

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA120042287

Date In: 16/04/2020 09:52	Job description	Date & Time Completed	Done by
Ref No: NA/INC20005230/F	SAS e-filing		
Veh No: SKE 9111Y	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 15/04/2020 12:35	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		MT/109/439-001
	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: PA 7159 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 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

NA2002610

Claimant's Particulars:-	Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	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*			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N-in INC) against INC \$20			
	9) N12: Idao Mobile 30			
Auditors' Comments:-	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

Dat. 1:

Dat. 2 / 3:



## 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	16/04/2020 09:52
Date Of Accident	15/04/2020 12:35
Exact Location Of Accident	CLEMENTI AVE 6 SLIP ROAD TO COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE9111Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MELANIE TJAHAJA
NRIC No	SXXXX437G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98383903
Alternative Phone No	OFFICE-98383903

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	5115044824
Cover Note Number	

### Driver

Name of Driver	MELANIE TJAHAJA
NRIC No	SXXXX437G
Date Of Birth	03/03/1990
Occupation	INDOOR
Date Of Driving Pass	21/12/2010
Driving Experience	9 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98383903
Fax Number	
Contact Number	OFFICE-98383903
Email Address	NOEMAIL

Address	56 MINBU ROAD #02-01 SINGAPORE
Postcode	308185
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	WET

#### 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?	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

REFER TO SKETCH PLAN

#### 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	PA7159K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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:

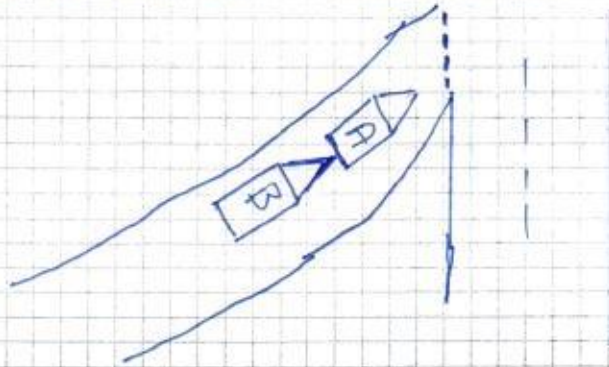
  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**SKETCH PLAN**

CLEMENTI AVE 6 SLIP RD - COMMONWEALTH AVE WEST.

VEH A = SKE9111Y

VEH B = PA7159K

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On the stated date and time. I was driving vehicle A along the stated venue. As the front vehicle stop. I follow suit. Suddenly, vehicle B hit onto the rear of my vehicle.

**DECLARATION**

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

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature



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="15/04/2020 09:37"/>
Vehicle No.(For Motor)	<input type="text" value="SKE9111Y"/>	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 checked="" type="radio"/>	5115044824		MELANIE TJAHAJA	S9007437G	GPC	drive CLASSIC	SKE9111Y	SKE9111Y	24/12/2019	23/12/2020

Email : Enquiry @ ricobc.com

Date of Accident : 15/04/2020 Accident Time: 1235 (24-HR-Format)  
Accident Place : CLEMENTI AVE 6 SLIP ROAD - COMMONWEALTH AVE WEST  
Vehicle No. (Car Plate No.) : SKE9111Y Make/Model: HONDA VEZEL  
Insurance Company : NTUC Policy No: \_\_\_\_\_  
Owner or Company Name / IC No. : MELANIE TJAHAJA S9007437G  
Owner or Company Contact No. : 9838 3903 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : \_\_\_\_\_  
DRIVER'S Date Of Birth : 03-03-1990 DRIVER'S License Pass Date 21/12/2016  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee (Others) OWNER  
DRIVER'S Address : 56 MINBU ROAD #02-01 S 308185  
DRIVER'S Contact No / Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
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): \_\_\_\_\_  
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  
Any Injury (If YES, Pls state): \_\_\_\_\_

**Other Party Driver's Particular (if any)**

Vehicle No: (B) PA7159K	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

Claim Handling

Accident MT/1091439

Policy No.	5115044824	Vehicle No.	SKE9111Y	GST Registration No.	
Certificate No.					
Policyholder Name	MELANIE TIAHAJA	Cover Type	drvo CLASSIC	Policyholder NRIC	S9007437G
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	98383903	Special Remark		Contact No.(Home)	
Email Address				eCode	No ▼
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA		eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Report Date	16/04/2020 10:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/04/2020	Time of Accident hr:mm	12:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CLEMENTI AVE 6 SLIP ROAD TO COMMONWEALTH AVE WEST				
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	56 MINBU ROAD	Address 2	#02-01 MINBU VILLA	Address 3	SINGAPORE 308185
Address 4		Address Type	Singapore address	Post Code	308185
Unit No.		Related Policy Number	5115044824		

01 Driver Info					
Driver Name	MELANIE TIAHAJA	Driver Type	Main Driver	Driver DOB	03/03/1990
Unnamed driver Name		Driver NRIC	S9007437G	Driving Experience	9
Register Date of Driver License	21/1/2010	Driver Age	30	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE 308185
Address 1	56 MINBU ROAD	Address 2	#02-01 MINBU VILLA	Post Code	308185
Address 4		Address Type	Singapore address		
Unit No.					
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?

☐ Yes ☒ No

Modification History

Claim 001 New

Claim Type \*

Contact No. (Mobile)

Email Address

Claim Description

Preferred Workshop  Insured Liability  Preferred Repair  Please Select  report  Received

Date Registered

Report Taken By

☒ Print AK letter

Attachment

Accident No.

MT/1091439

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

16/04/2020 10:12

Path \*

<input type="button" value="Choose File"/>	<input type="button" value="No file chosen"/>	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="button" value="Urgency *"/>	<input type="button" value="Description *"/>
<input type="button" value="Choose File"/>	<input type="button" value="No file chosen"/>	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="button" value="Urgency *"/>	<input type="button" value="Description *"/>
<input type="button" value="Choose File"/>	<input type="button" value="No file chosen"/>	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="button" value="Urgency *"/>	<input type="button" value="Description *"/>
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<input type="button" value="Choose File"/>	<input type="button" value="No file chosen"/>	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="button" value="Urgency *"/>	<input type="button" value="Description *"/>
<input type="button" value="Message Read"/>	<input type="button" value="No file chosen"/>	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="button" value="Urgency *"/>	<input type="button" value="Description *"/>

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

Msg Sent? (CO)

Action














NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-4-16

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Video List	Uploaded By/Date	Folder Date	File Name	Source	Action
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