

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MHA0068264**

Date In: 12/12-15/12	Job description	Date & Time Completed	Done by
Ref No: HA/INC200833824	SAS e-filing		
Veh No: 5642834	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 16/12-15/12	i-Motor Claim Form	12/12/2008-002	12/12/2008 16:39
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: **JMG9408T**

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 ()

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

Invoice Preparation Checklist

Am't (\$)

In Bill

Am't (\$)

Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Pat. 1:

Pat. 2 / 3:

- 1) AR : Accident Reporting (\$30);
- 2) DA : Damage Assessment (\$100); INC (\$80)
- 3) TF : Towing Fee \$40/\$45
- 4) FT : Follow-Through Survey \$120
- 5) FT : Follow-Through Survey (Resurvey) \$30
- 6) TR : Re-inspection \$75
- 7) N1 : Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idac Mobile

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	12/08/2020 15:57
Date Of Accident	16/07/2020 15:10
Exact Location Of Accident	YISHUN AVE 1 TWDS YISHUN AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH2383Y
Insured/Policyholder	
Name Of Registered Owner	BENEFIT AUTO
Co Reg No	5XXXX670E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98325030
Alternative Phone No	OFFICE-98325030

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5RS HYBRID A
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5110923222-01
Cover Note Number	

Driver

Name of Driver	YAP CHEE YONG RICHARD (YE ZHIYONG RICHARD)
NRIC No	SXXXX887D
Date Of Birth	22/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	13/11/2014
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92226368
Fax Number	
Contact Number	OFFICE-92226368
EMail Address	NOEMAIL

Address	BLK 360A ADMIRALTY DRIVE #08-72
Postcode	751360
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	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	SME9408T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD ISKANDAR BIN MOHD HASSAN
NRIC/Passport Number	
Contact Number	88090278
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.

8

Richard



Policyholder's Signature
Date & Time:

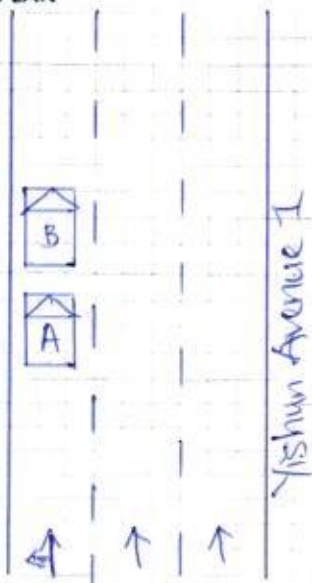
Richard

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

[Signature]

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

SKETCH PLAN



Veh A: SLH2383Y
Veh B: SME9408T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SLH2383Y) traveling along Yishun Avenue 1 towards Yishun Avenue 5 on third lane of a 3-lanes, road. My vehicle was stationary and queue to enter Sinopac Petrol Kiosk. Out of sudden, I felted an impact from front as I also not sure that my vehicle was moving forward. I alighted and we checked both parties car don't have any visible damage. Third party driver also don't have any visible injuries. After discussion, we agreed not to report to insurance since both parties car no visible damage and no one injuries.

DECLARATION

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

&

Rich

Policyholder's Signature

Date & Time:



Rich

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Vehicle No.	SLH2383Y	Model / Make	Honda Vezel
Date of Accident	16/7/2020		
Time of Accident	1510	HRS	
Location of Accident	Along Yishun Avenue 1 towards Yishun Avenue 8		
Exact purpose use during accident	Private use		
Name of Owner	Benefit Auto		
Telephone No.	H/P : 98325030	Home :	Office :
NRIC	S3121670E		
Address	2 Sims Close #01-08 S(387298)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5110923222-01-000004		
Name of Driver	As Above If No, Yap Chee Yong Richard		
NRIC	S7515887D	Any Passengers :	-
Date of birth	22/5/1975		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	13/11/2014		
Gender	Male	/	Female
Contact No.	H/P : 92226368	Home :	Office :
Address	BLK 360A Admiralty Drive #08-72 S(751360)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Hirer	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SME 9408T	Any Passengers :	-
Name of Driver	Muhamad Iskandar	Contact No. :	88090278
Vehicle C No.	Bin Mohd Hassan	Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Front portion		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Brandon		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

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="16/07/2020 15:10"/>							
Vehicle No. (For Motor)	<input type="text" value="SLH2383Y"/>	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"/>	5110923222-01	5110923222-01-000004	BENEFIT AUTO	53121670E	GFM	drive CLASSIC	SLH2383Y	SLH2383Y	14/07/2020	13/07/2021
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1097335

Policy No.	5110923222-01	Vehicle No.	SLH2383Y	GST Registration No.	
Certificate No.	5110923222-01-000004				
Policyholder Name	BENEFIT AUTO	Cover Type	drive CLASSIC	Policyholder NRIC	S3121670E
Product Code	FLEET MASTER INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	NA	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available

Accident Details

Report Date	20/07/2020 14:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	16/07/2020	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	YISHUN AVE 1				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	20/07/2020 14:18:00 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	2 SIMS CLOSE	Address 2	#01-08 GEMINI @ SIMS	Address 3	SINGAPORE 387298
Address 4		Address Type	Singapore address	Post Code	387298
Unit No.		Related Policy Number	5110923517-01		

OT Driver Info

Driver Name	Unnamed driver Name	Driver Type		Driver DOB	
Register Date of Driver License		Driver NRIC		Driving Experience	
Contact No. (Mobile)		Driver Age		Contact No. (Home)	
Address 1		Contact No. (Office)		Address 3	
Address 4		Address 2		Post Code	
Unit No.		Address Type	Foreign address		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	BENEFIT AUTO	Insured NRIC	S3121670E
Contact No. (Mobile)	94247885	Contact No. (Home)		Contact No. (Office)	84445913
Email Address	JOBNENEFITAUTO@GMAIL.COM	OT Vehicle Number	SLH2383Y	TP Vehicle Number	SME940BT
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLH2383Y / SME940BT ON 16 Jul 2020				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/08/2020 16:39	Claim Close Date		Date Received	12/08/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1097335 Claim No. 002

Last Doc. Received ☒ Yes ☐ No Upload Date 12/08/2020 16:40

Path *	Browse...	Clear	Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	<input type="checkbox"/>	Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/>	Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/>	Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/>	Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/>	Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/>	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?
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☐ Send Message

						(CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Aug 2020 16:40	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Aug 2020 16:40	SAS		Normal	SAS 2020-8-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Aug 2020 16:40	Photos		Normal	Photos 2020-8-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Aug 2020 16:40	Photos		Normal	Photos 2020-8-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Aug 2020 16:40	Photos		Normal	Photos 2020-8-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Aug 2020 16:40	Photos		Normal	Photos 2020-8-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Aug 2020 16:40	Photos		Normal	Photos 2020-8-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Aug 2020 16:39	Photos		Normal	Photos 2020-8-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Aug 2020 16:39	Photos		Normal	Photos 2020-8-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Aug 2020 16:39	Photos		Normal	Photos 2020-8-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Aug 2020 16:39	Photos		Normal	Photos 2020-8-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 12 Aug 2020 16:39	Photos		Normal	Photos 2020-8-12	
 Video List						
Uploaded By/Date	Folder Date	File Name		Source		Action
		Display in New Window		Scan and uploading		