

NATIONAL Assessment Centre Services [Logo] [Logo]

Date In: 12/12/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20014797/13	SAS e-filing		
Veh No: SJW4554C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/12/20 1915	I-Motor Claim Form	12/12 MT/1113337	-001
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
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: Veh No: SHD425S 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%. F: 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: 67886616)	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

Client's Particulars	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30			
6) TR: Re-inspection \$75			
7) NI: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:			
9) NI2: Idao Mobile \$0			
10) TP (N11): TP (Non INC) against INC \$20			
11) Fee Charged			
12) Fee Charged			

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 12/12/2020 11:39 (SGT)
Date of Accident 11/12/2020 19:15 (SGT)
Exact Location of Accident Toa Payoh Central, Singapore
Additional Location Information LOR 1 TOA PAYOH
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJW4554C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YING MENG FAI
NRIC No SXXXX395H
Email Address yingmengfai@yahoo.com.sg
Mobile Phone No (Phone) +65-96191639
Alternative Phone No +65-96191639

VEHICLE PARTICULARS

Manufacturer Toyota
Model Harrier
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 5105162879-02
Cover Note Number -

DRIVER

Name of Driver YING MENG FAI
NRIC No SXXXX395H
Date Of Birth 22/06/1964
Occupation Indoor

Date Of Driving Pass	05/01/1988
Driving experience	32 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96191639
Alt. Phone Number	+65-96191639
Email Address	yingmengfai@yahoo.com.sg
Address	233 PAYA LEBAR RD
Address complement	#16-08
Postcode	409044
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

ON 11 DEC 20 AT ABOUT 19:15HRS, I STOPPED MY VEH AT THE GIVEWAY LINE TO GIVE WAY FOR ONCOMING VEH AT LOR 1 TOA PAYOH. WHILE WAITING VEH B CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD425S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
-	SXXX519B
Contact Number	(Phone) +65-94512536
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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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

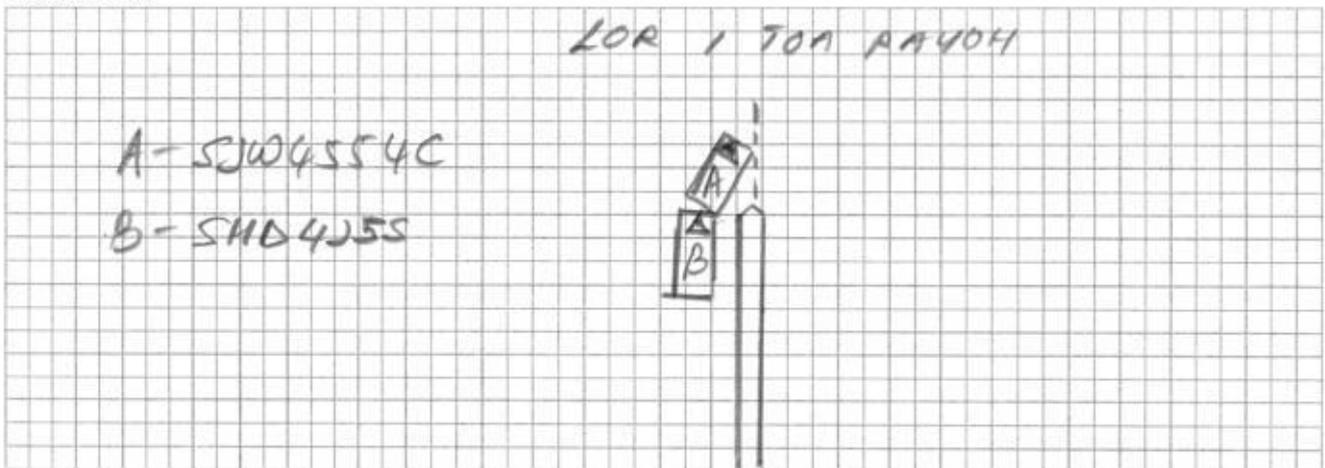
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 12/12/20
Policyholder's Signature / Date & Time

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

 12/12/20
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 11 Dec '20 at about 7:15pm, I stopped my car
STW 4554C to wait for a 'U' turn. While waiting
Taxi (Trans-cab) SHD 4255 hit my car from behind

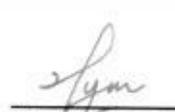
Declaration

We declare the foregoing particulars are true in every respect.

 12/12/20

Policyholder's Signature / Date &
Time

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

 12/12/20

Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (11/12/20) (DD/MM/YYYY), TIME: (19:15) (HH:MM)

LOCATION: LOR 1 TOA PAYOH

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJW4554C
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: S105162879-03
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA HARRIER (A) 2000CC
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: YING MENG FAI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1659395H CONTACT: 96191639
c) ADDRESS: 233 PAYA LEBAS
#16-08 (409044)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: YING MENG FAI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1659395H CONTACT:
c) ADDRESS:

*d) DATE OF BIRTH: (22/06/1964) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 05/01/1988

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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

- a) VEHICLE NUMBER: SHD4255 MODEL:
b) DRIVER'S NAME: GOH THIAN CHAI
c) NRIC/FIN/PASSPORT: S0075519A CONTACT: 94512536

9. THIRD PARTY VEHICLE

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

* No of passengers
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Sinhwee motor @ gmail.com

Email = Yingmengfai@yahoo.com.sg

fax =

video = yes

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="12/12/2020 10:49"/>
Vehicle No.(For Motor)	<input type="text" value="SJW4554C"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105162879-02		YING MENG FAI	S1659395H	GPC	drivo PREMIUM	SJW4554C	SJW4554C	31/10/2020	30/10/2021

Continue

Claim Handling

Accident MT/1113337

Policy No.	5105162879-02	Vehicle No.	SJW4554C	GST Registration No.	
Certificate No.					
Policyholder Name	YING MENG FAI			Policyholder NRJC	S1659395H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	96191639	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		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	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	12/12/2020 11:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	11/12/2020	Time of Accident hh:mm	19:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOR 1 TOA PAYOH				

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?	Covered
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	233 PAYA LEBAR ROAD	Address 2	#16-08 LE CRESCENDO	Address 3	SINGAPORE 409044
Address 4		Address Type	Singapore address	Post Code	409044
Unit No.		Related Policy Number	5105162879-02		

OI Driver Info

Driver Name	YING MENG FAI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRJC	S1659395H	Driver DOB	22/06/1964
Register Date of Driver License	01/01/1988	Driver Age	56	Driving Experience	32
Contact No.(Mobile)	96191639	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	233 PAYA LEBAR ROAD	Address 2	LE CRESCENDO	Address 3	SINGAPORE 409044
Address 4		Address Type	Singapore address	Post Code	409044
Unit No.	#16-08				
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
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	YING MENG FAI	Insured NRJC	S1659395H
Contact No.(Mobile)	96191639	Contact No. (Home)	62839470	Contact No. (Office)	
Email Address	yingmengfai@yahoo.com.sg	OI Vehicle Number	SJW4554C	TP Vehicle Number	
Claim Description	SJW4554C / SHD425S ON 11 Dec 2020				
Preferred Workshop		Insured Liability	Not at Fault		
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/12/2020 11:48	Claim Close Date		Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Lost but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1113337	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/12/2020 00:00

Path *	Category *	Confidential	Urgency *
<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="Normal"/>
<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="Normal"/>
<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="Normal"/>
<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="Normal"/>
<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="Normal"/>
<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="Normal"/>
<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="Normal"/>
<input type="button" value="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:47	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:47	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:47	SAS		Normal	SAS 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:47	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:47	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:47	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:47	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:47	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:47	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:47	Photos		Normal	Photos 2020-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2020 11:47	Photos		Normal	Photos 2020-12-12

Video List

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