

NATIONAL Assessment Centre Services			
Date In: 21/03/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20004330/13	SAS e-filing		
Veh No: SGV6215J	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 21/03/20 1120	i-Motor Claim Form	MT/1089128-001	
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: (my car	Tel:	Fax:
TP Particulars:	Veh No: SLD3706P	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%. F: 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 2002311		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:				Int. Bill	Add Bill
Driver/Owner:		1) AR: Accident Reporting (\$30);			
Contact No:		2) DA: Damage Assessment (\$100); INC (\$30)			
Damaged Portion:		3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):		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) NI: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		ON:			
		*N5: Courtesy Car / Tp 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: 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	21/03/2020 14:29
Date Of Accident	21/03/2020 11:20
Exact Location Of Accident	CTE TWDS AYE B4 BRADDELL RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGV6215J
Insured/Policyholder	
Name Of Registered Owner	YIP HOCK CHYE
NRIC No	SXXXX092J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96414216
Alternative Phone No	OTHERS-96414216
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SWIFT
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	5021675191-12
Cover Note Number	
Driver	
Name of Driver	MELISSA YIP SUI LING
NRIC No	SXXXX246J
Date Of Birth	09/04/1979
Occupation	INDOOR
Date Of Driving Pass	08/03/2007
Driving Experience	13 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96414216
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 117 BUKIT MERAH CENTRAL #05-3755
Postcode	150117
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
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

PLS REFER TO THE ATTACHED 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	SLD3706P
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	SXXXX050G
Contact Number	97308428
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLH2057P
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Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	81648179
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


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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:

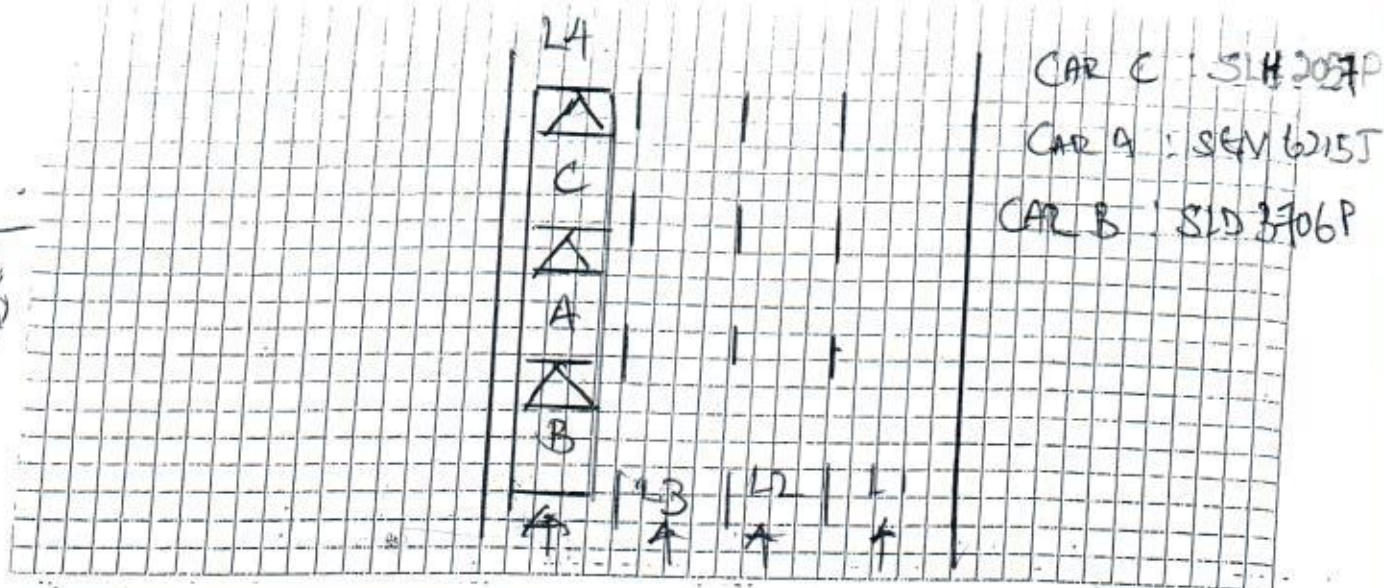
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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: 21 Mar 20


Driver's Signature
(If driver is not the policyholder)
Date & Time: 21 Mar 20


Reporting Centre Personnel's Signature
Name: Lynn
NRIC/FIN No: 21/03/20

CTR TOWARD AYE
BEFORE BRADDOCK
EXIT.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON STATED DATE AND TIME .
I WAS TRAVELLING ON MY VEHICLE BEARING
SRV 6215J ALONG CTR TOWARD AYE
BEFORE BRADDOCK EXIT. THE VEHICLE WIPON JAMMED
BRAKE AND STOP, I WAS ABLE TO STOP
JUST IN TIME, SUDDENLY I FELT AN HUGE
IMPACT FROM THE REAR, THE IMPACT WAS
SO HUGE THAT FORCE MY VEHICLE TO PROPELLED
TO COLLIDED THE REAR VEHICLE .
WE ALL DRIVER EXCHANGE PARTICULARS
AND AGREED WITH INSURANCE CLAIM .

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature] 21 Mar 201

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

[Signature] 21/03/20

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120035189 Vehicle Registration No: SGV6215J
Name (as shown in NRIC) : MELISSA YIP SUI LING NRIC/FIN/Passport No : SXXXXX246J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 117 BUKIT MERAH CENTRAL #05-3755 Singapore 150117
Contact (Tel) : _____ Mobile No.: 96414216
Email Address : _____
Date of Accident : 21/03/2020 Time of Accident : 1120 Hrs
Place of Accident : CTE twds AYE B4 Braddell Rd Exrt
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

vehicle C should be SLH2057P

 X
Policyholder / Driver's Signature
Date: _____

 30/03/20
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____

Date of Accident : 21/3/2020 Accident Time: 1120 (24-HR-Format)
Accident Place : CIR TOWARD AY2 BEFORE BRADDELL EX1
Vehicle Reg. No. (Car Plate No.) : SGV 6215J
Vehicle Make/Model : SUZUKI SWIFT
Insurance Company : NTUC INCOME Policy No. 5021675191-12
Owner or Company Name / IC No. : YIP HOCK CHYE
Owner or Company Contact No. : 96414216 Owner's Hp — Company Tel —
DRIVER'S Name / IC No. : MELISSA YIP SUI LIN 579092465
DRIVER'S Date Of Birth : 09/04/1979 DRIVER'S License Pass Date 08/03/2027
Relationship of Owner & Driver : Spouse ☒ Parents \ Children \ Sibling \ Employee \ Others: —
DRIVER'S Address : B1C 117 BUKIT MELEH, CANTON #05-375
DRIVER'S Contact No. / Alt No. : 1) 96414216 2) —
DRIVER'S Occupation : ☒ INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : ADMIN @ 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

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: SW 2057P

Vehicle Make/Model: TOYOTA

Name Driver: —

IC No. Driver: —

Driver's Contact & Add: 8164 8179

Vehicle Reg. No: SLD 3706P

Vehicle Make/Model: HYUNDAI

Name Driver: WOO HYUK SAIK

IC No. Driver: S149 305061

Driver's Contact & Add: 97808428

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

21/03/2020 11:20

Vehicle No.(For Motor)

SGV6215J

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5021675191-12		YIP HOCK CHYE	S0132092J	GPC	drive CLASSIC	SGV6215J	SGV6215J	21/06/2019	20/06/2020

Continue

Claim Handling

Accident MT/1089128

Policy No.	5021675191-12	Vehicle No.	SGV62153	GST Registration No.	
Certificate No.					
Policyholder Name	YIP HOCK CHYE			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	96414216	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<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	
▼ Accident Details					
Report Date	21/03/2020 15:06	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	21/03/2020	Time of Accident hh:mm	11:20	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS AYE B4 BRADDELL RD EXIT				
▼ 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?	
Additional Excess	0.00				
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 117 #05-3755	Address 2	BUKIT MERAH CENTRAL	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5021675191-12		
▼ OI Driver Info					
Driver Name	MELISSA YIP SUJ LING	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S7909246J	Driver DOB	
Register Date of Driver License	14/02/2008	Driver Age	40	Driving Experience	
Contact No.(Mobile)	96414216	Contact No.(Office)	0	Contact No.(Home)	
Address 1	BLK 117	Address 2	BUKIT MERAH CENTRAL	Address 3	
Address 4	SINGAPORE 150117	Address Type	Singapore address	Post Code	
Unit No.	#05-3755				
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		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	YIP HOCK CHYE	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	62744019	Contact No.(Office)	
Email Address		OI Vehicle Number	SGV62153	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGV62153 / SLD3706P ON 21 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	
Date Registered	21/03/2020 15:17	Claim Close Date		Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save

Submit

Attachment

Accident No. MT/1089128

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 21/03/2020 00:00

Path *

Category *

Confidential

Urgency

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

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Browse...

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Please Select

NO

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Browse...

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NO

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Please Select

NO

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Reshape Table

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Mar 2020 15:14

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-3-



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Mar 2020 15:14

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-3-



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Mar 2020 15:14

SAS

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SAS 2020-3-21



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Photos

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Photos 2020-3-21



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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Mar 2020 15:09

Photos

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Photos 2020-3-21

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading