

NATIONAL Assessment Centre Services. [part 1 Jan'02] MNA 120062419

Date In: 24/7/20 14:52	Job description	Date & Time Completed	Done by
Ref No: NAI/INC 20007640164	SAS e-filing		
Veh No: SLC 7502P	E-mail (within 1hrs, A/C 2hrs)		
DTA: 24/7/20 07:35	I-Motor Claim Form	MT/1097805-001	24/7/20 15:05
(1) - <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: SKX 7178T	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 repolier.

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

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

Remarks: (INC 20007640164)	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

NA2003853		Invoice Preparation Checklist		Am (C)	Am (S)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100);	INC (50)		
Contact No:		3) TP: Towing Fee	\$40/\$45		
Damaged Portion:		4) FT: Follow-Through Survey	\$120		
QC Checked by (Bugs-In-Charge):		5) FT: Follow-Through Survey (Resurvey)	\$30		
		For claiming against INC Only (wef 10 Jan 2005)			
		6) TR: Re-inspection	\$75		
		7) NI: Idau DA + SMRT Survey	\$160		
		8) NTUC Additional Services:-			
		ON:			
		*N5: Courtesy Car / Tpt Allowance	\$3		
		*N6: Repair Coordination	\$10		
		*N7: Post Repair Inspection	\$25		
		*N8: DV / Collect Excess Coordination	\$3		
		TP (N11): TP (Inc INC) against INC	\$20		
		9) N12: Idau 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	24/07/2020 14:52
Date Of Accident	24/07/2020 07:35
Exact Location Of Accident	20 AIRLINE RD AFT5 CARGO COMPLEX MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC7502P
Insured/Policyholder	
Name Of Registered Owner	WONG LONG FOO
NRIC No	SXXXX107E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90125027
Alternative Phone No	OFFICE-90125027

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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	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	5117298188
Cover Note Number	

Driver

Name of Driver	WONG LONG FOO
NRIC No	SXXXX107E
Date Of Birth	12/08/1956
Occupation	INDOOR
Date Of Driving Pass	16/01/1981
Driving Experience	39 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90125027
Fax Number	
Contact Number	OFFICE-90125027
Email Address	NOEMAIL

Address	BLK 54 PIPIT RD #07-54
Postcode	370054
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	COLLISION - CHANGE/CROSS LANE
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?	
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	SKX7178T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMMAD ANAND BIN ABDUL RASHID
NRIC/Passport Number	SXXXX992I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

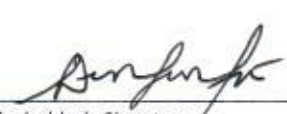
SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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)

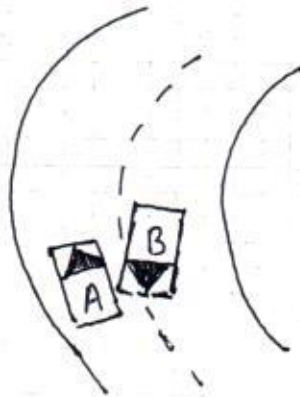
Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A = SLC 7502P

B = SKX 7178T

20 Airline Rd AFTS Cargo complex
MSCP

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I going up to the Multi storey Carpark,
there was a right bend. ~~to~~ Suddenly Veh B
coming down and ~~it~~ went into my lane and hit
onto my Veh right 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.:

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="24/07/2020 13:53"/>
Vehicle No.(For Motor)	<input type="text" value="SLC7502P"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5117298188		WONG LONG FOO	51212107E	GPC	drivo CLASSIC	SLC7502P	SLC7502P	25/05/2020	24/05/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 7 / 20) (DD/MM/YYYY), TIME: (7 : 35) (HH:MM)

LOCATION: 20 Airline Rd AFT 5 Cargo Complex msc p

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC 7502P
b) INSURANCE COMPANY: _____
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: Wong Long Foo (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90125027
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
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: owner

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: SKX 7178T 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: _____

Email =

fax =

VIDEO = Yes.

Claim Handling

Accident MT/1097805

Policy No.	5117298188	Vehicle No.	SLC7502P	GST Registration No.	
Certificate No.					
Policyholder Name	WONG LONG FOO			Policyholder NRIC	S1212107E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90125027	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	24/07/2020 15:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Ch
Date of Accident	24/07/2020	Time of Accident hh:mm	07:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	30 AIRLINE RD AFTER-CARGO COMPLEX HALL				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
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 Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 54 #07-54	Address 2	PIPIET ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	370054
Unit No.	07-54	Related Policy Number	5117298188		

01 Driver Info

Driver Name	Wong Long Foo	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1212107E	Driver DOB	12/06/1956
Register Date of Driver License	01/01/2018	Driver Age	63	Driving Experience	2
Contact No.(Mobile)	90125027	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 54 #07-54	Address 2	PIPIET ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	370054
Unit No.	07-54				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	WONG LONG FOO	Insu NRIC		
Contact No.(Mobile)	90125027	Contact No.(Home)	67445052	Cont No.(Off)		
Email Address	longfoo_wong@sats.com.sg	DI Vehicle Number	SLC7502P	TP Vehi Num		
Claim Description	SLC7502P / SKX7178T ON 24 Jul 2020				Nam Prefi Worl	
Preferred Workshop		Insured Liability	Not at fault			
Repairer No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered				Claim Close Date	24/07/2020 15:05	
Report Taken By	SHAN HUI				Date Recd	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1097805	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/07/2020 15:05
Path *		Category *	Please Select
Choose File	No file chosen	Confidential	No
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 15:05	SAS	Normal	SAS 2020-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 15:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 15:05	Photos	Normal	Photos 2020-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 15:05	Photos	Normal	Photos 2020-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 15:05	Photos	Normal	Photos 2020-7-24
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 15:05	Photos	Normal	Photos 2020-7-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jul 2020 15:05	Photos	Normal	Photos 2020-7-24

Video List

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