NATIONAL Assessment Centre Services. [illegible] MNAS200606012

Date In: 20/07/2020 15:04	Job description	Date & Time Completed	Done by
Ref No: NBA/INC2009 74634	SAS e-filling		
Veh No: SMF 1824Y	E-mail (Mobile Hrs, AIC 2hrs)		
D.O.A: 20/07/2020 13:05	I-Motor Claim Form	M1409 7352 001	20/07/2020 15:22
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 / OW: (Tel: Fax:)

TP Particulars: Veh No: SHC 1011B 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: ( )

Transport Allowance / Courtesy Car	Date	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Date	Action

XIA2003756

Insured Name:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments

Sal. 1:

Sal. 2:

Job	Fee	Actual Fee	Invoice
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($80)		
3) TP : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) PT : Follow-Through Survey (Resurvey)	$30		
For claim/ursa last INC Only (w.e.f 10 Jan 2008)	$75		
6) TR : Re-Inspection			
7) NI : Non DA + SMRT Survey	$160		
8) NFUC Additional Services:			
OR:			
*NS: Courtesy Car / Tpt Allowance	$5		
*NC: Repair Coordination	$10		
*NT: Post Repair Inspection	$25		
*NO: DV / Collect Excess Coordination	$5		
TF (NH) : TP (Non INC) w.e.f 1/1/	$30		
9) NI2: Non 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 witholding 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	20/07/2020 15:04
Date Of Accident	20/07/2020 13:00
Exact Location Of Accident	ALONG JURONG GATEWAY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF1824Y
Insured/Policyholder	
Name Of Registered Owner	QUEK CHIN LYE
NRIC No	SXXXX176A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90089220
Alternative Phone No	OTHERS-90089220
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5105873840-01
Cover Note Number	
Driver	
Name of Driver	QUEK CHIN LYE
NRIC No	SXXXX176A
Date Of Birth	22/04/1963
Occupation	OUTDOOR
Date Of Driving Pass	08/08/1980
Driving Experience	39 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90089220
Fax Number	
Contact Number	OTHERS-90089220
EMail Address	NOEMAIL

Address	BLK 13 YISHUN STREET 51 #07-26
Postcode	767972
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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

PLEASE 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	SHC1011B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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

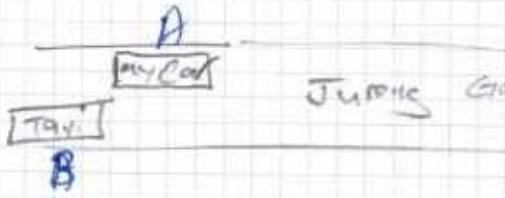
   (ii) for complying with requirements under any regulations, laws or court orders.

2.50pm.

20/8/20.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	20/07/2020 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



Jurong Gate Way Road.

A) SMF1824Y

B) SHC 1011B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Taxi come from behind and hit side of my car.

DECLARATION

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

20/07/20		20/07/2020
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 2.50 pm.	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 07 / 20) (DD/MM/YYYY), TIME: (1 : 02) (HH:MM)

LOCATION: Jurong Gateway Rd

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SMF 1824Y
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: Wish Toyota
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Grab
   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: Quek Chin Lye (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1610176H CONTACT: 90089220
   c) ADDRESS: Blk 13 Yishun St 51 #07-26 (767972)

   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) (1)

3. DRIVER
   a) NAME: Ds Abaut (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:

   *d) DATE OF BIRTH: (22 / 04 / 1963) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS ~~Our~~ 8/8/1980
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Over
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: SHC 1011B MODEL:
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger (including driver) ( )

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger (including driver) ( )

email = quek851@gmail.com

VIDEO

Claim Handling

Accident MT/1097352

Policy No.	5105873840-01	Vehicle No.	SMF1824Y	GST Registration No.	
Certificate No.					
Policyholder Name	QUEK CHIN LYE			Policyholder NRIC	S1610176A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90089220	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
EPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	20/07/2020 14:59	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	20/07/2020	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG JURONG GATEWAY ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIEO OD Excess	0.00	YIEO TP Excess	0.00	Driver is Covered?	Covered
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	13 YISHUN STREET 51	Address 2	#07-26 THE CRITERION	Address 3	SINGAPORE 767972
Address 4		Address Type	Singapore address	Post Code	767972
Unit No.		Related Policy Number	5105873840-01		

DI Driver Info

Driver Name	QUEK CHIN LYE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1610176A	Driver DOB	22/04/1963
Register Date of Driver License	08/08/1990	Driver Age	57	Driving Experience	39
Contact No.(Mobile)	90089220	Contact No.(Office)		Contact No.(Home)	
Address 1	13 YISHUN STREET 51	Address 2	#07-26 THE CRITERION	Address 3	SINGAPORE 767972
Address 4		Address Type	Singapore address	Post Code	767972
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SMF1824Y	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	QUEK CHIN LYE	Insured NRIC	S1610176A
Contact No.(Mobile)	90089220	Contact No. (Home)	65535145	Contact No. (Office)	NIL
Email Address	QUEK851@GMAIL.COM	DI Vehicle Number	SMF1824Y	TP Vehicle Number	SHC1011B
Claim Description	SMF1824Y / SHC1011B ON 20 Jul 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	not at fault		
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/07/2020 15:21	Claim Close Date		Date Received	20/07/2020 00:
Report Taken By	KOSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1097352	Claim No.	001
Last Doc. Received	Yes No	Upload Date	20/07/2020 15:22

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Send Mes

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Destination	Msg Sent? (CI)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jul 2020 15:22	Photos	Normal	Photos 2020-7-20	

					
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Jul 2020 15:22	Photos		Normal	Photos 2020-7-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Jul 2020 15:22	Photos		Normal	Photos 2020-7-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Jul 2020 15:22	Photos		Normal	Photos 2020-7-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Jul 2020 15:22	Photos		Normal	Photos 2020-7-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Jul 2020 15:22	Photos		Normal	Photos 2020-7-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Jul 2020 15:21	Photos		Normal	Photos 2020-7-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Jul 2020 15:21	Photos		Normal	Photos 2020-7-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Jul 2020 15:21	Photos		Normal	Photos 2020-7-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Jul 2020 15:21	Photos		Normal	Photos 2020-7-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Jul 2020 15:21	NRIC/ Driving License	▾	Normal	NRIC/ Driving License 2020-7-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 20 Jul 2020 15:21	SAS		Normal	SAS 2020-7-20

▾ **Video List**

Uploaded By/Date	Folder Date	File Name	?	Source

Display in New Window | Scan and uploading

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) SMF1824Y
Date of Accident 20/07/2020 14:46
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5105873840-01		QUEK CHIN LYE	S1610176A	GPC	drivo CLASSIC	SMF1824Y	SMF1824Y	10/12/2019	09/12/2020

Continue