NATIONAL Assessment Centre Services. [illegible] SN08 20C90008

Date In: 09/12/2020 17:01	Job description	Date & Time Completed	Done by
Ref No: NB01INC2001459911	SAS e-filing		
Veh No: SMM 7917L	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A 06/12/2020 11:15	I-Motor Claim Form	MT111298T001	09/12/2020 17:09
OD / TP (circled) 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/Wksn		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: SLE 8623 P 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: ( )

[illegible]		Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

[illegible]

NA2100085

[illegible]

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

[illegible]

Cal. It

2/3

[illegible]			Done by
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100) INC ($40)	$40/$45		
3) TF : Towing Fee			
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2007)	$75		
6) TR : Re-Inspection	$160		
7) NI : Idea DA + SMRT Survey			
8) NTUC Additional Services-			
OR:			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$23		
*N8: DV / Collect Excess Coordination	$5		
TF (N11) : TP (Non INC) against INC	$20		
9) N12: Idea Mobile	30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

SN0820C90008 / National Assessment Centre Services [159721]
ENTRY DATE & TIME: 09/12/2020 17:01 (SGT)
SUBMITTED BY: Rosli Bin Abdul Wahab
VERSION: 1 (09/12/2020 17:01 (SGT))

Your NCD will be affected due to late reporting

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 witholding 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	09/12/2020 17:01 (SGT)
Date of Accident	06/12/2020 11:15 (SGT)
Exact Location of Accident	Sixth Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM7917L

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HOME ESSENTIALS SINGAPORE PTE LTD
Company Reg No	1XXXXX985K
Email Address	samexline@yahoo.com
Mobile Phone No	(Phone) +65-94782161
Alternative Phone No	+65-94782161

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	5104138628-02
Cover Note Number	-

DRIVER

Name of Driver	EXLINE SAM A
Passport No/FIN	FXXXX927L

Date Of Driving Pass	29/10/1997
Driving experience	23 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94782161
Alt. Phone Number	-
Email Address	samexline@yahoo.com
Address	102E PASIR PANJANG ROAD
Address complement	#06-01 CITYLINK
Postcode	118529
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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)	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	SLE3623P
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	

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.
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. 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.

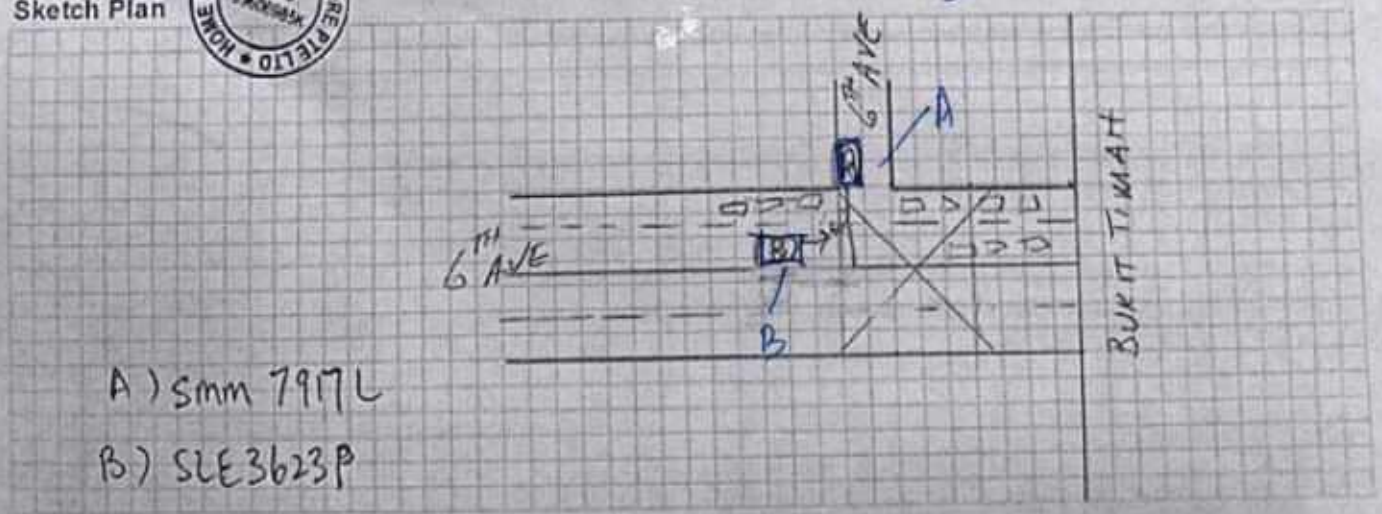
X Sam Eglin
Policyholder's Signature / Date & Time 8-DEC-2020

Sam Eglin
Driver's Signature (if driver is not the policyholder) / Date & Time 8-DEC-2020

09/12/2020
Witnessed by Reporting Centre Personnel

HOME ESSENTIALS SINGAPORE PTE LTD

Sketch Plan



A) SMM 7917L

B) SLE3623P

I WAS PULLING OUT OF SIDE STREET AVE MAKING A RIGHT TURN ON TO MAIN AVENUE 6. CARS ~~WAS~~ WERE BACKED UP BECAUSE OF RED STOPLIGHT. I ENTERED THE PROTECTED CROSS ZONE. LOOKED RIGHT AND THEN LEFT AND DID NOT SEE ANYONE. SLOWLY INCHED UP TO LOOK RIGHT AGAIN BEFORE MAKING A FINAL COMITMENT TO PROCEED. AS I SLOWLY MOVED UP I ~~WAS~~ WAS HIT BY A CAR COMING FROM MY RIGHT. I HEARD SOFT NOISE AS SHE PASSED BY ~~BUT~~ BUT DID NOT FEEL ANY IMPACT. DID NOT REALIZE THAT THERE WAS ANY DAMAGE UNTIL I GOT OUT OF THE CAR.

Declaration

We declare the foregoing particulars are true in every respect.

Sam Eylin

Policyholder's Signature / Date & Time 8-DEC-2020

Sam Eylin

Driver's Signature (If driver is not the policyholder) / Date & Time 8-DEC-2020

09/12/2020

Witnessed by Reporting Centre Personnel

Starting Point

ACCIDENT STATEMENT

ACCIDENT DATE: (6 / 12 / 2020) (DD/MM/YYYY), TIME: (11.15) (HH:MM)

LOCATION: 6TH AVE & 6TH AVE

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SMM 7917 L
   b) INSURANCE COMPANY: INCOME
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: HONDA STREAM
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
   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: SAM EXLINE (HOME ESSENTIALS(S) P/L) (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: F 5508927 L CONTACT: 9478 2161
   c) ADDRESS: 102 E PASIR PANJANG, #06-01 CITY LINK SINGAPORE 118529

WORKER (M)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\# No of passenger (Including driver) (2)

3. DRIVER
   a) NAME: SAM EXLINE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (31 / 03 / 1942) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 9/10/1997
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER.
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
   b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE

\# No of passenger (Including driver) (1)

   a) VEHICLE NUMBER: SLE 3623 P MODEL: BMW
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:
9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:

\# No of passenger (Including driver) ( )

   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

email = SAMEXLINE@YAHOO.COM

VIDEO

Claim Handling

Accident MT/1112987

Policy No.	5104138628-02	Vehicle No.	SMM7917L	GST Registration No.
Certificate No.				
Policyholder Name	HOME ESSENTIALS SINGAPORE PTE LTD			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	94782161	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	○ No ○ Yes	TCA	○ No ○ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

Accident Details

Report Date	09/12/2020 16:20	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/12/2020	Time of Accident hh:mm	11:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SITH AVENUE			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIEO OD Excess	0.00	YIEO TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/05/199
GST Registration No.	199606985K	GST Status Verified	Yes
Modification History	09/12/2020 16:30:15 System changed GST Registration Date from 01/01/2015 to 01/05/1997 09/12/2020 16:30:15 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	102E PASIR PANJANG ROAD	Address 2	#06-01 CITILINK WAREHOUSE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5104138628-02	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	EXLINE SAM A	Driver NRIC	F5508927L	Driver DOB
Register Date of Driver License	29/10/1997	Driver Age	78	Driving Experience
Contact No.(Mobile)	94782161	Contact No.(Office)		Contact No.(Home)
Address 1	102E PASIR PANJANG ROAD	Address 2	#06-01 CITILINK WAREHOUSE	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	06-01			
Does he own a Singapore Registered car?	○ Yes ○ No	Driver Vehicle No.	SMM7917	Driver Insurer Comp.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ○ No

Modification History

Claim 001 **New**

Claim Type *		OD-MX	Insured Name HOME ES
Contact No.(Mobile)			Contact No. (Home)
Email Address			OI Vehicle Number SMM791
Claim Description		SMM7917L / SLE3623P ON 6 Dec 2020	
Preferred Workshop		Insured Liability Partially at Fault	
Consent No. Finalisation	Yes	Preferred Repair Option Preferred Workshop, Name unknown	GIA report Received
Date Registered		09/12/2020 17:08	Claim Close Date

Report Taken By
*

ROSLI WAHAB

Print AK letter

Save | Submit

Attachment

Accident No.	MT/1112987	Claim No.	001
Last Doc. Received	(●) Yes ( ) No	Upload Date	09/12/2020 17:09

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

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Desc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 17:09	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 17:09	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 17:09	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 17:09	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 17:09	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 17:09	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 17:08	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 17:08	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 17:08	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 17:08	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 17:08	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 17:08	SAS		Normal	SAS 20

Video List

Uploaded By/Date	Folder Date	File Name

Display in New Window | Scan and uploading

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SMM7917L

Date of Accident 06/12/2020 17:06

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
◉	5104138628-02		HOME ESSENTIALS SINGAPORE PTE LTD	199606985K	GPC	Third Party, Fire & Theft	SMM7917L	SMM7917L	19/10/2020	18/10/2021

Continue