

# NATIONAL Assessment Centre Services

Part 1 Jan 2003

MMA 120036377

Date In: 25/3/20 09:28	Job description	Date & Time Completed	Done by
Ref No: NA/INC 20004466/64	SAS e-filing		
Veh No: SJV 9918 J	E-mail (within 3hrs, AIC 2hrs)		
IP: 24/3/20 15:00	I-Motor Claim Form	MT/1089509-001	25/3/20 10:18
Old IP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
IP Particulars:	Veh No: SLA 5506A.C	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: ( )

Reminders: (INC 100000 6782 6616)	Date and Time	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

WA 2002247

Claimant's Particulars:	Invoice Preparation Checklist	Am (\$)	Val (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claimant against INC Only (w/c 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (Nil): TP (Non INC) against INC \$20		
	9) NI2: Idas 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	25/03/2020 09:28
Date Of Accident	24/03/2020 15:00
Exact Location Of Accident	420 HOUGANG AVE 10 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV9918J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JIAN LIMOUSINE
Co Reg No	5XXXX025L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90239442

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073645721-04
Cover Note Number	

### Driver

Name of Driver	TAN TONG KIT
NRIC No	SXXXX338H
Date Of Birth	06/02/1956
Occupation	OUTDOOR
Date Of Driving Pass	12/02/1977
Driving Experience	43 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90239442
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 420 HOUGANG AVE 10 #10-315
Postcode	530420
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	COLLIDED INTO PARKED VEHICLE
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

WHILE REVERSING, MY VEH ACCIDENTALLY HIT ONTO A PARKED VEH B RIGHT FRONT PORTION.

#### 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	SLA5506C
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)	



## 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.



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 = SJV 9918 J  
B = SLA 5506 C

420 Hougang Ave 10 Carpark

## 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.	<input type="text"/>	Date of Accident	<input type="text" value="24/03/2020 09:26"/>
Vehicle No.(For Motor)	<input type="text" value="SJV9918J"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5073645721-04		JIAN LIMOUSINE	53124025L	GPC	drivo CLASSIC	SJV9918J	SJV9918J	20/01/2020	19/01/2021



## Claim Handling

Accident MT/1089509

Policy No.	5073645721-04	Vehicle No.	SJV9918J	GST Registration No.	
Certificate No.					
Policyholder Name	JIAN LIMOUSINE	Cover Type	drive CLASSIC	Policyholder NRIC	53124025L
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90239442	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Yes

## ▼ Accident Details

Report Date	25/03/2020 10:15	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	24/03/2020	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	420 HOUGANG AVE 10 CARPARK				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	25/03/2020 10:17:13 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	BLK 420 #10-315	Address 2	HOUGANG AVENUE 10	Address 3	SINGAPORE 530420
Address 4		Address Type	Singapore address	Post Code	530420
Unit No.		Related Policy Number	5073645721-04		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	06/02/1956
Unnamed driver Name	TAN TONG KIT	Driver NRIC	SXXXX338H	Driving Experience	43
Register Date of Driver License	12/02/1977	Driver Age	64	Contact No.(Home)	
Contact No.(Mobile)	90239442	Contact No.(Office)		Address 3	SINGAPORE 530420
Address 1	BLK 420 #10-315	Address 2	HOUGANG AVENUE 10	Post Code	530420
Address 4		Address Type	Singapore address		
Unit No.	10-315			Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	JIAN LIMOUSINE	Insured NRIC	53124
Contact No.(Mobile)	90239442	Contact No.(Home)		Contact No.(Office)	90239
Email Address		OI Vehicle Number	SJV9918J	TP Vehicle Number	SLA55
Claim Description	SJV9918J / SLA5506C ON 24 Mar 2020			Name of Preferred Workshop	0
Preferred Workshop Finalisation	Yes	Insured Liability	Fully at Fault	GIA report	Received
Date Registered	25/03/2020 10:18	Claim Close Date		Date Received	25/03/
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1089509	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/03/2020 10:18

Path \*

Choose File	No file chosen	Clear	Please Select	Category *	Confidential	Urgency *	Desci
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							

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Mar 2020 10:18	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Mar 2020 10:18	SAS		Normal	SAS 2020-3-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Mar 2020 10:18	Photos		Normal	Photos 2020-3-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Mar 2020 10:18	Photos		Normal	Photos 2020-3-25	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Mar 2020 10:18	Photos		Normal	Photos 2020-3-25	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Mar 2020 10:18	Photos		Normal	Photos 2020-3-25	
Video List						
Uploaded By/Date	Folder Date	File Name		Source		
<div>Display in New Window</div> <div>Scan and uploading</div>						