NATIONAL Assessment Centre Services

MMA 120038668

	Job description	Date & Time Completed	Done by
Date In: 31 / 3 / 20 17:27	SAS e-filling		
Ref No: MA/INC 20004746/h4	E-mail (whole 3hrs, A/C 2hrs)		
Veh No: SJS 4131K	I-Motor Claim Form	MT/1090274 001	1/4/20 09:12.
D/T/A: 30/3/20 22:10.	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD / TP / Repairing Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (   )   Tel: Fax:)

TP Particulars:	Veh No: SHC 4011G.	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: 67896616)

			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 2002351

Invoice Preparation Checklist		AMT($)/Claim	GAMT($)/Add'bill
1) AR : Accident Reporting ($30);		30.00	
2) DA : Damage Assessment ($100); INC ($30)			
	$40/$45		
3) TF : Towing Fee			
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:-			
OR:			
• 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			

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments

Tel. 1:

Tel. 2:

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	31/03/2020 17:27
Date Of Accident	30/03/2020 22:10
Exact Location Of Accident	WOODLANDS AVE 2 TWDS SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJS4131K

Insured/Policyholder	
Name Of Registered Owner	SOONG YIP HENG
NRIC No	SXXXX434Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91978083
Alternative Phone No	OFFICE-91978083

Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
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 CAR

Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112112914
Cover Note Number	

Driver	
Name of Driver	SOONG YIP HENG
NRIC No	SXXXX434Z
Date Of Birth	03/07/1981
Occupation	OUTDOOR
Date Of Driving Pass	04/05/2010
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91978083
Fax Number	
Contact Number	OFFICE-91978083
EMail Address	NOEMAIL

Address	71 WOODLANDS AVE 10 #08-03
Postcode	737743
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : SEE YEE NEE 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 WODLANDS AVE 2 TWDS SLE ON THE CENTER LANE, SUDDENLY A TAXI FROM THE LEFT LANE CUT INTO MY LANE AND HIT ONTO MY VEH LEFT 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	SHC4011G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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.

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

SKETCH PLAN

A = SJS 4131 K

B = SHC 4011 G

Woodland Ave 2.

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.:

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

› **Change Language**   › **Change Password**   › **Log Out**

My Desktop

Notice of Loss

Policy Query

Policy No.	5112112914	Date of Accident	30/03/2020 17:24
Vehicle No.(For Motor)	SJS4131K	Certificate Number	

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
◯	5112112914		SOONG YIP HENG	S8155434Z	GPC	drivo CLASSIC	SJS4131K	SJS4131K	24/08/2019	23/08/2020

Continue

Claim Handling
Accident MT/1090274

Policy No.	5112112914	Vehicle No.	SJS4131K	GST Registration No.	
Certificate No.					
Policyholder Name	SOONG YIP HENG			Policyholder NRIC	S8155434Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	91978083	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▽ Accident Details

Report Date	01/04/2020 09:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	30/03/2020	Time of Accident hh:mm	22:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVE 2 TWDS SLE				

▽ 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?	Covered
Additional Excess	0				
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	597A GEYLANG ROAD	Address 2	SINGAPORE 389536	Address 3	
Address 4		Address Type	Singapore address	Post Code	389536
Unit No.		Related Policy Number	5112112914		

▽ OI Driver Info

Driver Name	SOONG YIP HENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8155434Z	Driver DOB	03/07/1981
Register Date of Driver License	04/05/2010	Driver Age	38	Driving Experience	9
Contact No.(Mobile)	91978083	Contact No.(Office)		Contact No.(Home)	
Address 1	597A GEYLANG ROAD	Address 2	SINGAPORE 389536	Address 3	
Address 4		Address Type	Singapore address	Post Code	389536
Unit No.					
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	SOONG YIP HENG	Insured NRIC S8155...
Contact No.(Mobile)	98521137	Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	SJS4131K	TP Vehicle Number SHC40...
Claim Description	SJS4131K / SHC4011G ON 30 Mar 2020			Name of Preferred Workshop 0
Preferred Workshop 0	Insured Liability	Not at Fault ▼		
Notice No. Finalisation Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	GIA report	Received ▼
Date Registered	01/04/2020 09:11	Claim Close Date		Date Received 01/04/...
Report Taken By	LIEW SHAN HUI			

☑ Print AK letter

Save   Submit

Attachment

▽

Accident No.	MT/1090274	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	01/04/2020 09:12

Path *		Category *	Confidential	Urgency *	Desc
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 01 Apr 2020 09:12	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 09:12	SAS		Normal	SAS 2020-4-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 09:12	Photos		Normal	Photos 2020-4-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 09:11	Photos		Normal	Photos 2020-4-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 09:11	Photos		Normal	Photos 2020-4-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 09:11	Photos		Normal	Photos 2020-4-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 09:11	Photos		Normal	Photos 2020-4-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 09:11	Photos		Normal	Photos 2020-4-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 09:11	Photos		Normal	Photos 2020-4-1	

▽ **Video List**

Uploaded By/Date	Folder Date	File Name	🔑	Source

[Display in New Window] [Scan and uploading]