

# NATIONAL Assessment Centre Services.

(part 1 Jan 09)

MMA 1200 64467

Date In: 30/7/20 16:25	Job description	Date & Time Completed	Done by
Ref No: NA1 IMC 2000 7888164	SAS e-Mailing		
Veh No: SKH 9325G	E-mail (within 3hrs, ATC 2hrs)		
IP: 30/7/20 14:50	I-Motor Claim Form	MT11098466-001	30/7/20 16:56
OD: TP: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Whsp / INC Assign Whsp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: FBK 8761 C.	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:
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: ( )
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Date/Time	Action

NA2003952		Invoice Registration Checklist	Amount (\$)	Remarks (\$)
Customer Particulars:		1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100): INC (\$80)		
Contact No:		3) TP: Towing Fee \$40/\$45		
Damaged Portion:		4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):		5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:		For claiming against INC Only (wef 10 Jan 2009)		
		6) TR: Re-inspection \$75		
		7) NI: Idao DA + EMRT Survey \$160		
		8) NTUC Additional Services:		
		OD:		
		• NS: Courtesy Car / Tpt Allowance \$5		
		• NG: Repair Coordination \$10		
		• NF: Post Repair Inspection \$25		
		• ND: DV / Collect Excess Coordination \$5		
		TP (N11): TP (Non INC) against INC \$20		
		9) NI2: Idao 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	30/07/2020 16:25
Date Of Accident	30/07/2020 14:50
Exact Location Of Accident	811 FRENCH RD CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKH9325G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EYO KAI KIONG SAMUEL
NRIC No	SXXXX590Z
Email Address	SAMUELEYO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98153223
Alternative Phone No	OFFICE-98153223
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	ODYSSEY
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098353626-02
Cover Note Number	
<b>Driver</b>	
Name of Driver	EYO KAI KIONG SAMUEL
NRIC No	SXXXX590Z
Date Of Birth	13/12/1967
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1985
Driving Experience	34 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98153223
Fax Number	
Contact Number	OFFICE-98153223
EEmail Address	SAMUELEYO@HOTMAIL.COM

Address	93 JLN LOKAM
Postcode	537914
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	COLLIDED INTO PARKED VEHICLE
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	FBK8761C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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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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.



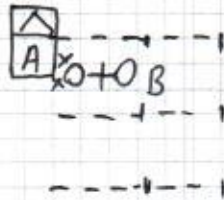
Policyholder's Signature  
Date & Time:

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



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

# SKETCH PLAN



A = SKH 9325G

B = FBK 8761C

811 French Rd Carpark

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was doing a 3-point turn to park my car ~~along~~ opposite 811 French Rd parallel parking, I accidentally knock down a stationary <sup>motor</sup> bike. I stopped and lifted up immediately.

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

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

*[Signature]*

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	30/07/2020 16:01	
Vehicle No. (For Motor)	SKH9325G	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"/>	5098353626-02		EYO KAI KIONG SAMUEL	S18105902	GPC	drive CLASSIC	SKH9325G	SKH9325G	30/07/2020	29/07/2021



# ACCIDENT STATEMENT

ACCIDENT DATE: 30/07/2020 (DD/MM/YYYY), TIME: 14:57 (HH:MM)

LOCATION: 911 Jemut Rd French Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKH93256  
 b) INSURANCE COMPANY: N7UC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Honda Odyssey  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Business  
 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: Samuel Eyo Krikor (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 51810902 CONTACT: 98753223  
 c) ADDRESS: 93 Jln Labuan 1537814

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

## DRIVER

- a) NAME: Samuel Eyo (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 51810902 CONTACT: 98753223  
 c) ADDRESS: 93 Jln Labuan 1537814

\*d) DATE OF BIRTH: 13/12/1967 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 25

## 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: FBK 8761C 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 passenger  
 (Including driver)  
(1)

\* No of passenger  
 (Including driver)  
( )

\* No of passenger  
 (Including driver)  
( )

Email = Samuel.eyo@hotmail.com

fax =

VIDEO = Yes, No

## Claim Handling

Accident MT/1098466

Policy No.	5098353626-02	Vehicle No.	SKH9325G	GST Registration No.	
Certificate No.					
Policyholder Name	EYO KAI KIONG SAMUEL			Policyholder NRIC	S1810590Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98153223	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
<b>Accident Details</b>					
Report Date	30/07/2020 16:52	Accident Report Within 24 hrs	Yes	Accident Type	Collided into
Date of Accident	30/07/2020	Time of Accident hh:mm	14:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	R11 FRENCH RD CARPARK				
<b>Total Excess Applicable</b>					
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		
<b>Benefits</b>					
Coverage		Sum Insured	99999999.99		
Transport Allowance					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	93 JALAN LOKAP	Address 2	TAI KENG GARDEN	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	537914
Unit No.		Related Policy Number	5098353626-02		
<b>O1 Driver Info</b>					
Driver Name	EYO KAI KIONG SAMUEL	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1810590Z	Driver DOB	13/12/1963
Register Date of Driver License	01/01/2000	Driver Age	52	Driving Experience	20
Contact No.(Mobile)	98153223	Contact No.(Office)		Contact No.(Home)	
Address 1	93 JALAN LOKAP	Address 2	TAI KENG GARDEN	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	537914
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
<b>Modification History</b>					

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	EYO KAI KIONG SAMUEL	Insu NRIC	
Contact No.(Mobile)	98153223	Contact No. (Home)	NIL	Contact No. (Off)	
Email Address	SAMUELEYO@GMAIL.COM	Vehicle Number	SKH9325G	TP	
Claim Description	SKH9325G / FBK8761C ON 30 Jul 2020				Vehi Nurt
Preferred Workshop		Insured Liability	Fully at Fault		
Workshop No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				30/07/2020 16:56	Claim Close Date
Report Taken By	SHAN HUI				
Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1098466	Claim No.	001
Last Doc. Received	Yes No	Upload Date	30/07/2020 16:56
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Category *		Confidential	Urgency *
Please Select		NO	Normal
Please Select		NO	Normal



Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear

Please Select

ND

Normal

Clear

Please Select

ND

Normal

Clear

Please Select

ND

Normal




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Please Select

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Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 16:56	SAS	Normal	SAS 2020-7-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 16:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-7-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 16:56	Photos	Normal	Photos 2020-7-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 16:56	Photos	Normal	Photos 2020-7-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 16:56	Photos	Normal	Photos 2020-7-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 16:56	Photos	Normal	Photos 2020-7-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 16:56	Photos	Normal	Photos 2020-7-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 16:56	Photos	Normal	Photos 2020-7-30

## Video List

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