NATIONAL Assessment Centre Services. NKA470065252

Date In: 03/08/2020 14:12	Job description	Date & Time Completed	Done by
Ref No: NBD1/INC2000915314	SAS e-filing		
Veh No: SJN1926E	E-mail (within 8hrs, AIC 2hrs)		
D O A 02/08/2020 15:15	I-Motor Claim Form	MT/10798670-2001	03/08/2020 14:31
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: GBK9444 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%. F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ($) Loading: $1,000 ( ) / $2,000 ( )

( ) 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: ( )

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

Injury :

XA2003998

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($100)	INC ($40)	
3) TF : Towing Fee	$40/$45	
4) PT : Follow-Through Survey	$110	
5) PT : Follow-Through Survey (Resurvey)	$30	
For claims against INC Only (wef 10 Jan 200)		
6) TR : Re-Inspection	$75	
7) NI : Non DA + SMRT Survey	$160	
8) NTUC Additional Services		
OR		
• NS: Courtesy Car / Tpt Allowance	$3	
• NS: Repair Coordination	$10	
• NS: Post Repair Inspection	$25	
• NS: DV / Collect Excess Coordination	$3	
TF (NII) : TP (Non INC) against NTUC	$30	
9) NI2: Non Mobile	$0	
Invoice dated	Fee Charged	[redacted]
Invoice dated	Fee Charged	[redacted]

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	03/08/2020 14:12
Date Of Accident	02/08/2020 15:15
Exact Location Of Accident	ALONG JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN1926E

Insured/Policyholder

Name Of Registered Owner	SEOW LAY HOON
NRIC No	SXXXX013G
Email Address	MARCUS_SEE7@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96191273
Alternative Phone No	OTHERS-92322139

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	5109444925
Cover Note Number	

Driver

Name of Driver	SEE JUN XIANG MARCUS
NRIC No	SXXXX456H
Date Of Birth	07/09/1992
Occupation	INDOOR
Date Of Driving Pass	27/06/2016
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96191273
Fax Number	
Contact Number	OTHERS-92322139
EMail Address	MARCUS_SEE7@HOTMAIL.COM

Address	BLK 885A TAMPINES STREET 83 #09-123
Postcode	521885
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - COUSIN
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	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	GBK944U
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VEDHARATHINAM SAMY
NRIC/Passport Number	GXXXX628L
Contact Number	98667134
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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:

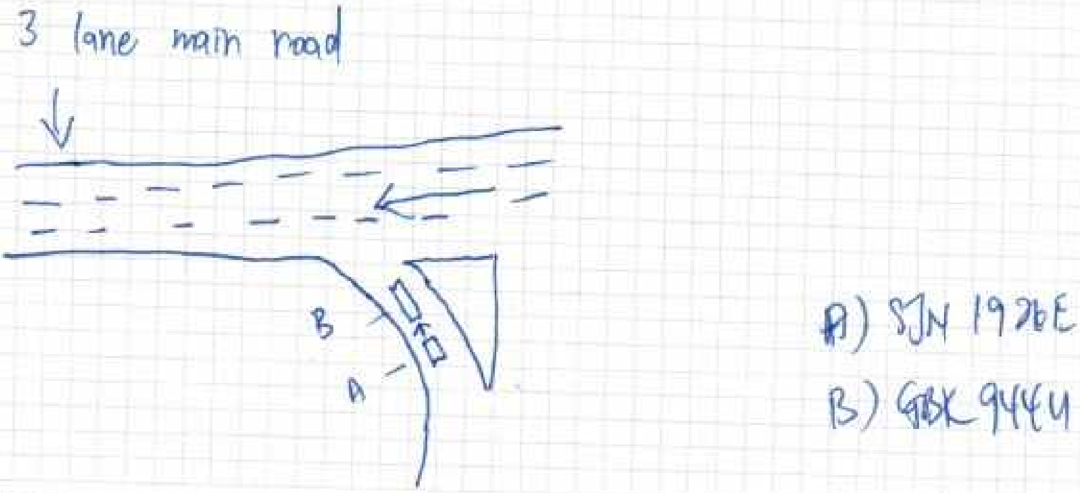
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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: 3/8/2020 12:03 pm	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN

[illegible]



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The lorry in front of me went into a brake after starting to move. The other driver claimed there was oncoming traffic which is only on the furthermost lane. I was checking for oncoming vehicles which I didn't notice the lorry braked in front of me which I then rear ended it. *No significant damage observed for the lorry (photo taken).

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: 12:10 pm 3/8/2020

03/08/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: [02 / 08 / 2020] (DD/MM/YYYY), TIME: [15 : 15] (HH:MM)

LOCATION: Jalan Bukit Merah

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJN 1926E
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5109444925
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Honda Fit
   f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Leisure
   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: SEOW LAY HOON (MALE / (FEMALE))
   b) NRIC/FIN/PASSPORT: S1150013G CONTACT: 96191273
   c) ADDRESS: ~~Blk 30~~ Blk 30 #Jalan Klinik #09-15 S160030

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (including driver) (1)

DRIVER
   a) NAME: SEE JUN XIANG MARCUS (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S9234456H CONTACT: 92322139
   c) ADDRESS: Tampines St 83 ~~#09-123~~ Blk 885A #09-123 S521885
   *d) DATE OF BIRTH: [07 / 09 / 1992] (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR) / OUTDOOR)
   f) DATE OF DRIVING PASS
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) / (NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Auntie
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

* No of passenger (including driver) (1)

   a) VEHICLE NUMBER: GBK 944U MODEL: Toyota Dyna
   b) DRIVER'S NAME: Vedharathinam Samy
   c) NRIC/FIN/PASSPORT: WP 0 3603608J CONTACT: 9866 7134
9. THIRD PARTY VEHICLE FIN G2480628L

* No of passenger (including driver) ( )

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

email = marcus_see7@hotmail.com

VIDEO

Claim Handling

Accident MT/1096670

Policy No.	512SHA4025	Vehicle No.	SJK1926E	GST Registration No.	
Certificate No.					
Policyholder Name	SEOW LAY HOON			Policyholder NRIC	S1130013G
Product Code	PRIVATE CAR (NO/RENCE	Cover Type	Private CLASSIC	Loading	0
Contact No.(Mobile)	96591273	Contact No.(Office)		Contact No.(Home)	
Email Address	marcus_see@hotmail.com	Special Remark		eCode	No
eFa	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	03/08/2020 14:21	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/08/2020	Time of Accident hh:mm	18:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No	
Accident Location	ALONG JALAN BUKIT MERAH				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YDD OD Excess	0.00	YDD 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 30 #09-15	Address 2	JALAN KLINIK	Address 3	BUKIT HO SWEE COURT
Address 4	SINGAPORE 160030	Address Type	Singapore address	Post Code	160030
Unit No.		Related Policy Number	5120444923-01		

01 Driver Info

Driver Name	SEE JUN XIANG MARCUS	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9234850I	Driver DOB	27/09/1992
Register Date of Driver License	27/09/2016	Driver Age	27	Driving Experience	3
Contact No.(Mobile)	82522130	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SJK1926E	Driver Insurer Company	NTUC

Declaration

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

Modification History

Claim 001 New

Claim Type *	OD-MI	Insured Name	SEOW LAY HOON	Insured NRIC	S1130013G
Contact No.(Mobile)	96591273	Contact No. (Home)	62747652	Contact No. (Office)	
Email Address	juneseow@yahoo.com.sg	OI Vehicle Number	SJK1926E	TP Vehicle Number	GBK944U
Claim Description	SJK1926E / GBK944U ON 2 Aug 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Request for Investigation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/08/2020 14:30	Claim Close Date		Date Received	03/08/2020 00
Report Taken By	ROSLI WAHAB				
Print AR letter					

Save Submit

Attachment

Accident No.	MT/1096670	Claim No.	001
Last Doc. Received	Yes No	Upload Date	03/08/2020 14:31

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 Mail

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CDI)
	NAC_BUKIT_MERAH_80067B(NATIONAL ASSESSMENT CENTRE SERVICE C (BUKIT MERAH)) on 03 Aug 2020 14:31	Photos	Normal	Photos 2020-8-3	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 14:31	Photos		Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 14:31	Photos		Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 14:31	Photos		Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 14:31	Photos		Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 14:31	Photos		Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 14:31	Photos		Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 14:30	Photos		Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 14:30	Photos		Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 14:30	Photos		Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 14:30	Photos		Normal	Photos 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 14:30	NRIC/ Driving License	1	Normal	NRIC/ Driving License 2020-8-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Aug 2020 14:30	SAS		Normal	SAS 2020-8-3

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) SJN1926E

Date of Accident 02/08/2020 11:42

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
◉	5109444925		SEOW LAY HOON	S1150613G	GPC	drive CLASSIC	SJN1926E	SJN1926E	09/05/2019	05/08/2020

Continue