

NATIONAL Assessment Centre Services.

Ref: JSA021

19 MAY 2020 11:17

Date In: 11/05/2020 11:17	Job description	Date & Time Completed	Done by
Ref No: N/A/INC 900/236/14	SAS e-filing		
Veh No: S45 8422L	E-mail (Update Status, A/C Status)		
D.O.A: 10/05/2020 18:25	I-Motor Claims Form	11/05/2020 16:17	
OID (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/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tels	Fax
TP Particulars: Vch No: W88077	INC () / Non-INC ()	
Owner / Driver: (Tel: ()	
Policy No: ()	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 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of reporter.

() 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 > \$9000] ()

Injury: ()

Damage: ()

Other: ()

Driver/Owner:	1) All: Accident Reporting (\$300)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$1000)	\$40/\$45
Damage Portion:	3) TP: Towing Fee	\$120
QC Checked by (Bug-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + EMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	\$3
	*NSt: Courtesy Car / Tpt Allowance	\$10
	*NSt: Repairs Coordination	\$25
	*NSt: Post Repair Inspection	\$5
	*NSt: DV / Collect Excess Coordination	\$30
	TE (NLI) / TP (NLI) / INC (NLI) / NLI (NLI)	\$0
	9) NLI: Idea Mobile	
	Invoice dated	
	Invoice dated	

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	11/11/2020 11:47
Date Of Accident	10/11/2020 18:25
Exact Location Of Accident	BLK 28 HOY FATT ROAD DRIVEWAY (CARPARK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBJ8422L
Insured/Policyholder	
Name Of Registered Owner	TAN PIN EDDIE
NRIC No	SXXXX419F
Email Address	OPSWO22@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90088867
Alternative Phone No	OTHERS-90088867

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5045032769-09
Cover Note Number	

Driver

Name of Driver	TAN PIN EDDIE
NRIC No	SXXXX419F
Date Of Birth	03/10/1966
Occupation	INDOOR
Date Of Driving Pass	28/03/1992
Driving Experience	28 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90088867
Fax Number	
Contact Number	OTHERS-90088867

Address	BLK 36 JALAN RUMAH TINGGI #19-447
Postcode	150036
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	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	YW8309T
Vehicle Make/Model/Colour	MITSUBISHI FUSO
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LAKSHMANAN LOGANATHAN
NRIC/Passport Number	GXXXX707G
Contact Number	91012393
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
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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.

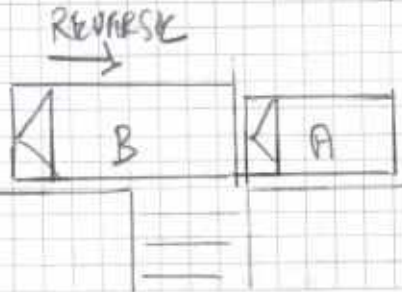

111120 1128
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)


11/11/2020
Reporting Centre Personnel's Signature
Name:

SKETCH PLAN

Hoy Fatt Road DRIVE WAY



A) SBJ 8422L

B) YW 8309T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT BLK 28

My vehicle was park stationary at the car park at
BLK 28 HOY FATT RD while the vehicle YW8309T reverse
and knock into the front of my car.

DECLARATION

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

11/11/20 1128

11/11/2020
Pasha Mohamed

ACCIDENT STATEMENT

ACCIDENT DATE: (10/11/2020) (DD/MM/YYYY), TIME: (18:25) (HH:MM)

LOCATION: 28 HOY FATT RD CAR PARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SBI 8422 L
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 51
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: M2R / 2200
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: CAR WAS PARK
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: TAN PIN SODIE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1745419F CONTACT: 90088867
c) ADDRESS: BIK 36 JLN RUMAH TINGGI #19-449
SIPOR 150036

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* d) DATE OF BIRTH: (03/10/1966) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 1992

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: YW8309T MODEL: MITSUBISHI FUSO
b) DRIVER'S NAME: LAKSHMANAN LOGANATHAN
c) NRIC/FIN/PASSPORT: G3072707G CONTACT: 91012393

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 = opsw022@yahoo.com.sg
VIDEO

Claim Handling

Accident MT/1109812

Policy No.	5045032769-09	Vehicle No.	SBJ8422L	GST Registration No.
Certificate No.				
Policyholder Name	TAN PIN EDDIE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	90088867	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	11/11/2020 16:11	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/11/2020	Time of Accident hh:mm	18:25	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 28 HOY FATT ROAD DRIVEWAY (CARPARK)			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YLED OD Excess	0.00	YLED TP Excess	0.00	Driver Is Covered?
Additional Excess	0			
Total OD Excess Applicable	0.00	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 36 #19-447	Address 2	JALAN RUMAH TINGGI	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5045032769-09	

▼ OI Driver Info

Driver Name	TAN PIN EDDIE	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1745419F	Driver DOB
Register Date of Driver License	28/03/1992	Driver Age	54	Driving Experience
Contact No.(Mobile)	90088867	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 36 #19-447	Address 2	JALAN RUMAH TINGGI	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SBJ8422L	Driver Insurer Comp.

Declaration

Breathalyser 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

New

Claim Type *	DD-MX	Insured Name	TAN PIN
Contact No.(Mobile)	90088867	Contact No. (Home)	NIL
Email Address	opsw022@yahoo.com.sg	O1 Vehicle Number	SBJ8422L
Claim Description	SBJ8422L / YW8309T ON 10 Nov 2020		
Preferred Workshop		Insured Liability	Not at Fault
Source No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
		11/11/2020 16:14	Claim Close Date

Report Taken By

ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Accident No. MT/1109812 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 11/11/2020 16:17

Path *

Choose File No file chosen

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Message Read

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Category *

Confidential

Please Select NO

Please Select NO

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 11 Nov 2020 16:17	Photos	Normal	Photos 2C
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 11 Nov 2020 16:17	Photos	Normal	Photos 2C
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 11 Nov 2020 16:17	Photos	Normal	Photos 2C
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 11 Nov 2020 16:17	Photos	Normal	Photos 2C
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 11 Nov 2020 16:14	Photos	Normal	Photos 2f
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 11 Nov 2020 16:14	NRIC/ Driving License	Y	NRIC/ Driving Lic
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 11 Nov 2020 16:14	SAS	Normal	SAS 20f

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

10/11/2020 11:33

Vehicle No.(For Motor)

SB18422L

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5045032769-09		TAN PIN EDDIE	S1745419F	GPC	Third Party	SB18422L	SB18422L	01/02/2020	31/01/2021