

NATIONAL Assessment Centre Services (wef 1 Jan 09) **MHAM006412**

Date In: 24/7/20-17:45	Job description	Date & Time Completed	Done by
Ref No: NA114C200284374	SAS e-filing		
Veh No: SM78888E	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 28/7/20-16:40	i-Motor Claim Form	M7/1098341-001	24/7/20 17:55
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: **SM78888E** 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

	Invoice Preparation Checklist	Ant (\$) In Bill	Ant (\$) Add Bill
NA2003413			
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QN*		
	*N5: Courtesy Car / Tpl 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	29/07/2020 17:43
Date Of Accident	28/07/2020 16:40
Exact Location Of Accident	BEDOK POINT MALL BASEMENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT8858E
Insured/Policyholder	
Name Of Registered Owner	JOLENE ASHLEIGH ONG SZE YIN
NRIC No	SXXXX341Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97625699
Alternative Phone No	OFFICE-97625699

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF
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	5116809632
Cover Note Number	

Driver

Name of Driver	SURESH-ANGELO NAVARATNARAJAH
NRIC No	SXXXX562H
Date Of Birth	29/06/1977
Occupation	INDOOR
Date Of Driving Pass	01/03/1995
Driving Experience	25 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90695021
Fax Number	
Contact Number	OFFICE-90695021
EEmail Address	NOEMAIL

Address	30 JALAN DAUD #12-01
Postcode	419572
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	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?	
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	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	SFN6667S
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)

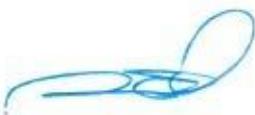
SKETCH PLAN

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.**
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:

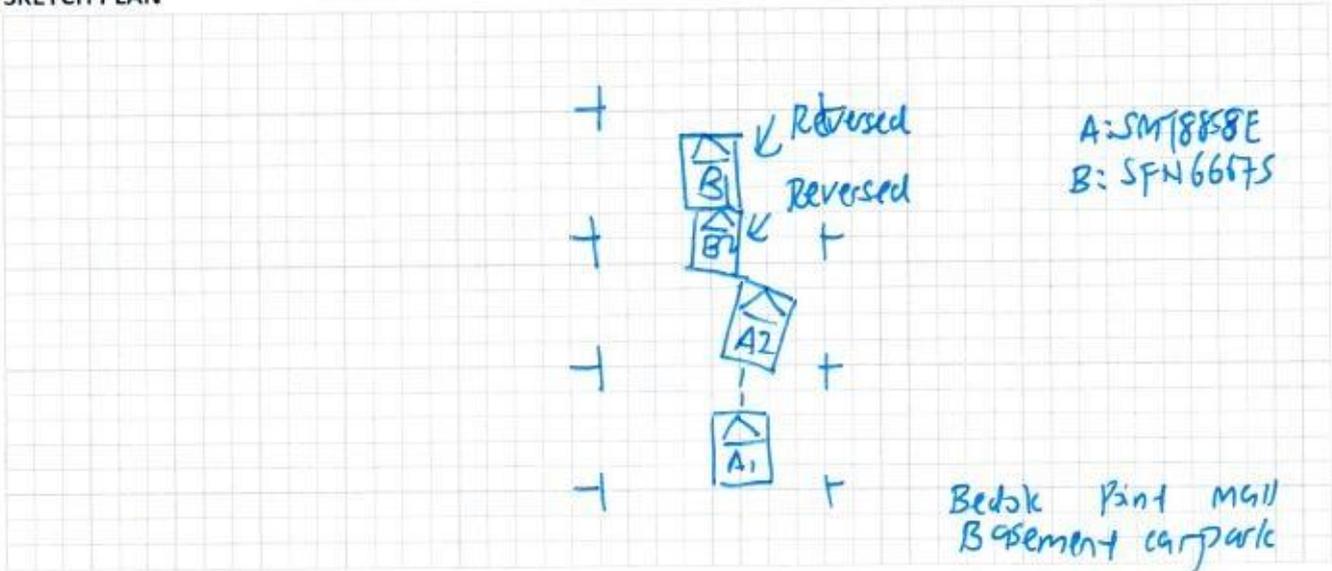


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On stated date and time, I was travelling along Bedok Point mall basement carpark. I was travelling behind of vehicle B with a safe distance. suddenly vehicle B stopped and attempt to reversed. I Horn to warn him, however his vehicle rear right portion hit onto my vehicle front left 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: (28 / 7 / 20) (DD/MM/YYYY), TIME: (16 : 40) (HH:MM)

LOCATION: Beek Point Mall Basement carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMT 8858 E.
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) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97625649
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9069 5021
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) 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: SF M 66675 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)

(4)

2 male,
2 female

* No of passenger
(including driver)

()

* No of passenger
(including driver)

()

email = Jolene_ong 99 @ yahoo . com . sg

fax =

VIDEO = X

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116809632		JOLENE ASHLEIGH ONG SZE YIN	S81303412	GPC	drive CLASSIC	SMT8858E	SMT8858E	25/03/2020	24/03/2021

Continue

Policy Information

Policy No.	5116809632	Policyholder Name	JOLENE ASHLEIGH ONG SZE YI	Policyholder NRIC	S8130341Z
Certificate No.					
Address	30 JALAN DAUD #12-01 THE HELICONIA SINGAPORE 419572				
Product Name	PRIVATE CAR INSURANCE	Plan			
Group Policy Flag	N				
Policy Issue Date	25/03/2020	Effective Date	25/03/2020 00:00	Expiry Date	24/03/2021 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	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

Policyholder Mailing Address

Address 1	30 JALAN DAUD	Address 2	#12-01 THE HELICONIA	Address 3	SINGAPORE 419572
Address 4		Address Type	Singapore address	Post Code	419572
Unit No.		Related Policy Number	5116809632		

Insured Object: SMT8858E

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	26/03/2020 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 26 Mar 2020, the following policy details are amended as follows: HIRE PURCHASE COMPANY: HONG LEONG FINANCE LIMITED CHASSIS NUMBER: JM6CW1071G0125020 ENGINE NUMBER: PE10426816 VEHICLE REGISTRATION NUMBER: SMT8858E ORIGINAL REGISTRATION DATE: 20 Feb 2017

Continue Cancel

Claim Handling

Accident MT/1098341

Policy No.	5116809632	Vehicle No.	SMT8858E	GST Registration No.	
Certificate No.					
Policyholder Name	JOLENE ASHLEIGH ONG SZE YIN	Cover Type	drive CLASSIC	Policyholder NRIC	S81303412
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97625699	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value=""/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Private Hire	No	Accident Type	Side Swipe

Accident Details

Report Date	29/07/2020 17:53	Accident Report Within 24 hrs	Yes	Country of Accident	Singapore
Date of Accident	29/07/2020	Time of Accident hh:mm	16:40	ICM No.	
Reporting Centre		Crash Force			
Accident Location	BEDOK POINT MALL BASEMENT CARPARK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	
OD Standard Excess	500.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess			
Additional Excess	0				
Total OD Excess Applicable	1100.00	Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	30 JALAN DAUD	Address 2	#12-01 THE HELICONIA	Address 3	SINGAPORE 419572
Address 4		Address Type	Singapore address	Post Code	419572
Unit No.		Related Policy Number	5116809632		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/06/1977
Unnamed driver Name	SURESH-ANGELO NAVARATNAR	Driver NRIC	S7717562H	Driving Experience	25
Register Date of Driver License	01/03/1995	Driver Age	43	Contact No.(Home)	0
Contact No.(Mobile)	90695021	Contact No.(Office)	0	Address 3	SINGAPORE 419572
Address 1	30 JALAN DAUD	Address 2	THE HELICONIA	Post Code	419572
Address 4		Address Type	Singapore address		
Unit No.	12-01				
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
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Modification History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	JOLENE ASHLEIGH ONG SZE YIN	Insured NRIC	S81303412
Contact No.(Mobile)	97625699	Contact No.(Home)	66890897	Contact No.(Office)	
Email Address	jolene_ong99@yahoo.com.sg	OT Vehicle Number	SMT8858E	TP Vehicle Number	57H66675
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMT8858E / 57H66675 ON 28 Jul 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	29/07/2020 17:55	Claim Close Date		Date Received	29/07/2020 00:00
Report Taken By	Jackson				

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1098341	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/07/2020 17:57

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Jul 2020 17:57	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-7-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Jul 2020 17:57	SAS	Normal	SAS 2020-7-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Jul 2020 17:57	Photos	Normal	Photos 2020-7-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Jul 2020 17:57	Photos	Normal	Photos 2020-7-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Jul 2020 17:57	Photos	Normal	Photos 2020-7-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Jul 2020 17:56	Photos	Normal	Photos 2020-7-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Jul 2020 17:56	Photos	Normal	Photos 2020-7-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Jul 2020 17:56	Photos	Normal	Photos 2020-7-29	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Jul 2020 17:56	Photos	Normal	Photos 2020-7-29	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 29 Jul 2020 17:56	Photos	Normal	Photos 2020-7-29	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Actor
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				