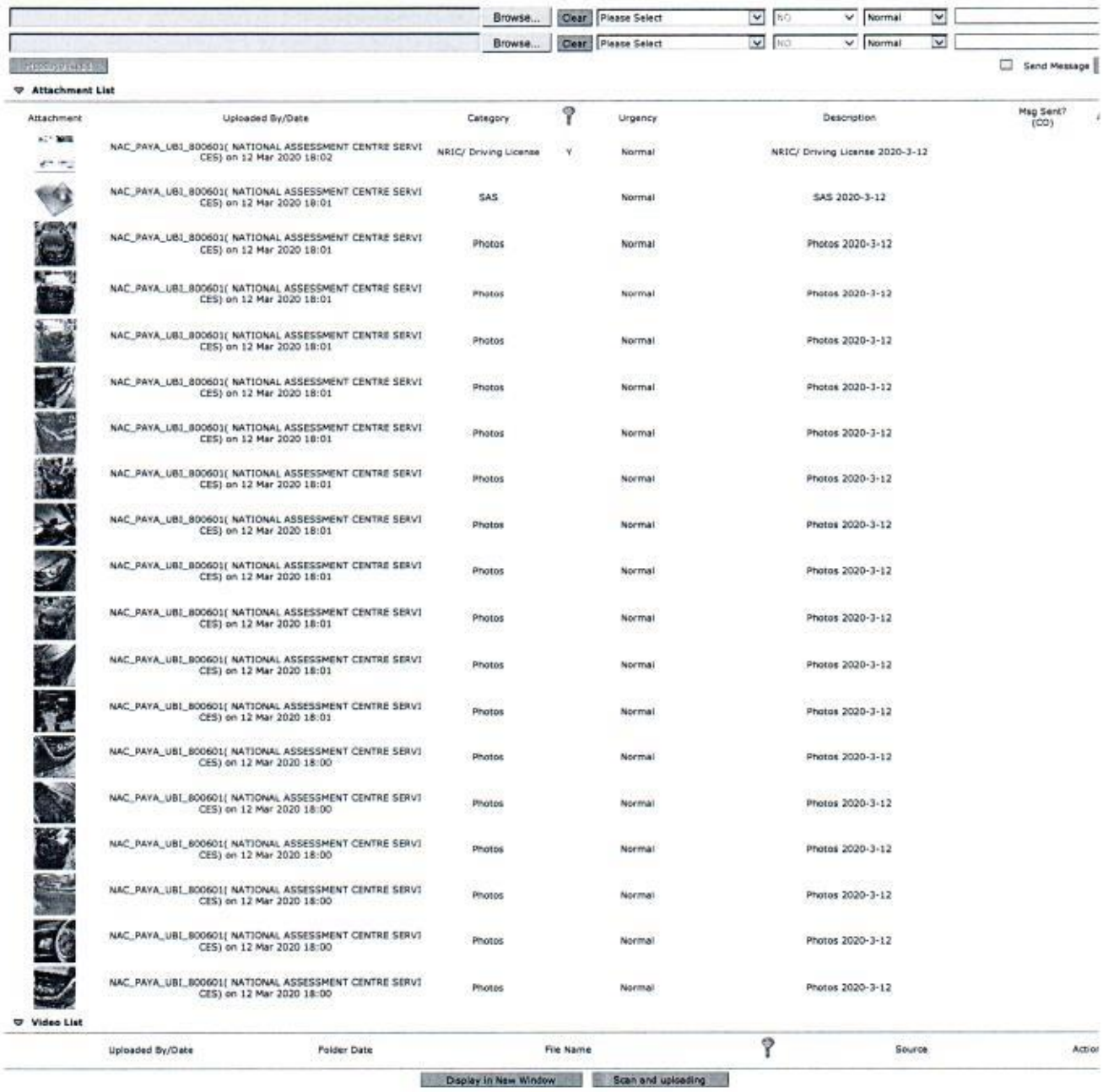
☑ Print AK letter

Save | Submit

Attachment

Accident No.	MT/1087993	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	12/03/2020 18:02

Path *			Category *	Confidential	Urgency *	Description *
	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
Send Message
Attachment List
Attachment
Uploaded By/Date
Category
Urgency
Description
Msg Sent? (CO)
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2020 18:02
NRIC/ Driving License
Y
Normal
NRIC/ Driving License 2020-3-12
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2020 18:01
SAS
Normal
SAS 2020-3-12
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2020 18:01
Photos
Normal
Photos 2020-3-12
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2020 18:00
Photos
Normal
Photos 2020-3-12
Video List
Uploaded By/Date
Folder Date
File Name
Source
Action
Display in New Window
Scan and uploading