

NATIONAL Assessment Centre Services. [ver 1 Jan'05] SM 0920CB 0007

Date Inc: 11/12/20 15:42	Job description	Date & Time Completed	Done by
Ref No: NA/INC 20013730/44	SAS e-filing		
Veh No: SLU 5511 G	E-mail (within 3hrs, AIC 2hrs)		
ICIA: 10/12/20 11:55	I-Motor Claim Form	MT/111 3287 ⁰⁰¹	11/12/20 17:57
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: 4	Fax:)
TP Particulars:	Veh No: SBS 3284 B D	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%; P: 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 repolar.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 20013730/44)	Date Claim 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	Action

NA2100299		Invoice Preparation Checklist		Amount (\$)	Added bill
Customer Particulars:	1) AR: Accident Reporting (\$30);			30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)				
Contact No:	3) TP: Towing Fee \$40/\$45				
Damaged Portion:	4) FT: Follow-Through Survey \$120				
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30				
Auditors Comments:	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:-				
	ON:				
	*N5: Courtesy Car / Tpt Allowance \$5				
	*N6: Repair Co-ordination \$10				
	*N7: Post Repair Inspection \$25				
	*N8: DV / Collect Excess Coordination \$5				
	TE (N11): TP (Non INC) against INC \$20				
	9) N12: Idao Mobile \$0				
	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 Submission	11/12/2020 15:42 (SGT)
Date of Accident	10/12/2020 11:55 (SGT)
Exact Location of Accident	Bishan Rd, Singapore
Additional Location Information	BEFORE BISHAN ST 11
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU5511G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	QUEK HUI LIANG
NRIC No	SXXXX659H
Email Address	QUEKHUILIANG@YAHOO.COM
Mobile Phone No	(Phone) +65-96645407
Alternative Phone No	+65-96645407

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5096167980-03
Cover Note Number	-

DRIVER

Name of Driver	LIM CHOON HONG
NRIC No	SXXXX145C
Date Of Birth	21/12/1964
Occupation	Indoor

Date Of Driving Pass	17/06/1996
Driving experience	24 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91723376
Alt. Phone Number	-
Email Address	QUEKHUIIANG@YAHOO.COM
Address	BLK 601 BEDOK RESERVOIR RD #05-504
Address complement	-
Postcode	470601
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
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	SBS3284D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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


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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:

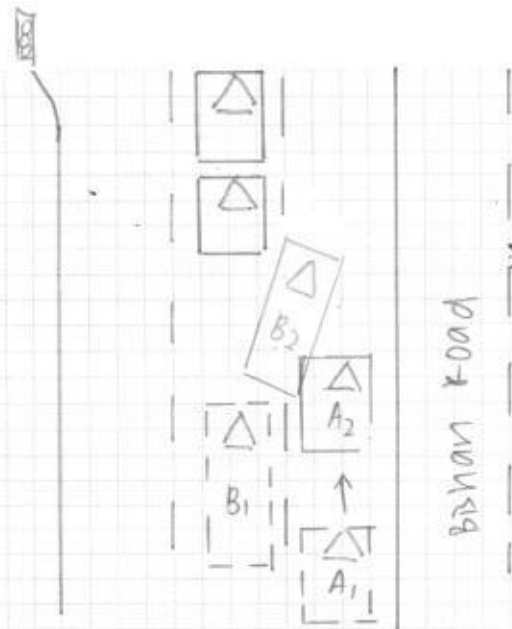
 10/12/20
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

Vehicle A: SLU5511G

Vehicle B: SBS3284D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', SLU5511G, was travelling straight along the stated venue. I was travelling on the right lane when vehicle 'B', SBS3284D, altered onto my lane and collided onto my vehicle's front left portion.

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature] 10/12/20
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

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="10/12/2020 15:33"/>
Vehicle No.(For Motor)	<input type="text" value="SLU5511G"/>	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"/>	5096167980-03		QUEK HUI LIANG	S1469659H	GPC	drivo CLASSIC	SLU5511G	SLU5511G	06/12/2020	05/12/2021

SINGAPORE ACCIDENT STATEMENTAccident DetailsDate of Accident: 10/12/2020Time of Accident: 11:56 (AM / PM)Location of Accident: Along Bishan Road, before BRhan St 11.Country/State of Loss: SG.Type of Accident: Side to SideWeather Condition: Clear / Raining / Not in List

If Not in List, please specify _____

Road Surface: Dry / Wet / Not in List

If Not in List, please specify _____

Are you claiming under your own insurance policy for repair to your vehicle? Yes / NoIf No, please state action to be taken Third Party / Reporting OnlyWas any foreign vehicle involved in accident? Yes / No

If yes, please state Vehicle No: _____

Type of Vehicle: _____

No. of vehicles Involved in the accident (include own vehicle) 03Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / NoWas the accident reported to the police? Yes / No

If yes, police station name: _____

Was notice of Prosecution given? Yes / No

If yes, against whom? _____

Driver's Information

Is the driver the policy holder? Yes / No

Name of Driver: Lim Choon Hong

Gender: Male / Female

ID Type: NRIC / Passport or FIN / Work Permit

Driver's ID: S1669145C

Date of Birth: 21/12/1964

Driving Pass Date: _____

Mobile No: 9172 3376

Email: _____

Address 1: BLK 601 Bedok Reservoir Rd

Address 2: #05-504

Postal Code: S(470601)

Occupation: Indoor / Outdoor

Driver Owner Relationship Spouse

Does Driver own other vehicles? Yes / No

If yes, please provide Vehicle Registration No: _____

Handling Insurer: _____

TP Vehicle or Property

Was there any other vehicle or property damaged? Yes / No

If yes, please provide:

(i) Vehicle Registration No: SBS 3284D

(ii) Vehicle Category: _____

(iii) No. of passengers (including driver) UNKNOWN