NATIONAL Assessment Centre Services. [wef 1 Jan'05] SH09 NIC0002

Date In: 14/1/21 - 09:49	Job description	Date & Time Completed	Done by
Ref No: NA/IHC 21000492/24	SAS e-filing		
Veh No: SH79242X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 11/1/21 - 13:00	i-Motor Claim Form	M7/111 6986-001	14/1/21 09:52
OD / TP / 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/Wksp		

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

TP Particulars: Veh No: SM784570. 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 :

Date/Time	Actions

NA2120453

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100); INC ($80)			
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
QD*			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idac Mobile	30		
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 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	12/01/2021 09:49 (SGT)
Date of Accident	11/01/2021 13:00 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT9242X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEET TOH CHIN POO
NRIC No	SXXXX473G
Email Address	seettoh1@gmail.com
Mobile Phone No	(Phone) +65-91554399
Alternative Phone No	+--

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Edix
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 hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117807463
Cover Note Number	-

DRIVER

Name of Driver	SEET TOH CHIN POO
NRIC No	SXXXX473G
Date Of Birth	01/08/1973
Occupation	Outdoor

Date Of Driving Pass	20/09/1995
Driving experience	25 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91554399
Alt. Phone Number	+--
Email Address	seettoh1@gmail.com
Address	BLK 52 CHAI CHEE STREET
Address complement	#09-330
Postcode	460052
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	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

REFER TO STATEMENT.

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	SMT8457D
Vehicle Manufacturer	Suzuki
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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.
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.

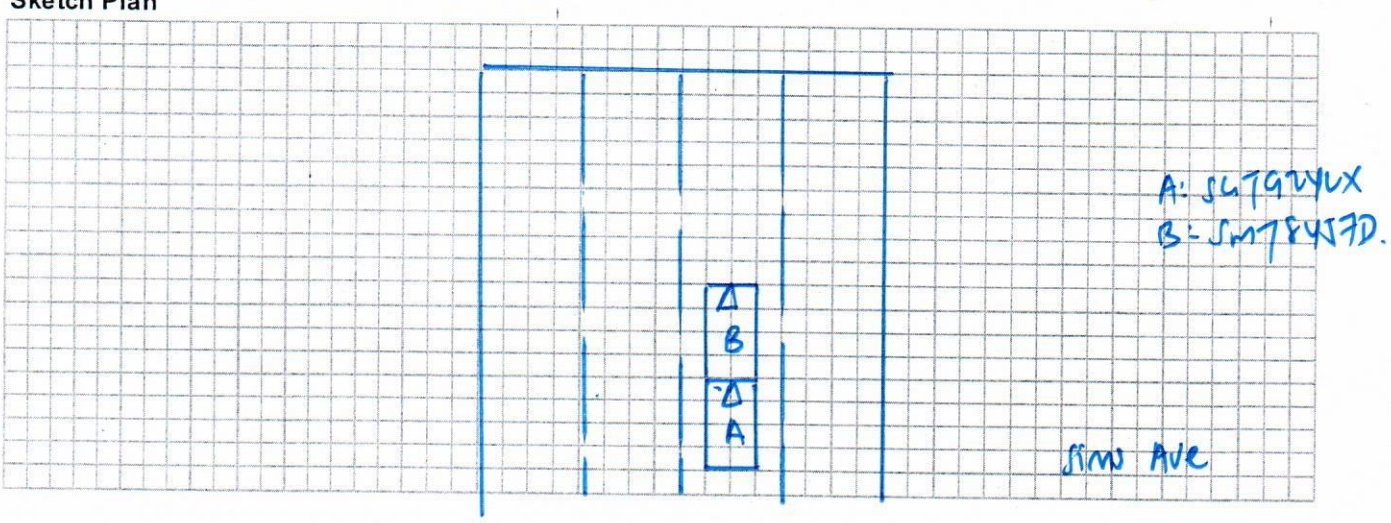
(collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling along Sims Ave. out of nowhere, front vehicle jammed brake. I brake my vehicle however my vehicle skidded and hit into vehicle B rear portion.

Declaration

I/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

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 01 / 2021) (DD/MM/YYYY), TIME: (13 : 00) (HH:MM)

LOCATION: SIMS Avenue

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: SGT 9242X
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5117807463
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: HONDA EDIX
   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)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. **INSURED / POLICY HOLDER**
   A) NAME: SEET TOH CHIN POO (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S7327473G CONTACT: 91554399
   c) ADDRESS: BLK 52, CHAI CHEE ST. #09-330
   CO 460052

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

*No of passenger (Including driver) (1)

3. **DRIVER**
   a) NAME: _____ (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
   c) ADDRESS: _____

   *d) DATE OF BIRTH: (01 / 08 / 1973) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) YEARS OF DRIVING EXPRERIENCE: 25
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: SMT 8457D MODEL: Suzuki
   b) DRIVER'S NAME: _____
   c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger (Including driver) (1)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger (Including driver) (1)

email = seettoh1@gmail.com

fax =

VIDEO = ✓

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident 11/01/2021 13:00

Vehicle No.(For Motor) SGT9242X

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
O	5117807463		SEET TOH CHIN POO	S7327473G	GPC	drivo CLASSIC	SGT9242X	SGT9242X	10/06/2020	09/06/2021

Continue

Policy Information

Policy No.	5117807463	Policyholder Name	SEET TOH CHIN POO	Policyholder NRIC	S7327473G
Certificate No.					
Address	BLK 52 #09-330 CHAI CHEE STREET SINGAPORE 460052				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	10/06/2020	Effective Date	10/06/2020 00:00	Expiry Date	09/06/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 52 #09-330	Address 2	CHAI CHEE STREET	Address 3	SINGAPORE 460052
Address 4		Address Type	Singapore address	Post Code	460052
Unit No.		Related Policy Number	5117807463		

Insured Object: SGT9242X

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1116986

Policy No.	5117807463	Vehicle No.	SGT9242X	GST Registration No.	
Certificate No.					
Policyholder Name	SEET TOH CHIN POO			Policyholder NRIC	S7327473G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	91554399	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	◉ No ◯ Yes	TCA	◉ No ◯ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	12/01/2021 09:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/01/2021	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Sims Ave				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 52 #09-330	Address 2	CHAI CHEE STREET	Address 3	SINGAPORE 460052
Address 4		Address Type	Singapore address	Post Code	460052
Unit No.		Related Policy Number	5117807463		

OI Driver Info

Driver Name	SEET TOH CHIN POO	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7327473G	Driver DOB	01/08/1973
Register Date of Driver License	20/09/1995	Driver Age	47	Driving Experience	25
Contact No.(Mobile)	91554399	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 52	Address 2	CHAI CHEE STREET	Address 3	SINGAPORE 460052
Address 4		Address Type	Singapore address	Post Code	460052
Unit No.	09-330				
Does he own a Singapore Registered car?	◯ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SEET TOH CHIN POO	Insured NRIC	S7327473G
Contact No.(Mobile)	90680868	Contact No.(Home)	64451795	Contact No.(Office)	
Email Address	seettoh@starhub.net.sg	OI Vehicle Number	SGT9242X	TP Vehicle Number	SMT8457D
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SGT9242X / SMT8457D ON 11 Jan 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/01/2021 09:52	Claim Close Date		Date Received	12/01/2021 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1116986	Claim No.	001
Last Doc. Received	◉ Yes ◯ No	Upload Date	12/01/2021 09:54

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

Message Read

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 09:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 09:54	SAS		Normal	SAS 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 09:53	Photos		Normal	Photos 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 09:53	Photos		Normal	Photos 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 09:53	Photos		Normal	Photos 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 09:53	Photos		Normal	Photos 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 09:53	Photos		Normal	Photos 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 09:53	Photos		Normal	Photos 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2021 09:53	Photos		Normal	Photos 2021-1-12	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading