

NATIONAL Assessment Centre Services.

Page 1 Jan 2003

510820080003

Date In: 28/12/2020 10:39	Job description	Date & Time Completed	Done by
Ref No: N/A/TUC200/45214	SAS e-illing		
Veh No: SGG 85934	E-mail (to John 3hrs, AIC 2hrs)		
D.O.A: 28/12/2020 14:00	I-Motor Claims Form	MT/11/5109001	28/12/2020
OD: TP Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		10:51
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: SDN 2000 R	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 repairer.

() 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: _____

Date: _____

NA2100300	1) All: 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	
Vehicle Comments:	For claiming against INC Only (w/c 10 Jan 2003)	
Date:	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	ON:	
	* NI: Courtesy Car / Tpl Allowance \$3	
	* NI: Repairs Coordination \$10	
	* NI: Post Repair Inspection \$25	
	* NI: DV / Collect Excess Coordination \$3	
	TP (NI): TP (w/ INC) against INC \$20	
	9) NI: Idea 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	28/12/2020 10:39 (SGT)
Date of Accident	24/12/2020 14:00 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	BEFORE TAMPINES EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG8593Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOEI SEK WAN
NRIC No	SXXXX531B
Email Address	jeremiahloei@gmail.com
Mobile Phone No	(Phone) +65-97848633
Alternative Phone No	+65-97848633

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Latio
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	5066588917-06
Cover Note Number	-

DRIVER

Name of Driver	LOEI SEK WAN
NRIC No	SXXXX531B

Date Of Driving Pass	13/09/1988
Driving experience	32 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97848633
Alt. Phone Number	+65-97848633
Email Address	jeremiahloei@gmail.com
Address	BLK 122B SENGKANG EAST WAY
Address complement	#14-21
Postcode	542122
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

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	SDN2000R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Contact Number	(Phone) +65-97363652
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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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

KPE (After tunnel,
before Tampines)

Vehicle A:
SJG 8593Y

Vehicle B:
SDN2000R





Describe Circumstances of the Accident


I was travelling along KPB (after tunnel, before Tampines exit)
on 24/12/2020 at about 2pm.
Traffic was moderate. The vehicle in ^{front of} ~~at~~ me slowed down and
came to a stop. I followed and came to a stop when Vehicle B
then came from behind and hit onto me.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time


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


Witnessed by Reporting Centre
Personnel

PERSONAL PARTICULARS

1 passenger (F)
1 Driver (M)

Date of Accident: 24/12/2020

Time of Accident: 14:00 (24Hrs)

Vehicle No: SJG 8593 Y

Vehicle Make/Model: Nissan Latio

Exact Location of Accident: KPE (After tunnel, before Tampine Exit)

Owner's Name/NRIC: Loei Sek Wnn I/C No: S1677531 B

Driver's Name/NRIC: Loei Sek Wnn I/C No: S1677531 B

Driver's Contact: 97848633

Insurance Co & Policy No: NTUC Ins

Driver's Email Address: 'premlahloei@gmail.com'

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: _____

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No

If Yes, which police station? _____

The Other Party (Vehicle B) Details

Driver's Name/IC: Puah Sze Ngee

Vehicle No: SDN 2000R

(1 Driver)

I/C No: S8106336 B

Insurance Company: _____

Driver's Contact: 97363652

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (If Any): _____

Contact: _____

Preferred Workshop (If Any): _____

Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

Claim Handling

Accident MT/1115109

Policy No.	5066588917-06	Vehicle No.	SJG8593Y	GST Registration No.
Certificate No.				
Policyholder Name	LOEI SEK WAN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	97848633	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(%)	40	Private Hire

▼ Accident Details

Report Date	28/12/2020 10:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/12/2020	Time of Accident hh:mm	14:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	KPE BEFORE TAMPINES EXIT			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver Is Covered?
Additional Excess	0			
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 122B #14-21	Address 2	SENGKANG EAST WAY	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	14-21	Related Policy Number	5066588917-06	

▼ OI Driver Info

Driver Name	LOEI SEK WAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1677531B	Driver DOB
Register Date of Driver License	01/01/1988	Driver Age	56	Driving Experience
Contact No.(Mobile)	97848633	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 122B #14-21	Address 2	SENGKANG EAST WAY	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	14-21			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJG8593Y	Driver Insurer Comp

Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	LOEI SEK
Contact No.(Mobile)	97848633	Contact No. (Home)	
Email Address	JEREMIAHLOEI@GMAIL.COM	OI Vehicle Number	SJG8593
Claim Description	SJG8593Y / SDN2000R ON 24 Dec 2020		

Preferred Workshop	<input checked="" type="radio"/> Yes	Insured Liability	Preferred Repair	Preferred Workshop, Name unknown	GIA report	Received
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12/28/2020

Claim Handling(accident reporting Claim Task)

Date Registered

Option

28/12/2020 10:50

Claim
Close
Date

Report Taken By

ROSLI WAHAB

☐ Print AK letter

Save

Submit

Attachment

Accident No.

MT/1115109

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

28/12/2020 10:51

Path *

 No file chosen No file chosen No file chosen No file chosen No file chosen No file chosen

Category *

Confidential

NO

NO

NO

NO

NO

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 10:51	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 10:51	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 10:51	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 10:51	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 10:51	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 10:51	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 10:51	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 10:51	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 10:51	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 10:51	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 10:50	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 10:50	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 10:50	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 10:50	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 10:50	NRIC/ Driving License	Y	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Dec 2020 10:50	SAS	Normal	SAS 202

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

Hello, NAC_PAYA_UBI_800601

[My Desktop](#)[Notice of Loss](#)[Change Language](#)[Change Password](#)[Log Out](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="24/12/2020 09:57"/>							
Vehicle No.(For Motor)	<input type="text" value="SJG8593Y"/>	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"/>	5066588917-06		LOEI SEK WAN	S1677531B	GPC	drivo CLASSIC	SJG8593Y	SJG8593Y	17/07/2020	16/07/2021
<input type="button" value="Continue"/>										