

NATIONAL Assessment Centre Services (wef 1 Jan'05) **1109 211 C 00M**

Date In: 11/1/05-16:42	Job description	Date & Time Completed	Done by
Ref No: NA11NC1000557/24	SAS e-filing		
Veh No: 5M44797E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/1/05-18:30	i-Motor Claim Form	11/1/05 17:09-001	11/1/05 16:42
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 <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: **400258P** 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:-	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		In Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
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		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
Pat. 1:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Pat. 2 / 3:	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 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 12/01/2021 16:42 (SGT)
Date of Accident 11/01/2021 18:30 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information twds changi before lornie
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN4797E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JACY PTE LTD
Company Reg No 2XXXXX208G
Email Address xyiqingl@gmail.com
Mobile Phone No (Phone) +65-88006672
Alternative Phone No +--

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Avante
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 Yes
Policy Number 5110191748-01
Cover Note Number -

DRIVER

Name of Driver LEE YI QING
NRIC No SXXXX816B
Date Of Birth 06/02/1994
Occupation Outdoor

Date Of Driving Pass	06/09/2014
Driving experience	6 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97910149
Alt. Phone Number	-
Email Address	xyiqingl@gmail.com
Address	BLK 314A PUNGGOL WAY
Address complement	#10-605
Postcode	821314
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
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

REFER TO STATEMENT.

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	GBB258P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) -

Describe Circumstances of the Accident

I was travelling along PLE twds changi. int of sudden, front vehicle jammed brakes. I couldn't brake my vehicle in time and hit onto vehicle B rear portion.

Declaration

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 / 1 / 21) (DD/MM/YYYY), TIME: (18 : 30) (HH:MM)

LOCATION: PIE twds chungi before brn.c.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SM 4797E
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Private
- 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: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 8800667V
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 9910149
- c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (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: Hire

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: 4BB258P unknown MODEL: WRM
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

*No of passengers
(Including driver)
(2)
1 female.

*No of passenger
(Including driver)
()

*No of passenger
(Including driver)
()

Email = xyiqing1@gmail.com

fax =

video = X

Hello, NAC_PAYA_UBI_800601

› Change Language › Change Password › Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110191748-01	5110191748-01-000007	JACY PTE. LTD.	201705208G	GFM	drivo CLASSIC	SMN4797E	SMN4797E	06/06/2020	05/06/2021

▼ Policy Information

Policy No.	5110191748-01	Policyholder Name	JACY PTE. LTD.	Policyholder NRIC	201705208G
Certificate No.	5110191748-01-000007				
Address	60 JALAN LAM HUAT #05-19 CARROS CENTRE SINGAPORE 737869				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	06/06/2020	Effective Date	06/06/2020 00:00	Expiry Date	05/06/2021 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	5814.38		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

▼ Policyholder Mailing Address

Address 1	60 JALAN LAM HUAT	Address 2	#05-19 CARROS CENTRE	Address 3	SINGAPORE 737869
Address 4		Address Type	Singapore address	Post Code	737869
Unit No.	01-169	Related Policy Number	5117773275		

▶ Insured Object: 5110191748-01-000007

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
▼ Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Claim Handling

Accident MT/1117109

Policy No.	5110191748-01	Vehicle No.	SMN4797E	GST Registration No.	
Certificate No.	5110191748-01-000007				
Policyholder Name	JACY PTE. LTD.			Policyholder NRIC	201705208G
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	88006672	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	NC
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	12/01/2021 16:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/01/2021	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE				

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		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	60 JALAN LAM HUAT	Address 2	#05-19 CARROS CENTRE	Address 3	SINGAPORE 737869
Address 4		Address Type	Singapore address	Post Code	737869
Unit No.	01-169	Related Policy Number	511773275		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	06/02/1994
Unnamed driver Name	LEE YI QING	Driver NRIC	S9403816B	Driving Experience	6
Register Date of Driver License	06/09/2014	Driver Age	26	Contact No.(Home)	0
Contact No.(Mobile)	97910149	Contact No.(Office)	0	Address 3	WATERWAY CASCADIA
Address 1	BLK 314A	Address 2	PUNGOL WAY	Post Code	821314
Address 4	SINGAPORE 821314	Address Type	Singapore address		
Unit No.	10-605			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

Declaration

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	JACY PTE. LTD.	Insured NRIC	201705208G
Contact No.(Mobile)	86858787	Contact No.(Home)		Contact No.(Office)	+
Email Address	JLCARRE3@GMAIL.COM	OI Vehicle Number	SMN4797E	TP Vehicle Number	GBB258P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SMN4797E / GBB258P ON 11 Jan 2021		Name of Preferred Workshop		
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/01/2021 16:46	Claim Close Date		Date Received	12/01/2021 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1117109	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/01/2021 16:47

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 SERVI CES) on 12 Jan 2021 16:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 16:47	SAS	Normal	SAS 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 16:46	Photos	Normal	Photos 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 16:46	Photos	Normal	Photos 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 16:46	Photos	Normal	Photos 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 16:46	Photos	Normal	Photos 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 16:46	Photos	Normal	Photos 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 16:46	Photos	Normal	Photos 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 16:46	Photos	Normal	Photos 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 16:46	Photos	Normal	Photos 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 16:46	Photos	Normal	Photos 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 16:46	Photos	Normal	Photos 2021-1-12	

Video List

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