NATIONAL Assessment Centre Services. [wef 1 Jan'05] JN09 2005 0007

	Job description	Date & Time Completed	Done by
Date In: 5/12/22-17:35	SAS e-filing		
Ref No: MA/11C2201341 9/24	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SLY46W	i-Motor Claim Form	MA/11/2528-09	5/12/22 17:39
D.O.A : 5/12/22 14:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: SVF8239C 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

MA2006893

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) Int Bill	Amt ($) Add Bill
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		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
*N5: 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: Idac Mobile	30		
Invoice dated	*Fee Charged*		[redacted]
Invoice dated	*Fee Charged*	[redacted]	

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 witholding 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 Submission	05/12/2020 17:35 (SGT)
Date of Accident	05/12/2020 14:00 (SGT)
Exact Location of Accident	Upper Paya Lebar Rd, Singapore
Additional Location Information	TWDS BARTLEY RD EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU462Y

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN SEE MUN
NRIC No	SXXXX588D
Email Address	levonnechan@outlook.com
Mobile Phone No	(Phone) +65-81020154
Alternative Phone No	+--

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118406933
Cover Note Number	-

DRIVER

Name of Driver	CHAN SEE MUN
NRIC No	SXXXX588D
Date Of Birth	03/06/1993
Occupation	Indoor

Date Of Driving Pass	06/09/2012
Driving experience	8 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81020154
Alt. Phone Number	+--
Email Address	levonnechan@outlook.com
Address	164 LENTOR LOOP
Address complement	#04-04
Postcode	789096
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SLF8239C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage ..... -
Details of property damaged in accident ..... -
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 **completely 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 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

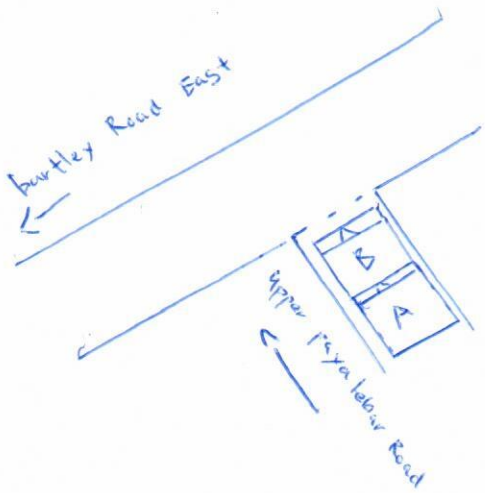
   c) my Personal Information may/ can be disclosed by any of the insurers and/ or GIA to their third party service providers or agents (including their lawyer/ law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

   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:

SKETCH PLAN



Veh A : SLU452Y
Veh B : SLF8239C

On the stated time & Date, I was traveling on upper paya lebar Road turning towards bartley Road east. Suddenly when I was about to exit into the main road a vehicle infront jam brake hence I cant stop in time and colided onto the front vehicle. we move infront and exchange particular and left the scence shortly.

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:

Date of Accident : 5/12/2020 Accident Time: 1359 (24-HR-Format)

Accident Place : upper paya lebar Road turning towards bartley Road east

Vehicle. No. (Car Plate No.) : SLU452#Y. Make/Model: Mazda 3

Insurace Company : NTUC Policy No:

Owner or Company Name /IC No. : Chan See Mun S9319588D

Owner or Company Contact No. : 8102 0154 Owner's Hp Company Tel

DRIVER'S Name / IC No. : ^^

DRIVER'S Date Of Birth : 03/06/1993 DRIVER'S License Pass Date 06/09/2012

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: owner

DRIVER'S Address : 164 Lentor loop #04-04

DRIVER'S Contact No./ Alt No. :1) 2)

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : levonnechan@outlook.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): No.

Other Party Driver's Particular (if any)

Vehicle. No: SLF8239C

Vehicle Make\Model:

Name Driver:

IC No. Driver/Contact:

Vehicle. No:

Vehicle Make\Model:

Name Driver:

IC No. Driver/Contact:

*** NEW - Passenger's name & gender:**

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident 05/12/2020 14:00

Vehicle No.(For Motor) SLU462Y

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
O	5118406933		CHAN SEE MUN	S9319588D	GPC	drivo CLASSIC	SLU462Y	SLU462Y	31/07/2020	30/07/2021

Continue

Policy Information

Policy No.	5118406933	Policyholder Name	CHAN SEE MUN	Policyholder NRIC	S9319588D
Certificate No.					
Address	31 KAKI BUKIT ROAD 3 TECHLINK SINGAPORE 417818				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	30/07/2020	Effective Date	31/07/2020 00:00	Expiry Date	30/07/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	164 LENTOR LOOP	Address 2	#04-04 BULLION PARK	Address 3	SINGAPORE 789096
Address 4		Address Type	Singapore address	Post Code	789096
Unit No.	04-04	Related Policy Number	5118406933		

Insured Object: SLU462Y

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1112528

Policy No.	5118406933	Vehicle No.	SLU462Y	GST Registration No.	
Certificate No.				Policyholder NRIC	S9319588D
Policyholder Name	CHAN SEE MUN			Loading	0
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Contact No.(Home)	0
Contact No.(Mobile)	81020154	Contact No.(Office)	0	eCode	NO
Email Address		Special Remark		eCode Reason	
KFK	◉ No ◯ Yes	TCA	◉ No ◯ Yes	Private Hire	No
NCD Protection	No	NCD Entitlement(%)	0		

Accident Details

Report Date	05/12/2020 17:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	05/12/2020	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Upper Paya Lebar Rd				

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 Covered?	Covered
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	164 LENTOR LOOP	Address 2	#04-04 BULLION PARK	Address 3	SINGAPORE 789096
Address 4		Address Type	Singapore address	Post Code	789096
Unit No.	04-04	Related Policy Number	5118406933		

OI Driver Info

Driver Name	CHAN SEE MUN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9319588D	Driver DOB	03/06/1993
Register Date of Driver License	06/09/2012	Driver Age	27	Driving Experience	8
Contact No.(Mobile)	81020154	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	164 LENTOR LOOP	Address 2	BULLION PARK	Address 3	SINGAPORE 789096
Address 4		Address Type	Singapore address	Post Code	789096
Unit No.	04-04				
Does he own a Singapore Registered car?	◯ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	◯ Yes ◉ No
Modification History			

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CHAN SEE MUN	Insured NRIC	S9319588D
Contact No.(Mobile)	91161396	Contact No.(Home)		Contact No.(Office)	
Email Address	INSURANCE@DICKSONINSURA	OI Vehicle Number	SLU462Y	TP Vehicle Number	SLF8239C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SLU462Y / SLF8239C ON 5 Dec 2020			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	05/12/2020 17:39	Claim Close Date		Date Received	05/12/2020 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1112528	Claim No.	001
Last Doc. Received	◉ Yes ◯ No	Upload Date	05/12/2020 17:41

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

Message Read

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2020 17:41	SAS		Normal	SAS 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2020 17:41	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2020 17:40	SAS		Normal	SAS 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2020 17:40	Photos		Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2020 17:40	Photos		Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2020 17:40	Photos		Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2020 17:39	Photos		Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2020 17:39	Photos		Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2020 17:39	Photos		Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2020 17:39	Photos		Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2020 17:39	Photos		Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2020 17:39	Photos		Normal	Photos 2020-12-5	

Video List

Uploaded By/Date	Folder Date	File Name		Source	Actior

Display in New Window Scan and uploading