

NATIONAL Assessment Centre Services.

Print & Fax 1000

82108200CM0001

Date In: 22/12/2020 10:38	Job description	Date & Time Completed	Done by
Ref No: NPA2100174	SAS e-filing		
Veh No: FBA 4713X	E-mail (to John, AIC, etc)		
D.O.A: 14/12/2020 15:30	I-Motor Claim Form	MT/11/8/35/007	22/12/2020
OID: TP: Reporting Only	I-Motor W/O (with Max OD 2hrs, TP 4hrs)		10:51
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: 2LV 5067.S	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 reporter.		
() 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: ()	
Damage: ()	
Other: ()	

NA2100174	1) ARI: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (over 10 Jan 2021)	\$75
	6) TR: Re-inspection	\$160
	7) NI: IDAS DA + SMRT Survey	
	8) NTUC Additional Services:	
	ON:	
	• NS: Courtesy Car / Tpl Allowance	\$3
	• NG: Repairs Co-ordination	\$10
	• NT: Post Repair Inspection	\$25
	• NO: DV / Collect Excess Co-ordination	\$3
	TE (NIU) / TP (Kua INC) against DVG	\$20
	9) NI: IDAS Mobile	\$30
	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 Submission	22/12/2020 10:38 (SGT)
Date of Accident	14/12/2020 15:30 (SGT)
Exact Location of Accident	Lor 4 Toa Payoh, Singapore
Additional Location Information	LORONG 1 TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA4713X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GAN YEW LAI
NRIC No	SXXXX205B
Email Address	ganyewlai88@hotmail.com
Mobile Phone No	(Phone) +65-94493508
Alternative Phone No	+65-94493508

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Anf 125
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	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5117365666
Cover Note Number	-

DRIVER

Name of Driver	GAN YEW LAI
NRIC No	SXXXX205B

Date Of Driving Pass	15/06/1988
Driving experience	32 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94493508
Alt. Phone Number	+65-94493508
Email Address	ganyewlai88@hotmail.com
Address	BLK 417 BUKIT BATOK WEST AVENUE 4
Address complement	#03-296
Postcode	650417
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	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)	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

PLEASE REFER TO SKETCH PLAN

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	SLV5067S
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97548441
Address	-
Address complement	-
Postcode	-

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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

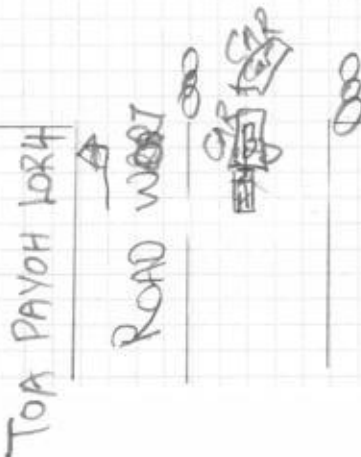
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

22/12/20 09:15AM

TOA PAYOH LOR 1



A) FBA 4713X

B) SLV 5067S

Describe Circumstances of the Accident

ON 14/12/2020 15:30 I WAS AT LOR 4 TRAVELLING TO TURN
TO LOR 1 TOA PAYOFF AT THE GREEN LIGHT JUNCTION ALL VEHICLES
MOVED OFF SUDDENLY A CAB SLU 50695 TOOK TOTAL BRAKE &
I COULD NOT BRAKE OUT TIME & HIT THE REAR OF THE CAR.

Declaration

We declare the foregoing particulars are true in every respect.



22/12/20
09:15 AM



22/12/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (14/12/2020) (DD/MM/YYYY), TIME: (15:30 PM) (HH:MM)

LOCATION: TOA PAYAH LOR 4

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBA 4713X
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5117365666
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA WAVE 125
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 15:30 PM
 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: Gan Yew Lai (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S681120513 CONTACT: 94493508
 c) ADDRESS: Blk 417, Bukit Batok West Ave 4 #03-296

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SIA Gan Yew Lai (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S681120513 CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (11/03/1968) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 15 JUN 1988

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIENHAI

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

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

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: SLV 5067S MODEL: TOYOTA
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT: 97548441

9. THIRD PARTY VEHICLE

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

Email = ~~xxxx~~ Gan Yew Lai 88 @ Hotmail . Com
 VIDEO

Claim Handling

Accident MT/1113835

Policy No.	5117365666	Vehicle No.	FBA4713X	GST Registration No.
Certificate No.				
Policyholder Name	GAN YEW LAI			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	16/12/2020 09:51	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/12/2020	Time of Accident hh:mm	15:35	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	Lrg. 5 Toa Payoh			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	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	BLK 417 #03-296	Address 2	BUKIT BATOK WEST AVENUE 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-296	Related Policy Number	5117365666	

▼ 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 Comp.

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	GAN YEW
Contact No.(Mobile)	91477783	Contact No. (Home)	66666666
Email Address		O1 Vehicle Number	FBA4713
Claim Description	FBA4713X / SLV5067S ON 14 Dec 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation	Yes	GIA report	Received
Date Registered		Claim Close Date	22/12/2020 10:34
Report Taken By			ROSLI WAHAB
<input type="checkbox"/> Print AK letter			

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1113835	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/12/2020 10:51
Path *		Category *	Confidential
Choose File No file chosen		Clear Please Select	NO
Choose File No file chosen		Clear Please Select	NO
Choose File No file chosen		Clear Please Select	NO
Choose File No file chosen		Clear Please Select	NO
Choose File No file chosen		Clear Please Select	NO
Choose File No file chosen		Clear Please Select	NO
Message Read		Clear Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Dec 2020 10:51	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Dec 2020 10:51	SAS	Normal	SAS 202
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Dec 2020 10:51	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Dec 2020 10:51	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Dec 2020 10:34	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Dec 2020 10:34	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Dec 2020 10:34	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Dec 2020 10:34	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Dec 2020 10:34	Photos	Normal	Photos 20

Video List

Uploaded By/Date	Folder Date	File Name	
		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="14/12/2020 10:14"/>							
Vehicle No.(For Motor)	<input type="text" value="FBA4713X"/>	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"/>	5117365666		GAN YEW LAI	S6811205B	GMC	Third Party	FBA4713X	FBA4713X	01/05/2020	30/04/2021
<input type="button" value="Continue"/>										