

NATIONAL Assessment Centre Services [wef 1 Jan 03] MMA 1200 47842

Date In: 26/5/20 13:29	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 200-5927164	SAS e-filing		
Veh No: SKX 2251Y	E-mail (within 3hrs, AIC 2hrs)		
DDA: 23/5/20 23:05	I-Motor Claim Form	MT/1093230 ⁰⁰¹	26/5/20 17:01
OD - TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: Divider 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: 90-100%]

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 repoler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Requirements (INC/Non-INC: 0739/0616)	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	Action
26/5/20	Teamwork take photo, bills mobile reporting fee \$20 to teamwork.
	Transportation \$20

MA2003033/ NA2002997	Invoice/Registration Checklist	Amnt (\$)	REMARKS (\$)
Claimants Particulars:	1) ALT: Accident Reporting (\$30);	2630.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$90)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Bugr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claims against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + EMRT 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 (Inc on INC) against INC \$20		
	9) N12: Idao 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	26/05/2020 13:28
Date Of Accident	23/05/2020 23:05
Exact Location Of Accident	BEND EXIT PIE FROM CHANGI NORTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX2251Y
Insured/Policyholder	
Name Of Registered Owner	CONNECT4CAR PTE. LTD.
Co Reg No	2XXXXX459M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67451266

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5114298033
Cover Note Number	

Driver

Name of Driver	NORIZAN BINTE MD NOR
NRIC No	SXXXX158J
Date Of Birth	19/11/1973
Occupation	OUTDOOR
Date Of Driving Pass	25/11/2002
Driving Experience	17 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96549107
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 353B ANCHORVALE LANE #13-73
Postcode	542353
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	COLLIDED INTO PROPERTY
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	YES
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 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	DIVIDER
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NORIZAN BINTE MD NOR
------	----------------------

Approximate Age	
Injuries Sustain	HAND
Injured person in which vehicle?	SKX2251Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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**.
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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.

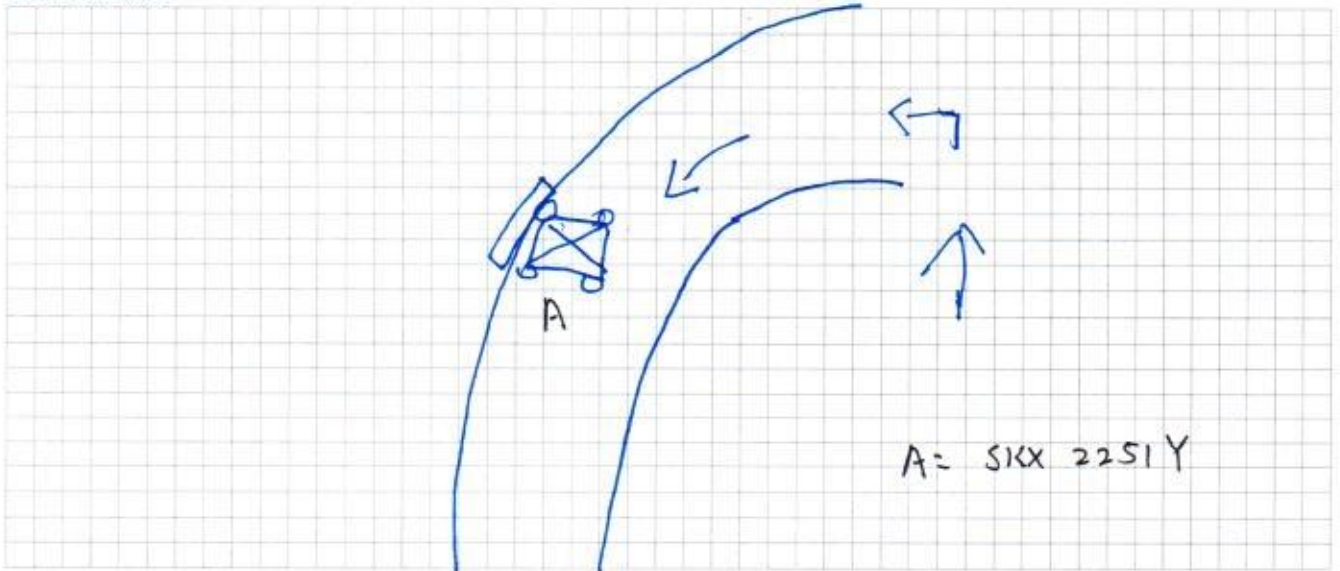


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

From Upper Changi Road, I was entering the slip road on the left toward PIE. The car start to skid in the middle of the bend and hit the divider.

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="23/05/2020 13:26"/>
Vehicle No.(For Motor)	<input type="text" value="SKX2251Y"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114298033		CONNECT4CAR PTE. LTD.	201411459M	GPC	drivo CLASSIC	SKX2251Y	SKX2251Y	04/12/2019	29/11/2020

Continue

ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 05 / 2020 (DD/MM/YYYY), TIME: (23 05) (HH:MM)

LOCATION: BEND EXIT PIE From Changi North.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKX22517
b) INSURANCE COMPANY: NTUC
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: Private Use
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 67451266
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NORIZAN BINTE MD NOR (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S73411583 CONTACT: 96549107
c) ADDRESS: BK 353B, ANCHORVALE LANE #13-73, S(542353)

*d) DATE OF BIRTH: (19 / 11 / 1993) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 18 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hiree

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: divided MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* car twice photo

Email = team work

* C1

fax =

video = No.

Claim Handling

Accident MT/1093230

Policy No.	5114298033	Vehicle No.	SKX2251Y	GST Registrati
Certificate No.				
Policyholder Name	CONNECT4CAR PTE. LTD.			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	67451266	Contact No.(Office)		Contact No.(Hi
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

▼ Accident Details

Report Date	26/05/2020 16:55	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/05/2020	Time of Accident hh:mm	23:05	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BEND EXIT PIE FROM CHANGI NORTH			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	1500			
Total OD Excess Applicable	3500.00	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	26/05/2020 16:57:24 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-23 PAYA UBI INDUSTRIAL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-23	Related Policy Number	5114278595	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	NORIZAN BINTE MD NOR	Driver NRIC	SXXXX158J	Driver DOB
Register Date of Driver License	25/11/2002	Driver Age	46	Driving Experi
Contact No.(Mobile)	96549107	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 353B #13-73	Address 2	ANCHORVALE LANE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	13-73			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	CO
Contact No.(Mobile)	90119989	Contact No. (Home)	NI
Email Address	KENNETHLIAN@TEAMWORKGAI	OI Vehicle Number	SK
Claim Description	SKX2251Y / DIVIDER ON 23 May 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Repair No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation		GIA report	Received
Date Registered	26/05/2020 16:59	Claim Close Date	
Report Taken By	SHAN HUI		

Print AK letter

Save Submit

Attachment

Accident No. MT/1093230 Claim No. 001
 Last Doc. Received Yes No Upload Date 26/05/2020 17:01

Path *	Category *	Confider
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Message Read"/>		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Confider
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	26 May 2020 17:01	SAS	Normal	S
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	26 May 2020 17:01	NRIC/ Driving License	Normal	NRIC/ Dri
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	26 May 2020 17:01	NRIC/ Driving License	Normal	NRIC/ Dri
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	26 May 2020 17:01	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	26 May 2020 17:01	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	26 May 2020 17:01	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	26 May 2020 17:01	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	26 May 2020 17:00	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	26 May 2020 17:00	Photos	Normal	Ph
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 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	26 May 2020 17:00	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	26 May 2020 17:00	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	26 May 2020 17:00	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	26 May 2020 17:00	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	26 May 2020 16:59	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	26 May 2020 16:59	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	26 May 2020 16:59	Photos	Normal	Ph
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 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	26 May 2020 16:59	Photos	Normal	Ph
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	26 May 2020 16:59	Photos	Normal	Ph

Video List

Uploaded By/Date	Folder Date	File Name

Display in New Window Scan and uploading

