

NATIONAL Assessment Centre Services. part 1 Jan 09. **MNA 120053226**

Date In: 22/6/20 14:44	Job description	Date & Time Completed	Done by
Ref No: MNA/INC20006513164	SAS e-filing		
Veh No: SLP 9066A	E-mail (within 3hrs, AIC 2hrs)		
IPFA: 22/6/20 13:00	I-Motor Claim Form	MT1094971-001	22/6/20 16:09
IP: 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 Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SJH 4879U** 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:	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

MNA 2003330

Claimant's Particulars:	Invoice Item / Description	Amount (\$)	Balance (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: 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	22/06/2020 14:44
Date Of Accident	22/06/2020 13:00
Exact Location Of Accident	BRADDELL RD SLIP RD INTO UPP SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP9066A
Insured/Policyholder	
Name Of Registered Owner	TAY LAY HAR IRENE (ZHENG LIXIA IRENE)
NRIC No	SXXXX584H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91771069
Alternative Phone No	OFFICE-91771069

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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	THIRD PARTY
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	5104241540-01
Cover Note Number	

Driver

Name of Driver	LEE WAI KIT (LI WEIJIE)
NRIC No	SXXXX999B
Date Of Birth	29/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	18/06/2011
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84827505
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 348B YISHUN AVE 11 #08-565
Postcode	762348
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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	2
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN 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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH4879U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PAUL PERINBANATHAN ANBUNATHAN SAMUEL STANLEY
NRIC/Passport Number	SXXXX145D
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEE WAI KIT (LI WEIJIE)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLP9066A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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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:

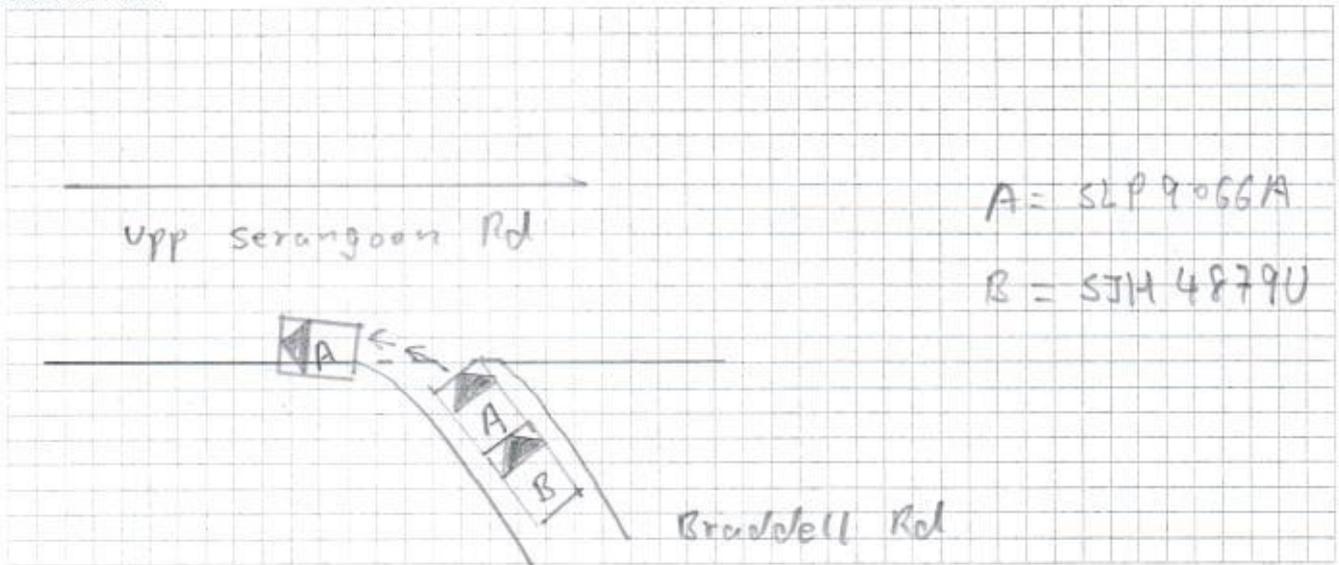
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 22 June 2020 / 14:30

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting at the give way junction, waiting for main road traffic to clear suddenly behind vehicle hit onto my rear portion. Due to the great impact my car run up onto the kerb.

After the accident I feel uncomfortable on my neck

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: 22 June 2020 / 1430

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. 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"/>	5104241540-01		TAY LAY HAR IRENE (ZHENG LIXIA IRENE)	S8020584H	GPC	drive CLASSIC	SLP9066A	SLP9066A	28/06/2019	27/06/2020

ACCIDENT STATEMENT

ACCIDENT DATE: 22 / 06 / 2020 (DD/MM/YYYY), TIME: (13 : 00) (HH:MM)

LOCATION: BRADDELL BARTLEY ROAD SLIP ROAD INTO UPP SERANGOON RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLP9066A
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5104241540-01
d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: LANCER
f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL) / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: TAY LAY HAR IRENE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8020584H CONTACT: 9771069
c) ADDRESS: BLK 348B #08-565 YISHUN AVE 11 S(762348)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LEE WAH KIT (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8114999B CONTACT: 84827505
c) ADDRESS: BLK 348B #08-565 YISHUN AVE 11 S(762348)

*d) DATE OF BIRTH: (29 / 05 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: NINE

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

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: SJH4879U MODEL: _____
b) DRIVER'S NAME: PAUL PERINBATHAN ANBUNATHAN SAMUEL STANLEY
c) NRIC/FIN/PASSPORT: S2734145D CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(3)

M F

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email =

fax =

video =

Claim Handling

Accident MT/1094971

Policy No.	5104241540-01	Vehicle No.	SLP9066A	GST Registrati
Certificate No.				
Policyholder Name	TAY LAY HAR IRENE (ZHENG LIXIA IRENE)			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	91771069	Contact No.(Office)		Contact No.(H
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	22/06/2020 16:02	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/06/2020	Time of Accident hh:mm	13:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	braddell rd slip rd into upp serangoon rd			

▼ 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	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			

▼ Policyholder Mailing Address

Address 1	BLK 348B #08-565	Address 2	YISHUN AVENUE 11	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5104241540-02	

▼ OI Driver Info

Driver Name	Lee Wai Kit	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S8114999B	Driver DOB
Register Date of Driver License	01/01/2008	Driver Age	39	Driving Experi
Contact No.(Mobile)	84827505	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 348B #08-565	Address 2	YISHUN AVENUE 11	Address 3
Address 4	SINGAPORE 762348	Address Type	Singapore address	Post Code
Unit No.	08-565			
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	TA
Contact No.(Mobile)	91771069	Contact No. (Home)	
Email Address	itag246@hotmail.com	OI Vehicle Number	SLI
Claim Description	SLP9066A / SJH4879U ON 22 Jun 2020		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/06/2020 16:08	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

 Print AK letter

Save Submit

Attachment

Accident No. MT/1094971 Claim No. 001
 Last Doc. Received Yes No Upload Date 22/06/2020 16:09

- Choose File No file chosen
- Message Read

Path *

- Clear

Category *

Category *	Confider
Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	22 Jun 2020 16:09	SAS		Normal	S
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	22 Jun 2020 16:09	NRIC/ Driving License	Y	Normal	NRIC/ Dri
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	22 Jun 2020 16:08	Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	22 Jun 2020 16:08	Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	22 Jun 2020 16:08	Photos		Normal	Ph
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	22 Jun 2020 16:08	Photos		Normal	Ph
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	22 Jun 2020 16:08	Photos		Normal	Ph

Video List

Uploaded By/Date	Folder Date	File Name	
<p>Display in New Window Scan and uploading</p>			