

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MAA1005784-01

Date In: 6/7/20 14:20	Job description	Date & Time Completed	Done by
Ref No: 47/14 02207005724	SAS e-filing		
Veh No: 5E4 4191C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 4/7/20 - 2:50	i-Motor Claim Form	6/7/20 14:16	
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: 5E4 4191C	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
(INC hotline: 6788 6616)		
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	Amt (\$)	Amt (\$)
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		
Auditors' Comments:	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:-		
	QD:		
	*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	06/07/2020 14:02
Date Of Accident	04/07/2020 20:50
Exact Location Of Accident	EAST COAST PARK TWD ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH4141C
Insured/Policyholder	
Name Of Registered Owner	JIN SIN MAY PATRICIA
NRIC No	SXXXX595J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93849967
Alternative Phone No	OFFICE-93849967

Vehicle Particulars

Manufacturer	HONDA
Model	HONDA CIVIC 1.8L 5AT
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	REPORTING ONLY
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	5115184716
Cover Note Number	

Driver

Name of Driver	DOMINIC TAN HUI NENG
NRIC No	SXXXX884C
Date Of Birth	22/10/1994
Occupation	INDOOR
Date Of Driving Pass	05/06/2017
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82007545
Fax Number	
Contact Number	OFFICE-82007545
Email Address	NOEMAIL

Address	BLK 641 HOUGANG AVENUE 8 #03-173
Postcode	530641
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	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	SGQ8126X
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


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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:

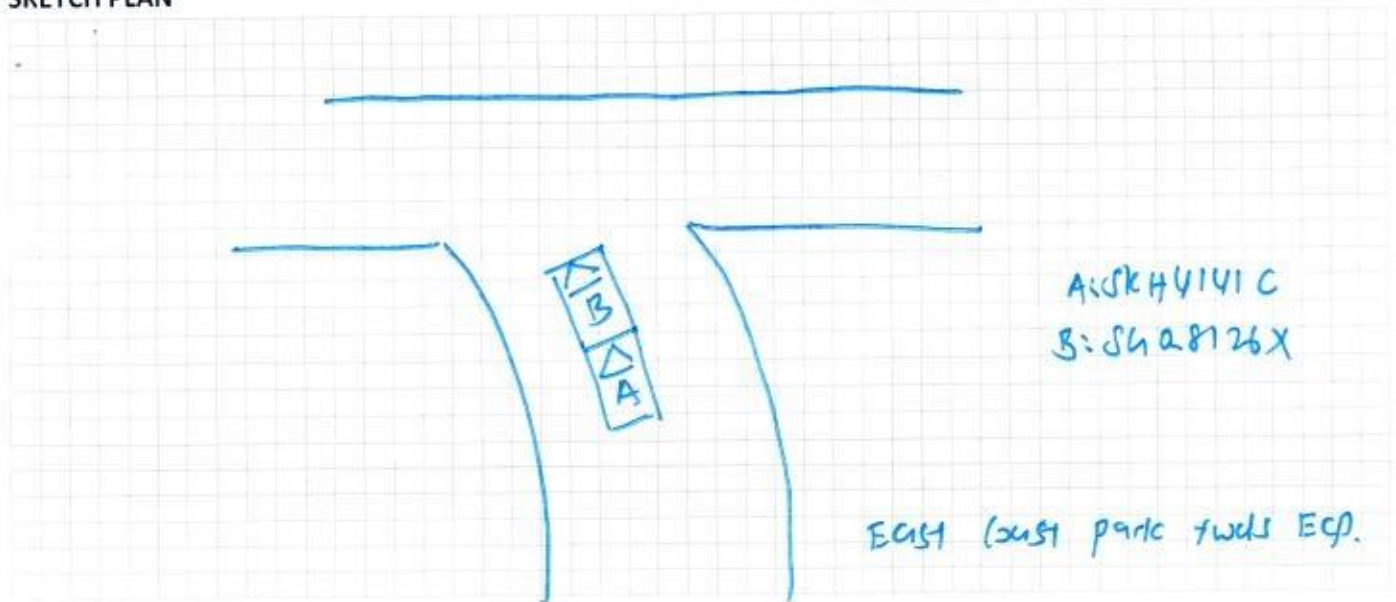


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On stated date and time, I was exiting from East coast park
twds ECP, as ~~the~~ it was heavy rain, I did not noticed
that vehicle D stopped in front of my vehicle. my vehicle
front portion impact with vehicle B 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: (4/7/20) (DD/MM/YYYY), TIME: (20:50) (HH:MM)

LOCATION: East coast parklands Ecop.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKH 4141C
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
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: 9349967
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 82007545
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: Chi Idan

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: SHA 8126X 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 passengers
(including driver)

(2)

1 female.

* No of passengers
(including driver)

()

* No of passengers
(including driver)

()

Email =

fax =

video =

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120057184 Vehicle Registration No: SKH4141C
Name(as shown in NRIC) : JIN SIN MAY PATRICIA NRIC/FIN/Passport No : SXXXX595J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 93849967
Email Address : _____
Date of Accident : 04/07/2020 Time of Accident : 20:50
Place of Accident : EAST COAST PARK TWD ECP
Insurance Company: NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend to reporting only

Policyholder / Driver's Signature
Date:

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

eBaoTech

General Claim

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"/>	5115184716		JIN SIN MAY PATRICIA	517955953	GPC	drive PREMIUM	SKH4141C	SKH4141C	30/12/2019	29/12/2020

 Policy Information

Policy No.	5115184716	Policyholder Name	JIN SIN MAY PATRICIA	Policyholder NRIC	S1795595J				
Certificate No.									
Address	BLK 641 #03-173 HOUGANG AVENUE 8 SINGAPORE 530641								
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N						
Policy Issue Date	30/12/2019	Effective Date	30/12/2019 00:00	Expiry Date	29/12/2020 23:59				
Excess Type	Per Accident	All Claims Excess							
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100				
Additional Excess	0	OS Premium	0						
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess					
Agent	SGP BUSINESS CONSULTANCY	Agent Tel.	62810777	GST Flag	Y				
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									

 Policyholder Mailing Address

Address 1	BLK 641 #03-173	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530641
Address 4		Address Type	Singapore address	Post Code	530641
Unit No.		Related Policy Number	5115184716		

 Insured Object: SKH4141C

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	31/12/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 31 Dec 2019, the following amendment(s) is/are made to this policy: 1. The cover is amended from drivo PREMIUM to drivo CLASSIC 2. The Policy does not extend to cover vehicle repair at preferred workshop 3. The Endorsement M7 stated in the Policy is not applicable. In view of this amendment, a refund of \$422.40 (inclusive of GST) will be adjusted against the outstanding premium. Hence, the balance premium of \$1069.80 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 31 Dec 2019, the following amendment(s) is/are made to this policy: 1. The cover is amended from drivo CLASSIC to drivo PREMIUM 2. The Policy is extended to allow vehicle repair at preferred workshop In view of this amendment, an additional premium of \$422.40 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue</p>
2	31/12/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	

Claim Handling

Accident MT/1096131

Policy No.	5115184716	Vehicle No.	SKH4141C	GST Registration No.	
Certificate No.					
Policyholder Name	JIN SIN MAY PATRICIA	Cover Type	drive PREMIUM	Policyholder NRIC	S1795595J
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	93849967	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	05/07/2020 14:14	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	04/07/2020	Time of Accident hh:mm	20:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	EAST COAST PARK TWD ECP				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 641 #03-173	Address 2	HOUANG AVENUE 8	Address 3	SINGAPORE 530641
Address 4		Address Type	Singapore address	Post Code	530641
Unit No.		Related Policy Number	5115184716		
01 Driver Info					
Driver Name	DOMINIC TAN HUI NENG	Driver Type	Named Driver	Driver DOB	22/10/1994
Unnamed driver Name		Driver NRIC	S9439894C	Driving Experience	3
Register Date of Driver License	05/06/2017	Driver Age	25	Contact No.(Home)	0
Contact No.(Mobile)	82007545	Contact No.(Office)	0	Address 3	SINGAPORE 530641
Address 1	BLK 641	Address 2	HOUANG AVENUE 8	Post Code	530641
Address 4		Address Type	Singapore address		
Unit No.	03-173				
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		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	JIN SIN MAY PATRICIA	Insured NRIC	S1795595J
Contact No.(Mobile)	93849967	Contact No.(Home)	85236235	Contact No.(Office)	
Email Address	PATRICIAJINSM@GMAIL.COM	OT Vehicle Number	SKH4141C	TP Vehicle Number	SGQ8126X
Claimant Type	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKH4141C / SGQ8126X ON 4 Jul 2020				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	05/07/2020 14:16	Claim Close Date		Date Received	06/07/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1096131	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/07/2020 14:17
Path *	Category *	Confidential	Urgency *
Browse... Clear	Please Select	<input type="radio"/> No <input checked="" type="radio"/> Yes	Normal
Browse... Clear	Please Select	<input type="radio"/> No <input checked="" type="radio"/> Yes	Normal
Browse... Clear	Please Select	<input type="radio"/> No <input checked="" type="radio"/> Yes	Normal
Browse... Clear	Please Select	<input type="radio"/> No <input checked="" type="radio"/> Yes	Normal
Browse... Clear	Please Select	<input type="radio"/> No <input checked="" type="radio"/> Yes	Normal
Browse... Clear	Please Select	<input type="radio"/> No <input checked="" type="radio"/> Yes	Normal
Browse... Clear	Please Select	<input type="radio"/> No <input checked="" type="radio"/> Yes	Normal

References

☐ Send Message

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Jul 2020 14:17	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-7-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Jul 2020 14:17	SAS	Normal	SAS 2020-7-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Jul 2020 14:17	Photos	Normal	Photos 2020-7-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Jul 2020 14:17	Photos	Normal	Photos 2020-7-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Jul 2020 14:17	Photos	Normal	Photos 2020-7-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Jul 2020 14:16	Photos	Normal	Photos 2020-7-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Jul 2020 14:16	Photos	Normal	Photos 2020-7-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Jul 2020 14:16	Photos	Normal	Photos 2020-7-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Jul 2020 14:16	Photos	Normal	Photos 2020-7-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Jul 2020 14:16	Photos	Normal	Photos 2020-7-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Jul 2020 14:16	Photos	Normal	Photos 2020-7-6	

 [Video List](#)

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

Display in New Window

Scan and uploading