

# NATIONAL Assessment Centre Services

(wef 1 Jan 03) MHA10066774

Date In: 7/8/12-14:30	Job description	Date & Time Completed	Done by
Ref No: NA/INC 2058186/124	SAS e-filing		
Veh No: 5JN71849	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 7/8/12-07:45	i-Motor Claim Form	NA 1099206-001	7/8/12 15:04
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: 5JN1028A	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: (INC hotline: 6788 6616)	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	Actions

NA 204115	Invoice Preparation Checklist	Ant (\$) In Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
QC Checked by (Engr-In-Charge):	TP (N11): TP (Non INC) against INC \$20		
Auditors' Comments:-	9) N12: Idac Mobile 30		
Ref 1:	Invoice dated	Fee Charged	
Ref 2 / 3:	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	07/08/2020 14:50
Date Of Accident	07/08/2020 07:45
Exact Location Of Accident	BLK 271 BUKIT BATOK CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN7184P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BOO HAI SEAH ARTHUR
NRIC No	SXXXX038A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93399738
Alternative Phone No	OFFICE-93399738
<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	E200 NGT
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116255965
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM KAI MEI
NRIC No	SXXXX673B
Date Of Birth	24/07/1995
Occupation	INDOOR
Date Of Driving Pass	22/12/2014
Driving Experience	5 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93399738
Fax Number	
Contact Number	OFFICE-93399738
EEmail Address	NOEMAIL

Address	136B HILLVIEW AVENUE #02-01
Postcode	669607
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW1028A
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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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

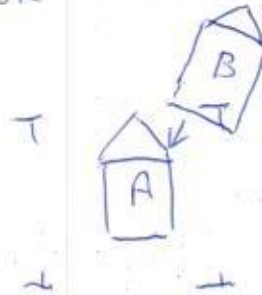
BIK 271

BT Bartok

DOA: 7/8/20

A: SJN 7184P

B: SJN 1028A



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car parked stationary inside the parking lot, suddenly veh B reversed & hit onto my veh frt RH portion

## DECLARATION

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

F. Adw  
Policyholder's Signature  
Date & Time:

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

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



### Personal Particulars

Date of Accident: 7/8/20 Time of Accident: 7:45am  
Exact Location of Accident: BLK 271 Bt Batuk c/park  
Owner's Name: Boo Hai Seah Arthur NRIC No: S170038A HP No: \_\_\_\_\_  
Driver's Name: Lim Kai Mei NRIC No: 59525673A HP No: 93399738  
Date of Birth: 24/7/1995 Driving Licence Passing Date: 22/12/2014 Occupation: Indoor / Outdoor  
Address: 136B Hillview Ave #02-01 (669607)  
Relationship of Driver with Insured: Friend Email Address: \_\_\_\_\_  
Vehicle No: SJN 7184 P Make & Model: Mercedes  
Insurance Co: NTUC Coverage: \_\_\_\_\_ Policy No: \_\_\_\_\_

\*Purpose of Reporting? ☒ Own Damage Claim / ☐ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

\*Weather Condition? ☒ Clear / ☐ Raining / Others: \_\_\_\_\_ Wet / ☒ Dry / Others: \_\_\_\_\_

\*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 0 B: \_\_\_\_\_ C: \_\_\_\_\_ D: \_\_\_\_\_

\*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: \_\_\_\_\_

\*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: \_\_\_\_\_ Insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (Yes/No) ☒ Yes ☐ No

### Third Party Driver's Particulars

Vehicle B No: SJW 1028A Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_  
Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

### Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

eBaoTech

GeneralClaim

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="07/08/2020 07:45"/>
Vehicle No.(For Motor)	<input type="text" value="SJN7184P"/>	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"/>	5116255965		BOO HAI SEAH ARTHUR	S1170038A	GPC	drive CLASSIC	SJN7184P	SJN7184P	28/02/2020	27/02/2021

## Policy Information

Policy No.	5116255965	Policyholder Name	BOO HAI SEAH ARTHUR	Policyholder NRIC	S1170038A
Certificate No.					
Address	16 WALMER DRIVE SERANGOON GARDEN ESTATE SINGAPORE 555041				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	27/02/2020	Effective Date	28/02/2020 00:00	Expiry Date	27/02/2021 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	ARTHUR BOO INSURANCE AGENT	Agent Tel.	67328002	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	16 WALMER DRIVE	Address 2	SERANGOON GARDEN ESTATE	Address 3	SINGAPORE 555041
Address 4		Address Type	Singapore address	Post Code	555041
Unit No.		Related Policy Number	5116255965		

## Insured Object: SJN7184P

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	16/04/2020 00:00	Basic Information Endorsement	Underwriting Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 16 Apr 2020, the following amendment(s) is/are made to this policy: NAMED DRIVER 1: LIM KAI MEI NAMED DRIVER 2: BOO JIAN XIANG JONATHAN
2	22/04/2020 00:00	Basic Information Endorsement	Endorsement Take Effective	Int adj to waive free NCD \$99.80
3	22/04/2020 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 22 Apr 2020, the following amendment(s) is/are made to this policy: NAMED DRIVER 1: BOO JIAN XIANG JONATHAN NAMED DRIVER 2: LIM KAI MEI In view of this amendment, an additional premium of \$26.75 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.

Continue

Cancel



## Claim Handling

Accident MT/1099206

Policy No.	S116255965	Vehicle No.	SIN7184P	GST Registration No.	
Certificate No.					
Policyholder Name	BOO HAI SEAH ARTHUR	Cover Type	drive CLASSIC	Policyholder NRIC	S1170038A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	93399738	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

**Accident Details**

Report Date	07/08/2020 15:02	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	07/08/2020	Time of Accident h:mm	07:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 271 BUKIT BATOK CARPARK				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	500.00	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	500.00	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	16 WALMER DRIVE	Address 2	SERANGOON GARDEN ESTATE	Address 3	SINGAPORE 555041
Address 4		Address Type	Singapore address	Post Code	555041
Unit No.		Related Policy Number	S116255965		

## OI Driver Info

Driver Name	LIM KAI MEI	Driver Type	Named Driver	Driver DOB	24/07/1995
Unnamed driver Name		Driver NRIC	S95256738	Driving Experience	5
Register Date of Driver License	22/12/2014	Driver Age	25	Contact No.(Home)	0
Contact No.(Mobile)	93399738	Contact No.(Office)	0	Address 3	SINGAPORE 669607
Address 1	136B HILLVIEW AVENUE	Address 2	MERAWOODS	Post Code	669607
Address 4		Address Type	Singapore address		
Unit No.	02-01				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyzer 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

Next

Claim Type *	CO-MX	Insured Name	BOO HAI SEAH ARTHUR	Insured NRIC	S1170038A
Contact No.(Mobile)	96308202	Contact No.(Home)		Contact No.(Office)	
Email Address	arthur.boohai@income.com.sg	OI Vehicle Number	SIN7184P	TP Vehicle Number	SIN1028A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SIN7184P / SIN1028A ON 7 Aug 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	07/08/2020 15:04	Claim Close Date		Date Received	07/08/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1099206	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/08/2020 15:06

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

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 07 Aug 2020 15:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-8-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 07 Aug 2020 15:05	SAS	Normal	SAS 2020-8-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 07 Aug 2020 15:04	Photos	Normal	Photos 2020-8-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 07 Aug 2020 15:04	Photos	Normal	Photos 2020-8-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 07 Aug 2020 15:04	Photos	Normal	Photos 2020-8-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 07 Aug 2020 15:04	Photos	Normal	Photos 2020-8-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 07 Aug 2020 15:04	Photos	Normal	Photos 2020-8-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 07 Aug 2020 15:04	Photos	Normal	Photos 2020-8-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 07 Aug 2020 15:04	Photos	Normal	Photos 2020-8-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 07 Aug 2020 15:04	Photos	Normal	Photos 2020-8-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 07 Aug 2020 15:04	Photos	Normal	Photos 2020-8-7	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 07 Aug 2020 15:04	Photos	Normal	Photos 2020-8-7	

## Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	