

# NATIONAL Assessment Centre Services.

[part 1 Jan 2009]

MNA 120034881

Date In: 2013/20 15:37	Job description	Date & Time Completed	Done by
Ref No: MA/INC 20004305164	SAS e-filing		
Veh No: SMP 5785 Y	E-mail (within 2hrs, AIC 2hrs)		
TPA: 2013/20 14:50	I-Motor Claim Form	MT/1089044-001	2013/20 16:05
UD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wk312		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKC 3782 K	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 No: 6789 6610)	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 2002142	Invoice Information Checklist	Amc (\$)	Adj (\$)
1) AR: Accident Reporting (\$30)		30.00	
2) DA: Damage Assessment (\$100)	INC (\$30)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (w/c 10 Jan 2009)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
Q1:			
*N5: Courtesy Car / Tpt Allowance	\$5		
*N6: Repairs Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TP (N11): TP (Inc in INC) 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	20/03/2020 15:37
Date Of Accident	20/03/2020 14:50
Exact Location Of Accident	CTE B4 PIE(CHANGI)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP5785Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ENG CHOON HUA
NRIC No	SXXXX399A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81110377
Alternative Phone No	OFFICE-81110377

### Vehicle Particulars

Manufacturer	MAZDA
Model	CX7
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	5108061057
Cover Note Number	

### Driver

Name of Driver	ENG CHOON HUA
NRIC No	SXXXX399A
Date Of Birth	03/06/1964
Occupation	INDOOR
Date Of Driving Pass	12/06/2015
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81110377
Fax Number	
Contact Number	OFFICE-81110377
Email Address	NOEMAIL

Address	BLK 412 YISHUN RING RD #03-1899
Postcode	760412
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?	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)	2
Passenger 1	NAME: : WONG PAU CHAN 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 CTE BEFORE PIE(CHANGI) ON THE FIRST LANE, WHEN NOTICED FRONT VEH SLOW DOWN AND STOP, I ALSO FOLLOW TO SLOW DOWN AND STOP MY VEH, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

#### 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	SKC3782K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	ENG CHOON HUA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMP5785Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	WONG PAU CHAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMP5785Y
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

A = SMP 5785 Y

B = SKC 3782 K

CTE 34 PIE (Changi)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 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.

Date of Accident

20/03/2020 15:35

Vehicle No. (For Motor)

SMP5785Y

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"/>	5108061057		ENG CHOON HUA	S1650399A	GPC	drive CLASSIC	SMP5785Y	SMP5785Y	11/03/2019	02/04/2020



## Claim Handling

## Accident MT/1089044

Policy No.	5108061057	Vehicle No.	SMP5785Y	GST Registration No.	
Certificate No.				Policyholder NRIC	S1650399A
Policyholder Name	ENG CHOON HUA	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	81110377	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	0	Private Hire	No
NCD Protection	No				
<b>Accident Details</b>					
Report Date	20/03/2020 16:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	20/03/2020	Time of Accident hh:mm	14:50	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	CTE B4 PIE(CHANGI)				
<b>Total Excess Applicable</b>					
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 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 Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 412 #03-1899	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760412
Address 4		Address Type	Singapore address	Post Code	760412
Unit No.	03-1899	Related Policy Number	5108061057		
<b>OI Driver Info</b>					
Driver Name	ENG CHOON HUA	Driver Type	Main Driver	Driver DOB	03/06/1964
Unnamed driver Name		Driver NRIC	S1650399A	Driving Experience	4
Register Date of Driver License	12/06/2015	Driver Age	55	Contact No.(Home)	
Contact No.(Mobile)	81110377	Contact No.(Office)		Address 3	SINGAPORE 760412
Address 1	BLK 412 #03-1899	Address 2	YISHUN RING ROAD	Post Code	760412
Address 4		Address Type	Singapore address		
Unit No.	03-1899			Driver Insurer Company	
Does he own a Singapore Registered car?	No Yes	Driver Vehicle No.			

## Declaration

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

## Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	ENG CHOON HUA	Insured NRIC	S1650399A		
Contact No.(Mobile)	81692393	Contact No.(Home)		Contact No.(Office)			
Email Address		OI Vehicle Number	SMP5785Y	TP Vehicle Number	SKC372		
Claim Description	SMP5785Y / SKC3782K ON 20 Mar 2020				Name of Preferred Workshop		
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received		
Workshop No.	0	Repair Option	Preferred Workshop, Name unknown				
Finalisation	Yes						
Date Registered				Claim Close Date	20/03/2020 16:04	Date Received	20/03/2020
Report Taken By					LIEW SHAN HUI		










Print AK letter

Save Submit

## Attachment

Accident No.	MT/1089044	Claim No.	001
Last Doc. Received	Yes No	Upload Date	20/03/2020 16:05
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read			
Attachment List			



Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 20 Mar 2020 16:05	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 20 Mar 2020 16:05	SAS		Normal	SAS 2020-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 20 Mar 2020 16:05	Photos		Normal	Photos 2020-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 20 Mar 2020 16:05	Photos		Normal	Photos 2020-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 20 Mar 2020 16:05	Photos		Normal	Photos 2020-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 20 Mar 2020 16:05	Photos		Normal	Photos 2020-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 20 Mar 2020 16:04	Photos		Normal	Photos 2020-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 20 Mar 2020 16:04	Photos		Normal	Photos 2020-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 20 Mar 2020 16:04	Photos		Normal	Photos 2020-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 20 Mar 2020 16:04	Photos		Normal	Photos 2020-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 20 Mar 2020 16:04	Photos		Normal	Photos 2020-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 20 Mar 2020 16:04	Photos		Normal	Photos 2020-3-20
Video List					
Uploaded By/Date	Folder Date	File Name		Source	
		Display in New Window	Scan and uploading		