

# NATIONAL Assessment Centre Services

Date In: 11/11/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20012363/13	SAS e-filing		
Veh No. SMA1486R	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 10/11/20 0915	I-Motor Claim Form	11/11 MT/1109767-001	
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: EN30009	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	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

Customer's Particulars:	NA2005768	
	Driver/Owner:	
	Contact No:	
	Damaged Portion:	
	QC Checked by (Engr-In-Charge):	
	Auditors' Comments:	
	Cal. 1:	
	Cal. 2 / 3:	

Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Int Bill	Add Bill	
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) NI: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
OD:		
*N5: Courtesy Car / Tp Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (N11): TP (N'in INC) against INC \$20		
9) N12: Idao Mobile 30		
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	11/11/2020 11:43
Date Of Accident	10/11/2020 09:15
Exact Location Of Accident	KPE TWDS ECP B4 TAMPINES ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA1486R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM YENG CHYE
NRIC No	SXXXX455A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81470556
Alternative Phone No	OTHERS-81470556

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104517174-01
Cover Note Number	

### Driver

Name of Driver	LIM YENG CHYE
NRIC No	SXXXX455A
Date Of Birth	11/02/1960
Occupation	OUTDOOR
Date Of Driving Pass	06/03/1985
Driving Experience	35 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81470556
Fax Number	
Contact Number	OTHERS-81470556
Email Address	NOEMAIL

Address	BLK 682C EDGEDALE PLAINS #13-723
Postcode	823682
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : ADELINE 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

PLS REFER TO THE ATTACHED 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	EN3000Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU HOCK CHUAN
NRIC/Passport Number	SXXXX320A
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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- 3) Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material fact 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 as 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 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) in this accident shall be collectively referred to as the "**Insurers**"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
    - ii. For complying with the requirements under any regulations, law or court orders.



Policyholder's Signature  
Date & Time:



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



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

Veh A : SMA1486R

Veh B : EN 3000 Y

SKETCH PLAN



On 10 November 2020 at 9.15am I was driving SMA1486R on KPE towards ECP before Tampines Road exit. I was driving straight on the second lane. There was an accident up ahead on lane 1. Suddenly, Veh B (EN3000Y) cut into my lane from lane 1 and hit into the front right portion of my car.

**DECLARATION**

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

Policyholder's Signature  
Date & Time:

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

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



### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 10 / 11 / 20 (dd/mm/yy) Time of Accident: 09 : 15 (24-HR-FORMAT)  
Vehicle No.: SMA 1486 R Vehicle Make & Model: Honda Jazz  
Exact location of Accident: KPE towards ECP before Tampines Rd  
Policyholder's Name/ IC No.: Lim Yeng Chye (S1445455A)  
Driver's Name/ IC No.: \_\_\_\_\_ (As Above) ☒  
Driver's Contact No.: 8147 0556 Company Contact No.: \_\_\_\_\_  
Driver's Address: Blk 682C Edgedale Plains #13-723 S(823682)  
Insurance Company: NTUC Email address (if any): sales @ garage13.com.sg

#### Relationship between Owner & Driver:

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parent / or Others specify: \_\_\_\_\_

#### What do you wish to claim? (Please TICK ONE only)

☐ Own Insurance/ ☒ Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose)

#### Exact purpose for which the vehicle was being used at time of accident?

☐ Private use/ ☒ Work purpose

Occupation (nature of job): ☐ Indoor/ ☒ Outdoor

No. of Passengers (Including Driver): 2

Passenger Name: Adeline

Gender: F (90525676)

Passenger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

#### Weather Condition & Road Conditions? (On the day of accident)

☒ Clear & Dry/ ☐ Raining & Wet/ ☐ After-Rain & Wet/ ☐ Drizzling & Wet/ Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes/ ☒ No

Any Injuries: ☐ Yes/ ☐ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person's in which vehicle: \_\_\_\_\_

Police Report filed: ☐ Yes/ ☐ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name/ IC No.: Law Hock Chuan (S8909320A) Vehicle No. EN 3000Y  
Driver's Contact No.: 9139 9206 Insurance Company (If any): \_\_\_\_\_
2. Driver's Name/ IC No.: \_\_\_\_\_ Vehicle No. \_\_\_\_\_  
Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No.: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

10/11/20  
waiting for PDVL

## THE SCHEDULE

### Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).  
The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.  
We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5104517174-01
The Policyholder	: LIM YENG CHYE BLK 682C #13-723 EDGEDALE PLAINS WATERWAY VIEW SINGAPORE 823682

Period of Insurance	: 30 Nov 2019 To 29 Nov 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,599.97

#### Interest Insured

Cover Type	: drive PREMIUM	Capacity	: 1300cc
Primary Driver	: LIM YENG CHYE	Registration Year	: 2018
Named Driver (1)	: N/A	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: HONDA/JAZZ	NCD Entitlement	: 50%
Registration Number	: SMA1486R	NCD Protection	: Yes(Free)
Chassis Number	: JHMGK3850JX220947	Loyalty Discount	: 5%
Repair at Owner's Preferred Workshop	: Yes		
Excess (Section 1)	: S\$2,000		
Excess (Section 2)	: S\$1,500		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: MAYBANK SINGAPORE LIMITED		

#### Optional Cover

Transport Allowance	: No
Excess Waiver	: No

**Memo A** : 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.  
2) Section 1 clause 8 on Unnamed driver excess will not apply.

Vehicle Make/Model: HONDA / JAZZ 1.3 CVT  
Engine Capacity: 1318 cc

**Endorsement Operative** : M4, M7

Agency	: TELESALLES-DIRECT MARKETING (00000601661)
Date of Issue	: 17 Oct 2019 23:32 hrs

**DUTY OF DISCLOSURE**



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="10/11/2020 09:15"/>							
Vehicle No.(For Motor)	<input type="text" value="SMA1486R"/>	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"/>	5104517174-01		LIM YENG CHYE	S1445455A	GPC	drivo PREMIUM	SMA1486R	SMA1486R	30/11/2019	29/11/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1109767

Policy No.	5104517174-01	Vehicle No.	SMA1486R	GST Registration No.	
Certificate No.					
Policyholder Name	LIM YENG CHYE			Policyholder NRIC	S1445455A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	81470556	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes

Accident Details

Report Date	11/11/2020 12:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change
Date of Accident	10/11/2020	Time of Accident hh:mm	09:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE TWDS ECP B4 TAMPINES ROAD				

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	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	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			

Policyholder Mailing Address

Address 1	BLK 682C #13-723	Address 2	EDGEDALE PLAINS	Address 3	WATERWAY VIEW
Address 4	SINGAPORE 823682	Address Type	Singapore address	Post Code	823682
Unit No.		Related Policy Number	S104517174-02		

DI Driver Info

Driver Name	LIM YENG CHYE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1445455A	Driver DOB	11/02/1960
Register Date of Driver License	01/01/2000	Driver Age	60	Driving Experience	20
Contact No.(Mobile)	81470556	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 682C	Address 2	EDGEDALE PLAINS	Address 3	WATERWAY VIEW
Address 4	SINGAPORE 823682	Address Type	Singapore address	Post Code	823682
Unit No.	#13-723				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	LIM YENG CHYE	Insured NRIC			
Contact No.(Mobile)	81470556	Contact No. (Home)	65837297	Contact No. (Office)			
Email Address	normanlimyengchye@gmail.com	Vehicle Number	SMA1486R	TP			
Claim Description	SMA1486R / EN3000Y ON 10 Nov 2020				Name of Preferred Workshop		
Preferred Workshop		Insured Liability	Not at Fault				
Repair No.	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered				Claim Close Date	11/11/2020 12:28	Date Received	
Report Taken By				Workshop Repairer	ROSLINDA	Total Lost but Repaired	
<input type="checkbox"/> Print AK letter							
<div>Save Submit</div>							

Attachment

Accident No.	MT/1109767	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

11/11/2020 00:00

Path \*

Choose File No file chosen

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Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Category *	Confidential	Urgency *
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 12:26	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 12:26	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 12:26	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 12:26	SAS		Normal	SAS 2020-11-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 12:26	Photos		Normal	Photos 2020-11-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 12:26	Photos		Normal	Photos 2020-11-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 12:26	Photos		Normal	Photos 2020-11-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 12:25	Photos		Normal	Photos 2020-11-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 12:25	Photos		Normal	Photos 2020-11-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 12:25	Photos		Normal	Photos 2020-11-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 12:25	Photos		Normal	Photos 2020-11-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 12:25	Photos		Normal	Photos 2020-11-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 12:25	Photos		Normal	Photos 2020-11-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Nov 2020 12:25	Photos		Normal	Photos 2020-11-11

## Video List

Uploaded By/Date	Folder Date	File Name		Source
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Scan and uploading