

# NATIONAL Assessment Centre Services.

(wef 1 Jan'05)

MLA1200355

Date In: 22/6/2010	Job description	Date & Time Completed	Done by
Ref No: 10/INC2006551/24	SAS e-filing		
Veh No: 5MP046P	E-mail (within 1hrs, AIC 2hrs)		
D.O.A: 22/6/2009	i-Motor Claim Form	22/6/2010	22/6/2010
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: 5MP046P	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

Claimant's Particulars:	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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:-		
	QJ*		
	*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	



## 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	23/06/2020 10:03
Date Of Accident	22/06/2020 09:00
Exact Location Of Accident	BUONA VISTA FLYOVER TWDS AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP6465P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOUTHERN CARS PTE LTD
Co Reg No	2XXXXX448W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98477878
Alternative Phone No	OFFICE-98477878

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AD AVANTE 1.6 GLS (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	NO
Policy Number	5112916574
Cover Note Number	

### Driver

Name of Driver	ONG TOON BOO (WENG DUNWU)
NRIC No	SXXXX848B
Date Of Birth	10/10/1971
Occupation	OUTDOOR
Date Of Driving Pass	02/08/1994
Driving Experience	25 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88267226
Fax Number	
Contact Number	OFFICE-88267226
Email Address	NOEMAIL

Address	BLK 455 YISHUN STREET 41 #06-537
Postcode	760455
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	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?	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)	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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGK3230S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOU SOU CHIANG
NRIC/Passport Number	SXXXX207F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



## SKETCH PLAN

### IMPORTANT NOTICE

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.**
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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.

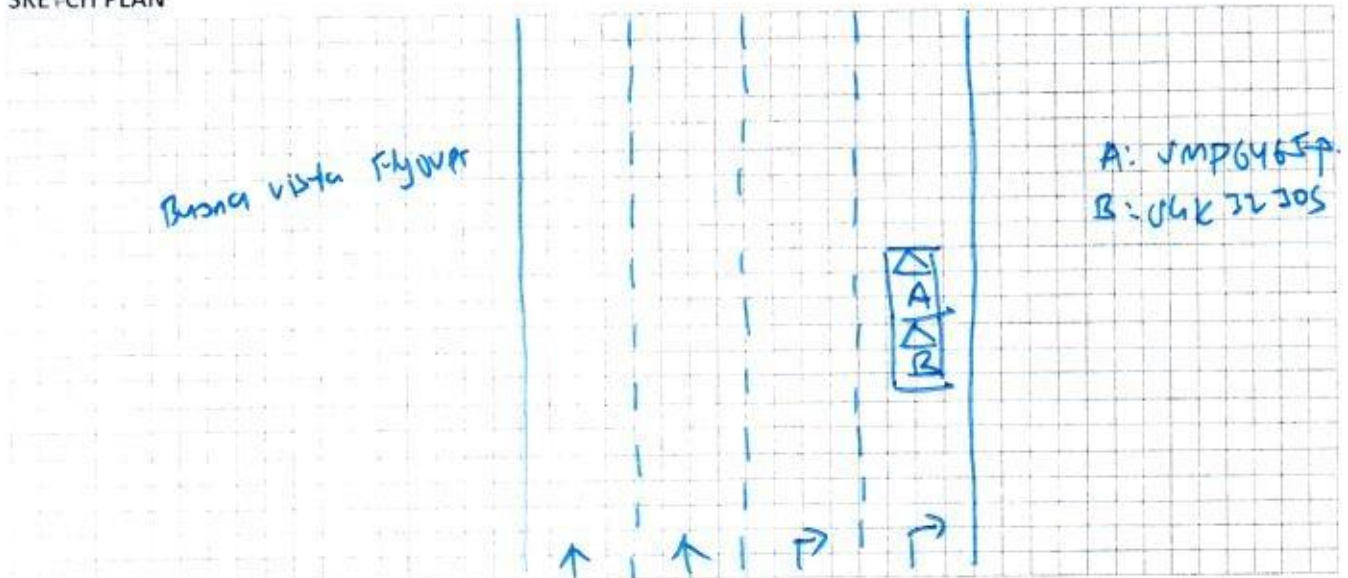


Policyholder's Signature  
Date & Time:

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

On stated date and time, I was travelling along the stated venue.

Front vehicle stopped, I stopped my vehicle as well. suddenly I felt an impact of my vehicle and realised that vehicle B hit onto my vehicle rear portion.

## 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.:



## ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 6 / 20) (DD/MM/YYYY), TIME: (09 : 00) (HH:MM)

LOCATION: Buong vista Flyover tuds AYE

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMP 6465P  
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: 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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9847 7378  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9826 7226  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (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: Driver

### 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: SHK 32305 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Kan Son Chiong  
c) NRIC/FIN/PASSPORT: S1542207F CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

Email = Wee Hee

Fax =

Video = ✓

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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## 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"/>	5112916574		SOUTHERN CARS PTE LTD	201904448W	GPC	drive CLASSIC	SMP6465P	SMP6465P	07/10/2019	06/10/2020

## Policy Information

Policy No.	5112916574	Policyholder Name	SOUTHERN CARS PTE LTD	Policyholder NRIC	201904448W
Certificate No.					
Address	65 UBI ROAD 1 #04-24 OXLEY BIZHUB SINGAPORE 408729				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	25/09/2019	Effective Date	07/10/2019 00:00	Expiry Date	06/10/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	1500	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	65 UBI ROAD 1	Address 2	#04-24 OXLEY BIZHUB	Address 3	SINGAPORE 408729
Address 4		Address Type	Singapore address	Post Code	408729
Unit No.	04-24	Related Policy Number	5116070202		

## Insured Object: SMP6465P

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	07/10/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 07 Oct 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: TAI THONG LEE TRADING (PRIVATE) LIMITED CHASSIS NUMBER: KMHD841CMKU936695 ENGINE NUMBER: G4FGKU173387 VEHICLE REGISTRATION NUMBER: SMP6465P ORIGINAL REGISTRATION DATE: 07 Oct 2019</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 07 Oct 2019 TO 06 Oct 2020</p>
2	07/10/2019 00:00	POI Move	Endorsement Take Effective	

Continue

Cancel



## Claim Handling

Accident MT/1095024

Policy No.	S132916574	Vehicle No.	SMP6465P	GST Registration No.	
Certificate No.					
Policyholder Name	SOUTHERN CARS PTE LTD	Cover Type	drive CLASSIC	Policyholder NRIC	201904448W
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	98472878	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	TV
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
<b>Accident Details</b>					
Report Date	23/06/2020 10:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/06/2020	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUDNA VISTA PLYOVER TWDS AYE				
<b>Total Excess Applicable</b>					
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		Driver is Covered?	
Additional Excess	1500				
Total OD Excess Applicable	3500.00	Total TP Excess Applicable			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	23/06/2020 10:12:50 System changed GST Status verified from No to Yes				
<b>Policyholder Mailing Address</b>					
Address 1	65 UBI ROAD 1	Address 2	#04-24 OXLEY BIZHUB	Address 3	SINGAPORE 408729
Address 4		Address Type	Singapore address	Post Code	408729
Unit No.	04-24	Related Policy Number	S116070202		
<b>Q1 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	10/10/1971
Unnamed driver Name	ONG TOON BOO (WENG DUNW)	Driver NRIC	SXXXX849B	Driving Experience	25
Register Date of Driver License	02/08/1994	Driver Age	48	Contact No.(Home)	0
Contact No.(Mobile)	88267226	Contact No.(Office)	0	Address 3	DEW SPRING @ YISHUN
Address 1	BLK 455	Address 2	YISHUN STREET 41	Post Code	760455
Address 4	SINGAPORE 760455	Address Type	Singapore address		
Unit No.	06-537				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **NEW**

Claim Type *	OD-MX	Insured Name	SOUTHERN CARS PTE LTD	Insured NRIC	201904448W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		Q1 Vehicle Number	SMP6465P	TP Vehicle Number	SGK32305
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMP6465P / SGK32305 ON 22 Jun 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	23/06/2020 10:14	Claim Close Date		Date Received	23/06/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<b>Save Submit</b>					

Attachment

Accident No.	MT/1095024	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/06/2020 10:14
Path *	Category *	Confidential	Urgency *
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal

☐ Send Message

 Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 23 Jun 2020 10:14	NRIC/ Driving License	Y	NRIC/ Driving License 2020-6-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 23 Jun 2020 10:14	SAS		SAS 2020-6-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 23 Jun 2020 10:14	Photos		Photos 2020-6-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 23 Jun 2020 10:14	Photos		Photos 2020-6-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 23 Jun 2020 10:14	Photos		Photos 2020-6-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 23 Jun 2020 10:14	Photos		Photos 2020-6-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 23 Jun 2020 10:14	Photos		Photos 2020-6-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 23 Jun 2020 10:14	Photos		Photos 2020-6-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 23 Jun 2020 10:14	Photos		Photos 2020-6-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 23 Jun 2020 10:14	Photos		Photos 2020-6-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 23 Jun 2020 10:14	Photos		Photos 2020-6-23	

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