

NATIONAL Assessment Centre Services

Date In: 23/12/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20014409/13	SAS e-filing		
Veh No. 5KBS250X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 23/12/20 1030	I-Motor Claim Form	24/12 MT/1114904	-001
OD : (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (RYDER	Tel:	Fax:
TP Particulars:	Veh No: 23D1722A	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 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

NA2100503	Invoice Preparation Checklist	Amk (\$)	Amk (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int. Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) NT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2 / 3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	on:		
	*N5: Courtesy Car / Tp 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: 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	23/12/2020 19:31 (SGT)
Date of Accident	23/12/2020 10:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE TWDS AYE B4 BRADDELL EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB5250X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PAN WEIFANG
NRIC No	SXXXX374F
Email Address	pwf2006@gmail.com
Mobile Phone No	(Phone) +65-93884145
Alternative Phone No	+65-93884145

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X1
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	5119984641
Cover Note Number	-

DRIVER

Name of Driver	PAN WEIFANG
NRIC No	SXXXX374F
Date Of Birth	11/01/1972
Occupation	Indoor

Date Of Driving Pass	31/08/2012
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93884145
Alt. Phone Number	+65-93884145
Email Address	pwf2006@gmail.com
Address	BLK 803 WOODLANDS STREET 81
Address complement	#07-65
Postcode	730803
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

PLS REFER TO THE ATTACHED 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	FBD1782A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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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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.

7 
Policyholder's Signature

Date & Time:
23/12/20 16:57

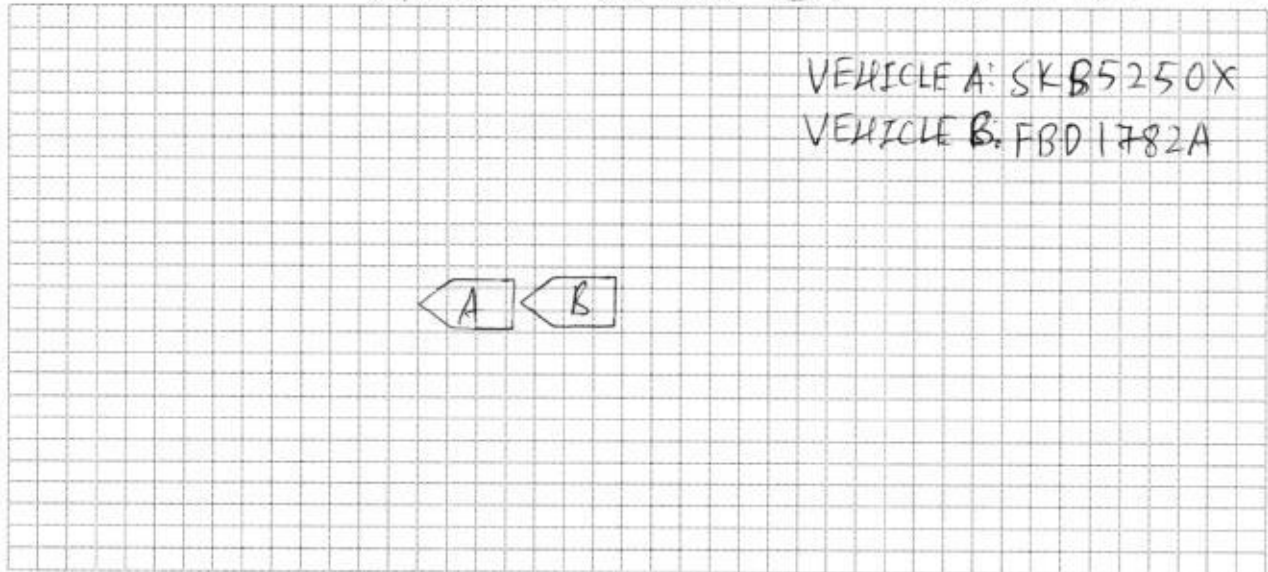
8 
Driver's Signature
(If driver is not the policyholder)

Date & Time:
23/12/20 16:57

 23/12/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN:

CTE LANE 1 TOWARDS ~~THE~~^{AYE} BEFORE BRADDELL EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STOPPED ALONG CTE LANE 1 TOWARDS AYE BEFORE BRADDELL EXIT.
MOMENTS LATER, VEHICLE B REAR-ENDED MY VEHICLE.

DECLARATION

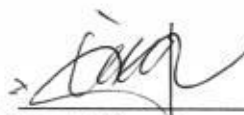
I/ We declare the foregoing particulars are true in every respect.

x 

Policyholder's Signature

Date & Time:

23/12/20 16:57

> 

Driver's Signature

(if driver is not the policyholder)

Date & Time: 23/12/20 16:57

 23/12/20

Reporting Centre Personnel's Signature

Name:


NRIC / FIN No.:

Accident Reporting Draft

VEHICLE NO: SKB5250X

MODEL: BMW X1 SDRIVE18I

AUTO/MANUAL

DATE OF ACCIDENT	23/12/20	C.C: 1,995
TIME OF ACCIDENT	1030	HRS <u>AM</u> /PM
LOCATION OF ACCIDENT	CTE LANE 1 TOWARDS AYE BEFORE BRADDELL EXIT	
EXACT PURPOSE USE DURING ACCIDENT		
NAME OF OWNER	PAN WEIFANG	
CONTACT NO.	93884145	EMAIL: PWF2006@GMAIL.COM
NRIC	S7262374F	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO: PAN WEIFANG	
NRIC	S7262374F	ANY PASSENGER: 0
DATE OF BIRTH	11/1/1972	
OCCUPATION	OUTDOOR / INDOOR	
DATE OF DRIVING PASS		
GENDER	MALE / FEMALE	
CONTACT NO.	93884145	EMAIL: PWF2006@GMAIL.COM
ADDRESS	APT BLK 803 WOODLANDS STREET 81 #07-65 S(730803)	
DOES DRIVER OWN OTHER VEHICLES	NO / IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE / IF NO:	
WEATHER CONDITION	<u>CLEAR</u> / RAINY / OTHER: CLEAR	
ROAD SURFACE	<u>DRY</u> / WET / OTHER: DRY	
ANY INJURIES	<u>NO</u> / IF YES:	
CONTACT NO.		
POLICE REPORT	<u>NO</u> / IF YES:	
VIDEO RECORDING	<u>NO</u> / YES	
VEHICLE B NO.	FBD1782A	ANY PASSENGER: <u>2</u>
NAME		
CONTACT NO.		
VEHICLE C NO.	ANY PASSENGER:	
VEHICLE D NO.	ANY PASSENGER:	
VEHICLE E NO.	ANY PASSENGER:	
VEHICLE F NO.	ANY PASSENGER:	
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	<div style="text-align: center;">  <p>Ryder Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277</p> </div>	
MOBILE NO.		
CONTACT PERSON		
FAX 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="23/12/2020 10:30"/>
Vehicle No.(For Motor)	<input type="text" value="SKB5250X"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5119984641		PAN WEIFANG	S7262374F	GPC	drivo CLASSIC	SKB5250X	SKB5250X	27/11/2020	26/11/2021

Claim Handling

Accident MT/1114904

Policy No.	S119984641	Vehicle No.	SKB5250X	GST Registration No.	
Certificate No.					
Policyholder Name	PAN WEIFANG	Cover Type	drive CLASSIC	Policyholder NRIC	S7262374F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	93884145	Special Remark		Contact No.(Home)	0
Email Address				eCode	No
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	No

▼ Accident Details

Report Date	24/12/2020 13:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	23/12/2020	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS AYE S4 BRADDELL EXIT				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

▼ Benefits

Coverage	Sum Insured
Excess Waiver	99999999.99

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 803 #07-65	Address 2	WOODLANDS STREET 81	Address 3	SINGAPORE 730803
Address 4		Address Type	Singapore address	Post Code	730803
Unit No.		Related Policy Number	S119984641		

▼ OI Driver Info

Driver Name	PAN WEIFANG	Driver Type	Main Driver	Driver DOB	11/01/1972
Unnamed driver Name		Driver NRIC	S7262374F	Driving Experience	8
Register Date of Driver License	31/08/2012	Driver Age	48	Contact No.(Home)	0
Contact No.(Mobile)	93884145	Contact No.(Office)	0	Address 3	SINGAPORE 730803
Address 1	BLK 803	Address 2	WOODLANDS STREET 81	Post Code	730803
Address 4		Address Type	Singapore address		
Unit No.	#07-65				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	PAN WEIFANG	Insured NRIC	
Contact No.(Mobile)	93884145	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	pwf2006@gmail.com	Vehicle Number	SKB5250X	TP	
Claim Description	SKB5250X / FBD17B2A ON 23 Dec 2020				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	24/12/2020 13:19
Date Registered		Report Taken By	ROSINDA	Workshop Repairer	
					Date Received
					Total Loss but Repaired

☒ Print AK letterSave Submit

Attachment

Accident No.
Last Doc. Received

MT/1114904
☒ Yes ☐ No

Claim No.
Upload Date

001
24/12/2020 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

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Please Select

Category *

Confidential

Urgency *

NO

Normal

NO

Normal

NO

Normal

NO

Normal

NO

Normal

NO

Normal

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Dec 2020 13:19	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Dec 2020 13:19	SAS		Normal	SAS 2020-12-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Dec 2020 13:19	Photos		Normal	Photos 2020-12-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Dec 2020 13:19	Photos		Normal	Photos 2020-12-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Dec 2020 13:18	Photos		Normal	Photos 2020-12-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Dec 2020 13:18	Photos		Normal	Photos 2020-12-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Dec 2020 13:18	Photos		Normal	Photos 2020-12-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Dec 2020 13:18	Photos		Normal	Photos 2020-12-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Dec 2020 13:18	Photos		Normal	Photos 2020-12-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Dec 2020 13:18	Photos		Normal	Photos 2020-12-24

Video List

Uploaded By/Date	Folder Date	File Name		Source
<div>Display in New Window Scan and uploading</div>				