

# NATIONAL Assessment Centre Services.

(part 1 Jan'00)

NA 200103210

Date In: 20/11/2020 15:47	Job description	Date & Time Completed	Done by
Ref No: 488/INC200/28027	SAS e-filing		
Veh No: SCP 878K	E-mail (Update sheet, AIC sheet)		
D.O.A: 20/11/2020 15:00	1-Motor Claim Form	21/11/2020 16:07	
<input checked="" type="checkbox"/> Reporting Only	1-Motor W/O (With/Out OD sheet, TP sheet)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wreck / INC Assign Wreck / QW: ( MOVA Automotive Tel: 62728892 Fax: )

TP Particulars: Vch No: PC 81324 INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( )

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 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: ( )

Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	

NA 200103210

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

NA 200103210

Ref: 1

2/3

1) AIT Accident Reporting (\$30)	INC (\$10)
2) DA: Damage Assessment (\$100)	\$40/\$45
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$30
For claim assistance (NO Only, over 10 Jan 2001)	\$75
6) TR: Re-inspection	\$140
7) NI: Idea DA + SMRT Survey	
8) NTUC Additional Services:	
ON:	
* NI: Courtesy Car / Tpl Allowance	\$3
* NI: Repair Coordination	\$10
* NI: Post Repair Inspection	\$25
* NI: DV / Collect Excess Coordination	\$3
TP (NI) / TP (Non INC) against INC	\$10
9) NI: Idea Mobile	
Invoice dated	
Invoice dated	

Fee Charged  
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	20/11/2020 15:47
Date Of Accident	20/11/2020 15:00
Exact Location Of Accident	ALONG JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP8778K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KIM WHYE YAN (JIN HUAIYUAN)
NRIC No	SXXXX585D
Email Address	TEDKIM8778@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97892869
Alternative Phone No	OTHERS-97892869

### Vehicle Particulars

Manufacturer	BMW
Model	750LI
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?	YES
If No, Please state action to be taken	

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116156323
Cover Note Number	

### Driver

Name of Driver	KIM WHYE YAN (JIN HUAIYUAN)
NRIC No	SXXXX585D
Date Of Birth	01/11/1972
Occupation	INDOOR
Date Of Driving Pass	17/10/1991
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97892869
Fax Number	
Contact Number	OTHERS-97892869

Address	23 TERRASSE LANE #01-15 TERRASSE
Postcode	544775
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	SIDE SWIPE
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 (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	PC8132U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JULIA BINTE ASLI
NRIC/Passport Number	SXXXX744A
Contact Number	90272674
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.
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. 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;

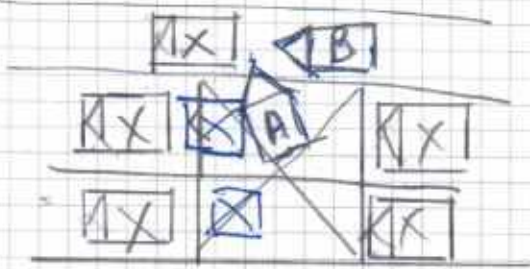
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:

# SKETCH PLAN

Along Jalan Bukit Merah



A) SLP 8778K

B) PC 81324

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/11/2020 I was waiting in yellow box. My vehicle is inside the yellow box outside Jalan Bukit Merah Road hence I have to position my vehicle to avoid other vehicle that stop inside the yellow box. Upon the traffic light turn green, vehicle PC 81324 move forward before I can move off and knock my front right.

## DECLARATION

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

John 20/11/2020 1530 hrs.

Reddy 20/11/2020

# ACCIDENT STATEMENT

ACCIDENT DATE: 20/11/2020 (DD/MM/YYYY), TIME: 15:00 (HH:MM)

LOCATION: Jalan Bulat Merah

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLP8778K  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Bmw 750Li  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE  
 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: KIM WYHE YAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S72401810 CONTACT: 97892869  
 c) ADDRESS: 23 Terengganu Lane #01-15  
SC544775

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: KIM WYHE YAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S72401810 CONTACT: 97892869  
 c) ADDRESS: 23 Terengganu Lane #01-15  
SC544775

\* d) DATE OF BIRTH: 01/11/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17/01/1991

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

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: PC 81324 MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: JULIA BINTE AULI  
 c) NRIC/FIN/PASSPORT: S1448744A CONTACT: 90272674

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email: ted kim 8778@gmail.com

VIDEO

## Claim Handling

Accident MT/1110842

Policy No.	5116156323	Vehicle No.	SLP6778K	GST Registrati
Certificate No.				
Policyholder Name	KIM WHYE YAN (JIN HUATYUAN)			Policyholder Ni
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	98792869	Contact No.(Office)		Contact No.(H
Email Address	tedkim8778@gmail.com	Special Remark		eCode
KPK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

## ▼ Accident Details

Report Date	20/11/2020 16:02	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	20/11/2020	Time of Accident hh:mm	15:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG JALAN BUKIT MERAH			

## ▼ Total Excess Applicable

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	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	23 TERRASSE LANE	Address 2	#01-15 TERRASSE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5119180974	

## ▼ O1 Driver Info

Driver Name	KIM WHYE YAN (JIN HUATYUAN)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	57240585D	Driver DOB
Register Date of Driver License	17/10/1991	Driver Age	48	Driving Experi
Contact No.(Mobile)	98792869	Contact No.(Office)		Contact No.(H
Address 1	23 TERRASSE LANE	Address 2	#01-15 TERRASSE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SLP6778K	Driver Insurer

## Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	KIT
Contact No.(Mobile)	97892869	Contact No. (Home)	65
Email Address	tedkim@csme.com.sg	OT Vehicle Number	SL
Claim Description	SLP6778K / PC8132U ON 20 Nov 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			20/11/2020 16:05
			ROSLI WANAB

☐ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1110842	Claim No.	091
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/11/2020 16:07

[illegible][illegible]

## Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 20 Nov 2020 16:07	Photos		Normal	Phi
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 20 Nov 2020 16:07	Photos		Normal	Phi
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 20 Nov 2020 16:06	Photos		Normal	Phi
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 20 Nov 2020 16:06	Photos		Normal	Phi
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 20 Nov 2020 16:06	Photos		Normal	Phi
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 20 Nov 2020 16:06	Photos		Normal	Phi
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 20 Nov 2020 16:05	Photos		Normal	Phi
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 20 Nov 2020 16:06	Photos		Normal	Phi
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 20 Nov 2020 16:05	Photos		Normal	Phi
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 20 Nov 2020 16:05	Photos		Normal	Phi
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 20 Nov 2020 16:05	Photos		Normal	Phi
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 20 Nov 2020 16:05	Photos		Normal	Phi
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 20 Nov 2020 16:05	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 20 Nov 2020 16:05	SAS		Normal	Sr

 **Video List**

Uploaded By/Date	Folder Date	File Name	
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☐ 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.	<input type="text"/>	Date of Accident	<input type="text" value="20/11/2020 15:46"/>
Vehicle No. (For Motor)	<input type="text" value="SLP877BK"/>	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"/>	5116156323		KIM WHYE YAN (JIN HUAIYUAN)	57240585D	GPC	drive PREMIUM	SLP877BK	SLP877BK	14/02/2020	03/03/2021

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: MA420103210 Vehicle Registration No: SLP 8778 K

Name (as shown in NRIC): Kim Hye Yan NRIC/FIN/Passport No: S72405850

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 97892869

Email Address: \_\_\_\_\_

Date of Accident: 20/11/2020 Time of Accident: 1500 hrs

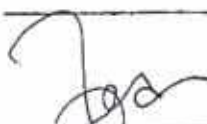
Place of Accident: Jalan Bukit Merah


Insurance Company: NTUC Income

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to claim own damaged &  
recovery uninsured losses against  
3rd party.

  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date: 25/11/2020

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