

NATIONAL Assessment Centre Services		Date: 12/34		Ref No: NA/INC/1000005/Y		Job description		Date & Time Completed		Done by	
Date In: 01/01/2024		12/34		Veh No: SMC 81374		E-mail (within 8hrs, A/C 2hrs)					
D.O.A: 8/12/2020		17:00		OD: TP: Reporting Only		i-Motor Claim Form		MY 1115797-001		02/01/2024	
						i-Motor W/O (Within OD 2hrs, TP 4hrs)				12/18/1	
						i-Photo Uploaded					
TP Insurer:						Assessment/Survey Report					
						Ass't Report by Fax / Hand to Owner/Wksp					

Preferred Wksp / INC Assign Wksp / QW: (		Tel:		Fax:	
TP Particulars:		Veh No: SN 7379U		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: 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: _____	
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Date/Time	Actions

NA/100526		Invoice Preparation Checklist		Amt (\$)		Amt (\$)	
Client's Particulars:		1) AR: Accident Reporting (\$30);		In 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) FT: Follow-Through Survey (Resurvey) \$30					
Auditor's Comments:		For claiming against INC Only (wef 10 Jan 2005)					
Cat 1:		6) TR: Re-inspection \$75					
Cat 2/3:		7) NI: Idno 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 (N/n INC) against INC \$20					
		9) N12: Idno 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	02/01/2021 12:34 (SGT)
Date of Accident	31/12/2020 17:00 (SGT)
Exact Location of Accident	122 Bishan Street 12, Block 122, Singapore 570122
Additional Location Information	CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML8137U
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YANG QUANBAO
NRIC No	SXXXX151F
Email Address	qbyang1@gmail.com
Mobile Phone No.	(Phone) +65-93886956
Alternative Phone No	+65-93886956

#### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	Private car

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116889461
Cover Note Number	-

#### DRIVER

Name of Driver	YANG QUANBAO
NRIC No	SXXXX151F
Date Of Birth	19/01/1989
Occupation	Indoor



Date Of Driving Pass	24/03/2009
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93886956
Alt. Phone Number	+65-93886956
Email Address	qbyang1@gmail.com
Address	BLK 122 BISHAN STREET 12 #12-47
Address complement	-
Postcode	570122
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 - Opening Door of Vehicle
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

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	SJN7379U
Vehicle Manufacturer	Honda
Vehicle Model	Cr-v
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	(Phone) +65-92701050
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

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.
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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.

10:18 AM

Y 2/1/21

Policyholder's Signature / Date & Time

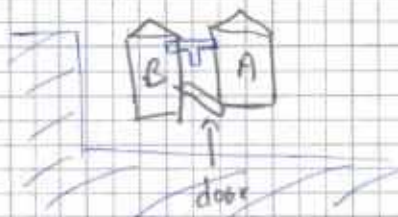
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

02/01/2021

Sketch Plan

BK 122 BILHAW STRAIT 12 CARPARK



1A SML81370

1B SJN73790



### Describe Circumstances of the Accident

While I was reversing, the other party suddenly open his door. I was inside my parking lot and his door swing out of his parking lot. My car has no damage at all ~~at~~ and his car wrap has some damage. The owner was vaccuuming his car at the moment. I have no intention to claim against him as my car has no damage but this report serve as a reporting case in case he wants to claim against me.

### Declaration

We declare the foregoing particulars are true in every respect.

10:19am  
2/1/21

Policyholder's Signature / Date &  
Time

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

02/01/2020  
Witnessed by Reporting Centre  
Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: 31/12/2020 (DD/MM/YYYY), TIME: 17:00 (HH:MM)

LOCATION: BK 122 Richan St 12 carpark

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMLE8137U  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5116889461  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: VW GOLF  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: OWN USE (PERSONAL)  
 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: YANG QUAN BAO (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8703151F CONTACT: 93886956  
 c) ADDRESS: BK 122 Richan St 12 #12-47 5570122

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: DS MASJUK (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 19/01/1989 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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: SSN7379U MODEL: HONDA CIVIC  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 92701050

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
(0)

\* No of passenger  
 (including driver)  
(0)

Email = qbyang1@gmail.com

fax =

video =

## Claim Handling

Accident MT/1115797

Policy No.	5116889461	Vehicle No.	SM18137U	GST Registration No.	
Certificate No.					
Policyholder Name	YANG QUANBAO			Policyholder NRIC	S8903151F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93886956	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
<b>Accident Details</b>					
Report Date	02/01/2021 12:37	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	31/12/2020	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	122 Bishan Street 12 CARPARK				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
GD Standard Excess	600.00	TP Standard Excess	0.00		
YIED GD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total GD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
Coverage		Sum Insured	2000		
Accessory					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 122 #12-47	Address 2	BISHAN STREET 12	Address 3	SINGAPORE 570122
Address 4		Address Type	Singapore address	Post Code	570122
Unit No.		Related Policy Number	5116889461		
<b>OI Driver Info</b>					
Driver Name	YANG QUANBAO	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8903151F	Driver DOB	19/01/1989
Register Date of Driver License	24/03/2009	Driver Age	31	Driving Experience	11
Contact No.(Mobile)	93886956	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 122 #12-47	Address 2	BISHAN STREET 12	Address 3	SINGAPORE 570122
Address 4		Address Type	Singapore address	Post Code	570122
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SM18137U	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OO-MX	Insured Name	YANG QUANBAO	Insured NRIC	S8903151F
Contact No.(Mobile)	93886956	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	qbyang1@gmail.com	OT Vehicle Number	SM18137U	TP Vehicle Number	
Claim Description	SM18137U / S3N7379U ON 31 Dec 2020				
Preferred Workshop		Insured Liability	Partially at Fault		
Repair Option	Yes	Preferred Workshop Name unknown		GIA report	Received
Date Registered				Claim Close Date	02/01/2021 12:40
Report Taken By					RDSLI WAHAB

Print AK letter

Save Submit

Attachment



Accident No.

MT/1115797

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

02/01/2021 12:41

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

Remove Photo

Category *	Confidential	Urgency *
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 02 Jan 2021 12:41	Photos	Normal	Photos 2021-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 02 Jan 2021 12:41	Photos	Normal	Photos 2021-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 02 Jan 2021 12:41	Photos	Normal	Photos 2021-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 02 Jan 2021 12:40	Photos	Normal	Photos 2021-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 02 Jan 2021 12:40	Photos	Normal	Photos 2021-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 02 Jan 2021 12:40	Photos	Normal	Photos 2021-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 02 Jan 2021 12:40	Photos	Normal	Photos 2021-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 02 Jan 2021 12:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2021-1-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 02 Jan 2021 12:40	SAS	Normal	SAS 2021-1-2

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		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.

Date of Accident

31/12/2020 10:18

Vehicle No.(For Motor)

SML8137U

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116889461		YANG QUANBAO	S8903151F	GPC	drive CLASSIC	SML8137U	SML8137U	27/03/2020	26/03/2021

Continue