

NATIONAL Assessment Centre Services.

(Ref: 1 Jan 2021)

8408213000D

Date In: 11/01/2021 19:57	Job description	Date & Time Completed	Done by
Ref No: NAB/21000476/4	SAS e-illing		
Veh No: 866 2020 4	E-mail (to/for, A/C, etc)		
D.O.A: 11/01/2021 13:57	I-Motor Claim Form	11/01/2021 19:55	
OID: 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/Witness		

Preferred Wkep / INC Assgnt Wkep / QW: (Tel:	Fax:
TP Hand/country: Vch No: 866 2020 4	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 Refor of repair.

() 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: _____

NA2100.596	1) Alt: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$120	
Damage Portion:	4) PT: Follow-Through Survey \$20	
QC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey) \$20	
	For claiming against INC Only (over 10 in 200)	
	6) TR: Re-inspection \$160	
	7) NI: Idea DA + SMRT Survey	
	8) NTUC Additional Services:	
	ON:	
	*NI: Courtesy Car / Tpl Allowance \$3	
	*NI: Repair Coordination \$21	
	*NI: Post Repair Inspection \$3	
	*NI: DV / Collect Excess Coordination \$20	
	TP (NI): TP (NI) INC against INC \$0	
	NI: Idea Mobile	
	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	11/01/2021 19:51 (SGT)
Date of Accident	11/01/2021 13:57 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	SLIP RD TOWARDS NUH BEFORE JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE2020U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY HUAT
NRIC No	SXXXX878H
Email Address	tayhuat1943@hotmail.com
Mobile Phone No	(Phone) +65-97882926
Alternative Phone No	+65-97882926

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Note
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	5097818557-02
Cover Note Number	-

DRIVER

Name of Driver	TAY HUAT
NRIC No	SXXXX878H

Date Of Driving Pass	08/06/1965
Driving experience	55 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97882926
Alt. Phone Number	+65-97882926
Email Address	tayhuat1943@hotmail.com
Address	BLK 56 STRATHMORE AVENUE
Address complement	-
Postcode	140056
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	WIFE
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGH3806Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Contact Number	(Phone) +65-93446943
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

SLIP 20 FROM AYR TO NHT. B/LF JOURNAL

T/P
CAR
ROLL
BACK
WALL

B

A

A

A) SGE 202011

B) SGA 3806Y

Describe Circumstances of the Accident

ON 11/01/2021 AT ABOUT 13:57 HRS I WAS AT SLIP ROAD
FROM BYK TOWARDS NWH STOP B/F JHA JUNCTION THE CAR
INFRONT OF ME ROLL BACK & HIT MY CAR FRONT PORTION
VIDEO ATTACHED.

Declaration

We declare the foregoing particulars are true in every respect.

15:50
11/1/2021
Policyholder's Signature / Date &
Time

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

11/01/2021
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 11/01/2021 (DD/MM/YYYY), TIME: 13:57 (HH:MM)

LOCATION: Slope at Slip Road From B/K Towards AHT B/K Junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGE 20204
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5097818557-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN NOTE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME:
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAY HUAT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0206878H CONTACT: 97882926
 c) ADDRESS: BK 16, #20-113 Singapore 001456

* d) DATE OF BIRTH: 30/05/1943 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS ADVISOR

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) FINE
 b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

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: SGH 3806Y MODEL: _____
 b) DRIVER'S NAME: SEAH POH HONG
 c) NRIC/FIN/PASSPORT: S1776887E CONTACT: 93446943

9. THIRD PARTY VEHICLE

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

Email: tayhuat1943@hotmail.com

VIDEO

Claim Handling

Accident MT/1116960

Policy No.	5097818557-02	Vehicle No.	SGE2020U	GST Registration No.
Certificate No.				
Policyholder Name	TAY HUAT			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	97882926	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFR	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	11/01/2021 19:52	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/01/2021	Time of Accident hh:mm	13:57	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	AYE SLIP RD TOWARDS NUH BEFORE JUNCTION			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	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	600.00	Total TP Excess Applicable	0.00	

▼ Benefits

Coverage	Sum Insured
Transport Allowance	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 56 #20-113	Address 2	STRATHMORE AVENUE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5097818557-03	

▼ OI Driver Info

Driver Name	TAY HUAT	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S6206878H	Driving Experience
Register Date of Driver License	02/02/1965	Driver Age	77	Contact No.(Home)
Contact No.(Mobile)	97882926	Contact No.(Office)		Address 3
Address 1	BLK 56 #20-113	Address 2	STRATHMORE AVENUE	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SGE2020U	Driver Insurer Comp

Declaration

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

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Yes

Insured Liability

Preferred Repair

Preferred Workshop, Name unknown

GIA report

Received

OD-MX

Insured Name

TAY HUA

Contact No.

6479216

(Home)

OI

Vehicle Number

SGE2020

SGE2020U / SGH3806Y ON 11 Jan 2021

1/11/2021

Claim Handling(accident reporting Claim Task)

Date Registered

Option

11/01/2021 19:54

Claim
Close
Date

Report Taken By

ROSLI WAHAB

☐ Print AK letter

Save

Submit

Attachment



Accident No.

MT/1115960

Claim No.

001

Last Dpc. Received

☒ Yes ☐ No

Upload Date

11/01/2021 19:55

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



Choose File

No file chosen

Clear

Please Select

NO



Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 19:55	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 19:55	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 19:55	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 19:55	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 19:54	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 19:54	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 19:54	Photos		Normal	Photos 2
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 19:54	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 19:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jan 2021 19:54	SAS		Normal	SAS 20

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

Hello, NAC_BUKIT_MERAH_800676

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No:

Date of Accident

11/01/2021 15:11

Vehicle No. (For Motor)

SGE2020U

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"/>	5097818557-02		TAY HUAT	S0206878H	GPC	drive PREMIUM	SGE2020U	SGE2020U	26/02/2020	25/02/2021

Continue