

NATIONAL Assessment Centre Services.

Jan 1 Jan 2003

Date In: 18/12/2020 12:54	Job description	Date & Time Completed	Done by
Ref No: X138/FALL 2001/3829/Y	SAS e-illing		
Veh No: PC 45708	E-mail (Vehicle Ins, AIG Ins)		
D.O.A: 14/12/2020 16:08	I-Motor Claims Form	MT/11/3689001	15/12/2020
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		13:06
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksz		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars: Vch No: SV-2089-Y	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 ()	

() 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: _____

Client No: 1182006163	1) AIT: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/243	
Damaged Portion:	4) PF: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey) \$30	
Author: _____	For claiming against INC Only (var 10 Jan 2003)	
Dat: 11/2/21	6) TR: Re-inspection \$73	
	7) NI: Idas DA + EMRT Survey \$160	
	4) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$23	
	*N8: DV / Collect Excess Coordination \$3	
	*N9: DV / Collect Excess Coordination \$20	
	TP (NI) / TP (Non INC) against ITC \$0	
	5) NI: Idas Mobile	
	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 willful 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	15/12/2020 12:54 (SGT)
Date of Accident	14/12/2020 16:09 (SGT)
Exact Location of Accident	Rodyk St, Singapore
Additional Location Information	MARTIN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4570P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	EE CHONG LEONG
NRIC No	SXXXX148G
Email Address	jimmyee74@gmail.com
Mobile Phone No	(Phone) +65-90059418
Alternative Phone No	+65-90059418

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5078859485-04
Cover Note Number	-

DRIVER

Name of Driver	EE CHONG LEONG
NRIC No	SXXXX148G

Date Of Driving Pass	14/09/1972
Driving experience	48 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90059418
Alt. Phone Number	+65-90059418
Email Address	jimmyee74@gmail.com
Address	BLK 1E CANTONMENT ROAD
Address complement	#10-53
Postcode	085501
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 - Major/Minor Rd
Weather Conditions	Raining
Road Surface	Wet

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)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
Gender	Female

PASSENGER 2

Name	STUDENT
Gender	Male

PASSENGER 3

Name	STUDENT
Gender	Male

PASSENGER 4

Name	STUDENT
Gender	Male

PASSENGER 5

Name	STUDENT
Gender	Male

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

ON 14/12/2020 AT ABOUT 16:09HRS I WAS AT RODYK STREET STOP AT THE JUNCTION OF MARTIN ROAD. I LOOK FOR THE ROAD WAS CLEAR AND START TO MOVE WHEN I WAS JUST INCHED OUT SUDDENLY A CAR SLV2649H WAS INFRONT OF ME AND I BRAKE BUT IT WAS TOO CLOSE MY BUS PC4570P HIT THE LEFT REAR NEAR THE TYRE OF THE SAID CAR THAT ALL.

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	SLV2649H
Vehicle Manufacturer	Toyota
Vehicle Model	C-hr
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ZHANG WEIQUAN
NRIC No	-1
Contact Number	(Phone) +65-94785897
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC
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.
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3. Information provided must be as **truthful and accurate as possible**. Any willful 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 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.
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**")

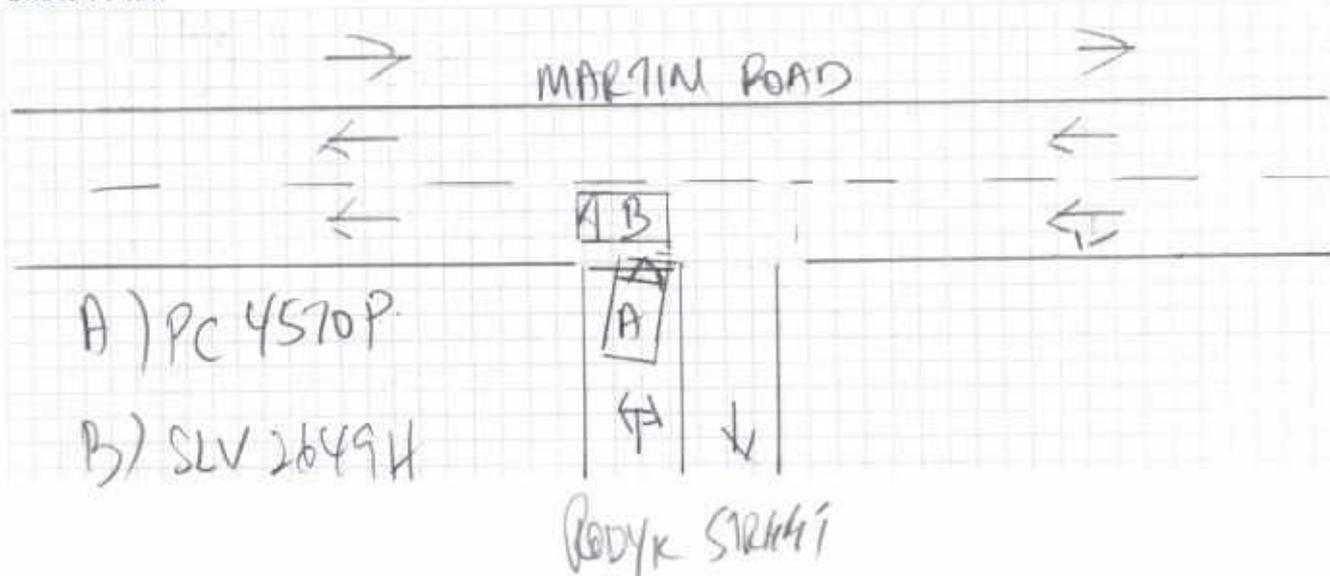
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO STATEMENT

Declaration

We declare the foregoing particulars are true in every respect.



 15/12/2020

Claim Handling

Accident MT/1113689

Policy No.	5078859485-04	Vehicle No.	PC457DP	GST Registration No.
Certificate No.				
Policyholder Name	EE CHONG LEONG	Cover Type	Comprehensive	Policyholder NRIC
Product Code	BUS INSURANCE	Contact No.(Office)		Loading
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason
NCD Protection	No			Private Hire

Accident Details

Report Date	15/12/2020 12:19	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/12/2020	Time of Accident hh:mm	00:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	UNKNOWN			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	500.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess		YIED TP Excess		Driver is Covered?
Additional Excess				
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 1E #10-53	Address 2	CANTONMENT ROAD	Address 3
Address 4	SINGAPORE 065501	Address Type	Singapore address	Post Code
Unit No.	10-53	Related Policy Number	5078859485-04	

OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Modification History

Claim 002 OD-MX **New**

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No. Finalisation

Date Registered

Report Taken By

Print AX letter

OD-MX	Insured Name	EE CHONG
96186356	Contact No. (Home)	NIL
	OI Vehicle Number	PC457DP
PC457DP / SLV2649H ON 14 Dec 2020		
	GIA report	Received
	Insured Liability	Fully at Fault
	Preferred Repair Option	Preferred Workshop, Name unknown
	Date Registered	15/12/2020 13:03
	Claim Close Date	
	Workshop Repairer	ROSLI WAHAB

Save Submit

Attachment

Accident No. MT/1113689 Claim No. 002
 Last Dec. Received Yes No Upload Date 15/12/2020 13:06

Path *	Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Remove Photo"/>	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 13:06	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 13:06	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 13:06	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 13:05	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 13:05	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 13:05	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 13:05	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 13:05	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 12:55	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 12:55	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 12:55	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 12:55	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 12:55	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Dec 2020 12:55	Photos	Normal	Photos :

Video List

Uploaded By/Date	Folder Date	File Name
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident:

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5078859485-04		EE CHONG LEONG	S2579148G	GBS	Comprehensive	PC4570P	PC4570P	30/03/2020	29/03/2021

Continue