

NATIONAL Assessment Centre Services. [wef 1 Jan 03] MMA 120067103

Date In: 8/8/20 14:00	Job description	Date & Time Completed	Done by
Ref No: MA/IMC 2000 8208/64	SAS e-filing		
Veh No: SLN 9379H	E-mail (within 3hrs, AIC 2hrs)		
ICOA: 7/8/20 16:20	I-Motor Claim Form	MT/1099286001	8/8/20 14:16
Q1: <input checked="" type="radio"/> 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: STR 8707D	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 repair.

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

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

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

Injury: \_\_\_\_\_

Deferring:	Remarks:

MA 2004096		Invoice Preparation Charge	30.00
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$10)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$30		
For claimants against INC Only (wef 10 Jan 2003)			
6) TR: Re-inspection	\$75		
7) N1: Idas DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
Q1:			
*NS: Courtesy Car / Tpt 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: Idas 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	08/08/2020 14:00
Date Of Accident	07/08/2020 16:20
Exact Location Of Accident	PUNGGOL DR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN9379H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HAZEL OH GEOK TENG
NRIC No	SXXXX646I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81211001
Alternative Phone No	OFFICE-81211001

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 5
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	5095558736-02
Cover Note Number	

### Driver

Name of Driver	OH KAY BENG
NRIC No	SXXXX527H
Date Of Birth	08/08/1954
Occupation	INDOOR
Date Of Driving Pass	28/12/1972
Driving Experience	47 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81211001
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 771 WOODLANDS DR 60 #05-180
Postcode	730771
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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?	
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)	2
Passenger 1	NAME: : JOMAINÉ 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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR8707D
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

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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:

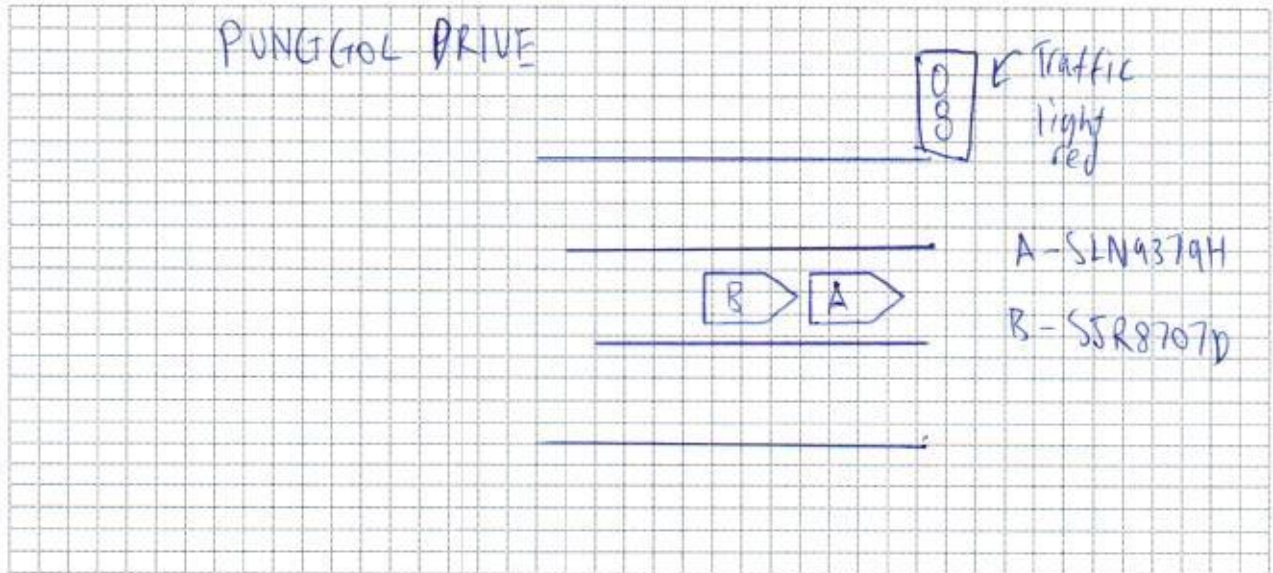
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

I WAS STATIONARY FOR QUITE AWHILE ALONG PUNGGOL DRIVE AS THE TRAFFIC LIGHT WAS RED. SUDDENLY VEHICLE B REAR ENDED MY VEHICLE.

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="07/08/2020 14:00"/>
Vehicle No.(For Motor)	<input type="text" value="SLN9379H"/>	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"/>	5095558736-02		HAZEL OH GEOK TENG	578126461	GPC	drivo PREMIUM	SLN9379H	SLN9379H	23/11/2019	22/11/2020

## Accident Reporting Draft

VEHICLE NO: SLN9379H

MODEL: MAZDA 5

DATE OF ACCIDENT	7/8/2020		
TIME OF ACCIDENT	1620	HRS	AM/PM
LOCATION OF ACCIDENT	PUNGGOL DRIVE		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	HAZEL OH GEOK TENG (HU YUTING)		
CONTACT NO.	81211001		
NRIC	S7812646I		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P		
INSURANCE CO.	NTUC		
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: OH KAY BENG		
NRIC	S0155527H	ANY PASSENGER: 1	
DATE OF BIRTH		F) Jomaine	
OCCUPATION	OUTDOOR / <u>INDOOR</u>		
DATE OF DRIVING PASS			
GENDER	MALE / FEMALE		
CONTACT NO.	81211001	OFFICE:	HOME:
ADDRESS	APT BLK 441B FERNVALE RD #16-321 S(792441)		
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IF NO:		
WEATHER CONDITION	<u>CLEAR</u> / RAINY/ OTHER: CLEAR		
ROAD SURFACE	<u>DRY</u> / WET/ OTHER: DRY		
ANY INJURIES	NO / IF YES:		
CONTACT NO.			
POLICE REPORT	NO / IF YES:		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	SJR8707D	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.		ANY PASSENGER:	
VEHICLE D NO.		ANY PASSENGER:	
VEHICLE E NO.		ANY PASSENGER:	
VEHICLE F NO.		ANY PASSENGER:	
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;">  <b>Ryder</b> Auto Pte Ltd                  2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,                  Singapore 417921                  Email: <a href="mailto:ryderautoworkshop@gmail.com">ryderautoworkshop@gmail.com</a>                  Tel: 67418277 Fax: 67468277             </div>		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			

## Claim Handling

Accident MT/1099286

Policy No.	5095558736-02	Vehicle No.	SLN9379H	GST Registrati
Certificate No.				
Policyholder Name	HAZEL OH GEOK TENG			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	81211001	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	40	Private Hire
<b>▼ Accident Details</b>				
Report Date	08/08/2020 14:13	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/08/2020	Time of Accident hh:mm	16:20	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	PUNGGOL DR			
<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 Cover
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	
<b>▼ Benefits</b>				
<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	BLK 441B #16-321	Address 2	FERNVALE ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5095558736-02	
<b>▼ OI Driver Info</b>				
Driver Name	OH KAY BENG	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S0155527H	Driver DOB
Register Date of Driver License	28/12/1972	Driver Age	65	Driving Experi
Contact No.(Mobile)	81211001	Contact No.(Office)		Contact No.(H
Address 1	BLK 771 #05-180	Address 2	WOODLANDS DRIVE 60	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	05-180			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	HA
Contact No.(Mobile)	81211001	Contact No. (Home)	62
Email Address	HAZELWORK78@GMAIL.COM	Vehicle Number	SL
Claim Description	SLN9379H / SJR8707D ON 7 Aug 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/08/2020 14:16	Claim Close Date	
Report Taken By	SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter			

## Attachment

Accident No.	MT/1099286	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/08/2020 14:16
Path *		Category *	Confider
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2020 14:16	NRIC/ Driving License	Y	Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2020 14:16	NRIC/ Driving License	Y	Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2020 14:16	NRIC/ Driving License	Y	Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2020 14:16	NRIC/ Driving License	Y	Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2020 14:16	SAS		Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2020 14:16	Photos		Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2020 14:16	Photos		Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2020 14:16	Photos		Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2020 14:16	Photos		Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2020 14:16	Photos		Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2020 14:16	Photos		Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Aug 2020 14:16	Photos		Normal

## Video List

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