

NATIONAL Assessment Centre Services.

(part 1 Jan 09)

MNA 120033431

Date In: 17/13/20 10:49	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MNA/INC 2000 4098/64	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SGG 8382 A	1-Motor Claim Form	M7/1088604-001	17/13/20 17:01
TPA: 16/13/20 12:15	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
OT: (P) Reporting Only	1-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: SLU 2309.U	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 repolar.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC/Non-INC/Other)	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

<p>MA 2002028</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>C Checked by (Bgr-In-Charge):</p> <p>Aditors Comments:</p> <p>1.1.1</p>	<p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$10)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-Inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>ON:</p> <p>*N5: Courtesy Car / Tpt Allowance \$3</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$3</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p> <p>Invoice dated Fee Charged</p> <p>Invoice dated Fee Charged</p>
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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	17/03/2020 10:49
Date Of Accident	16/03/2020 12:15
Exact Location Of Accident	TAMPINES ST 92 SLIP RD TO TAMPINES AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG8382A
Insured/Policyholder	
Name Of Registered Owner	LIM HENG HUNG
NRIC No	SXXXX391I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86686628
Alternative Phone No	OFFICE-86686628

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5047937696-08
Cover Note Number	

Driver

Name of Driver	LIM HENG HUNG
NRIC No	SXXXX391I
Date Of Birth	03/07/1950
Occupation	INDOOR
Date Of Driving Pass	14/05/1975
Driving Experience	44 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86686628
Fax Number	
Contact Number	OFFICE-86686628
EMail Address	NOEMAIL

Address	BLK 586 PASIR RIS ST 53 #03-63
Postcode	510586
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 - 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	SLU2309U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR KOH
NRIC/Passport Number	
Contact Number	98223837
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN


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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 16th March 2020 at about 12.15 p.m. while I was waiting for a while inside my car SGG8382A for traffic on Tampines Ave. 1 to clear before I could turn left, then suddenly Honda City, Maroon color, SLU. 2309.4 crashed onto the direct rear of my car. As a result my rear bumper & rear cover were damaged. The driver of SLU. 2309.4 exchanged particulars with me. He is known as Mr Koh, HP 9822 3837, and his insurance Co. is NTUC. While exchanging particulars Mr. Koh fainted twice. His wife was with him. 20 minutes later his son came. I asked Mr. Koh if he wanted ambulance service. He said no need and later drove away with his son & wife.

DECLARATION

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

Policyholder's Signature
Date & Time: 17/3/2020 10.55a.m.

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. 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"/>	5047937696-08		LIM HENG HUNG	S00893911	GPC	Third Party	SGG8382A	SGG8382A	09/05/2019	08/05/2020

Claim Handling

Accident MT/1088604

Policy No.	5047937696-08	Vehicle No.	SGG8382A	GST Registration No.	
Certificate No.					
Policyholder Name	LIM HENG HUNG	Cover Type	Third Party	Policyholder NRIC	500893911
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	86686628	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	17/03/2020 16:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	16/03/2020	Time of Accident hh:mm	12:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES ST 92 SLIP RD TO TAMPINES AVE 1				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	Driver is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	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	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.		Related Policy Number	5047937696-08		

▼ OT Driver Info

Driver Name	LIM HENG HUNG	Driver Type	Main Driver	Driver DOB	03/07/1950
Unnamed driver Name		Driver NRIC	500893911	Driving Experience	20
Register Date of Driver License	01/01/2000	Driver Age	69	Contact No.(Home)	
Contact No.(Mobile)	86686628	Contact No.(Office)		Address 3	
Address 1	NIL	Address 2		Post Code	999999
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

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	LIM HENG HUNG	Insured NRIC	50089	
Contact No.(Mobile)	84895787	Contact No.(Home)	87858382	Contact No.(Office)	67832	
Email Address		OT Vehicle Number	SGG8382A	TP Vehicle Number	SLU23	
Claim Description	SGG8382A / SLU2309U ON 16 Mar 2020				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault			
Report No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered		Claim Close Date	17/03/2020 17:00	Date Received	17/03/	
Report Taken By	LIEW SHAN HUI					

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1088604	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/03/2020 17:01
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Message Read			

▼ Attachment List

2/2