

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA/20038864

Date In: 11/4/20-17:55	Job description	Date & Time Completed	Done by
Ref No: 401/4C 200428924	SAS e-filing		
Veh No: 5422428	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 2/3/20-17:55	i-Motor Claim Form	M7/1290338-001	11/4/20 17:55
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: (Tel:	Fax:
TP Particulars:	Veh No: JMD 2983A	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: 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

<p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Pat. 1:</p> <p>Pat. 2 / 3:</p>	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		Int. Bill	Add. Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	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: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
ON*				
*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 \$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	01/04/2020 13:52
Date Of Accident	31/03/2020 17:55
Exact Location Of Accident	CTE (AYE) TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2242B
Insured/Policyholder	
Name Of Registered Owner	GD CARZ
Co Reg No	5XXXX597J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93394444
Alternative Phone No	OFFICE-93394444

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5111925837
Cover Note Number	

Driver

Name of Driver	LEE WEI CHEONG
NRIC No	SXXXX839F
Date Of Birth	15/04/1990
Occupation	OUTDOOR
Date Of Driving Pass	14/02/2011
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82225048
Fax Number	
Contact Number	OFFICE-82225048
Email Address	NOEMAIL

Address	BLK 222 ANG MO KIO AVENUE 1 #08-713
Postcode	560222
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	
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: : - 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

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	SMD2983A
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)

2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKA933Y

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)

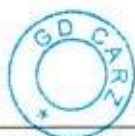
SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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: SJU2142B
B: JMD2983A
C: SKA933Y

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. AFTER AN IMPACT , MY VEHICLE MOVED FORWARD AND MY VEHICLE FRONT PORTION INTACT WITH VEHICLE C REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 3 / 20) (DD/MM/YYYY), TIME: (7 : 55) (HH:MM)

LOCATION: (7E (A15) + wde PIE (changing))

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5JW2242B
b) INSURANCE COMPANY: MTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: 67 Carz (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 93394444 (ester)
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lee Wei cheng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 990128396 CONTACT: 8225048
c) ADDRESS: B11c 22v AMIC Ave 1 A 08-713

*d) DATE OF BIRTH: (15 / 4 / 1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Minor

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 1MD2983A MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: unknown 5A9334 MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(Including driver)
(2)
1 female.

* No of passenger
(Including driver)
(2)

* No of passenger
(Including driver)
()

Email =

fax =

video = x

eBaoTech

GeneralClaim

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"/>	5111925837	5111925837-000001	GD CARZ	53122597J	GFM	drive CLASSIC	SJU2242B	SJU2242B	19/08/2019	18/08/2020

Policy Information

Policy No.	5111925837	Policyholder Name	GD CARZ	Policyholder NRIC	53122597J
Certificate No.	5111925837-000001				
Address	210 TURF CLUB ROAD B16 TURF CITY SINGAPORE 287995				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	15/08/2019	Effective Date	19/08/2019 00:00	Expiry Date	18/08/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1000	Own damage Excess	1000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	1000	Outside Singapore TP Excess	1000	Young/Inexperience Driver Excess	
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	210 TURF CLUB ROAD	Address 2	B16 TURF CITY	Address 3	SINGAPORE 287995
Address 4		Address Type	Singapore address	Post Code	287995
Unit No.		Related Policy Number	5116265845		

Insured Object: 5111925837-000001

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Certificate Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Accident MT/1090338

Policy No.	S111925837	Vehicle No.	SJU22428	GST Registration No.	
Certificate No.	S111925837-000001				
Policyholder Name	GD CARZ			Policyholder NRIC	53122597
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92394444	Contact No.(Office)	0	Contact No.(Home)	0
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	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	01/04/2020 14:50	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	31/03/2020	Time of Accident hh:mm	17:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE (AYE) TWDS PIE (CHANGI)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	1,000.00	TP Standard Excess	1,000.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	1000.00	Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	210 TURF CLUB ROAD	Address 2	BL6 TURF CITY	Address 3	SINGAPORE 287995
Address 4		Address Type	Singapore address	Post Code	287995
Unit No.		Related Policy Number	S116285845		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE WEI CHEONG	Driver NRIC	SXXXX839F	Driver DOB	15/04/1990
Register Date of Driver License	14/02/2011	Driver Age	29	Driving Experience	9
Contact No.(Mobile)	82225048	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 222	Address 2	ANG MO KIO AVENUE 1	Address 3	SINGAPORE 560222
Address 4		Address Type	Singapore address	Post Code	560222
Unit No.	08-713				
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
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Modification History

Claim 001 **New**

Claim Type *	GD-MX	Insured Name	GD CARZ	Insured NRIC	53122597
Contact No.(Mobile)	82331245	Contact No.(Home)		Contact No.(Office)	64649388
Email Address		Ol Vehicle Number	SJU22428	TP Vehicle Number	SMD2983A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJU22428 / SMD2983A ON 31 Mar 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	01/04/2020 14:52	Claim Close Date		Date Received	01/04/2020 00:00
Report Taken By	Jackson				

☒ Print A/L letter

Save Submit
















Attachment

Accident No.	MT/1090338	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/04/2020 14:56

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> NO	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO	Normal	

☐ Send Message

Attachment List

Attachment	uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 01 Apr 2020 14:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-1		
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 01 Apr 2020 14:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-1		
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 01 Apr 2020 14:54	SAS		Normal	SAS 2020-4-1		
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 01 Apr 2020 14:54	Photos		Normal	Photos 2020-4-1		
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 01 Apr 2020 14:54	Photos		Normal	Photos 2020-4-1		
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 01 Apr 2020 14:54	Photos		Normal	Photos 2020-4-1		
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 01 Apr 2020 14:53	Photos		Normal	Photos 2020-4-1		
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 01 Apr 2020 14:53	Photos		Normal	Photos 2020-4-1		
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 01 Apr 2020 14:53	Photos		Normal	Photos 2020-4-1		
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 01 Apr 2020 14:53	Photos		Normal	Photos 2020-4-1		
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 01 Apr 2020 14:53	Photos		Normal	Photos 2020-4-1		
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 01 Apr 2020 14:52	Photos		Normal	Photos 2020-4-1		
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 01 Apr 2020 14:52	Photos		Normal	Photos 2020-4-1		
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 01 Apr 2020 14:52	Photos		Normal	Photos 2020-4-1		
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 01 Apr 2020 14:52	Photos		Normal	Photos 2020-4-1		
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 01 Apr 2020 14:52	Photos		Normal	Photos 2020-4-1		
	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 01 Apr 2020 14:52	Photos		Normal	Photos 2020-4-1		

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
		Display in new Window	Scan and uploading		