

NATIONAL Assessment Centre Services

[Ref: 12-100]

Date In: 20/01/21	Job description	Date & Time Completed	Done by
Ref No. NA/INC21000979/13	SAS e-filing		
Veh No: SJR8229M	E-mail (within 8hrs, AOC 2hrs)		
D.O.A: 19/01/21 1955	I-Motor Claim Form	20/01	MT/1118112-001
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:

SGN7999R

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

Invoice Preparation Checklist

Amc (\$)

Amc (\$)

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) NT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Idao 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 (Non INC) against INC \$20

9) N12: Idao Mobile 30

Invoice dated

Fee Charged

Fee Charged

Invoice dated

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cal. 1:

Cal. 2 / 3:

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	20/01/2021 17:28 (SGT)
Date of Accident	19/01/2021 19:55 (SGT)
Exact Location of Accident	Simon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR8239M
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO CHOR HENG
NRIC No	SXXXX075C
Email Address	calvin.ywx@gmail.com
Mobile Phone No	(Phone) +65-97831853
Alternative Phone No	+65-97831853

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	5110867532-01
Cover Note Number	-

DRIVER

Name of Driver	CALVIN YEO WEI XIANG
NRIC No	SXXXX345G
Date Of Birth	16/10/1993
Occupation	Indoor

Date Of Driving Pass	16/08/2012
Driving experience	8 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86888851
Alt. Phone Number	-
Email Address	calvin.ywx@gmail.com
Address	BLK 808B CHOA CHU KANG AVE 1
Address complement	#12-578
Postcode	682808
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Side Swipe
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	SEOW XIU MEI CHERIE
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

PLS REFER TO THE ATTACHED 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	SGN7999R
Vehicle Manufacturer	-
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;

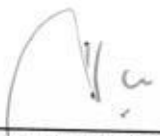
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or


(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

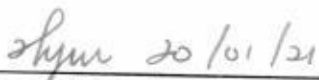
(collectively the "Purposes")

(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

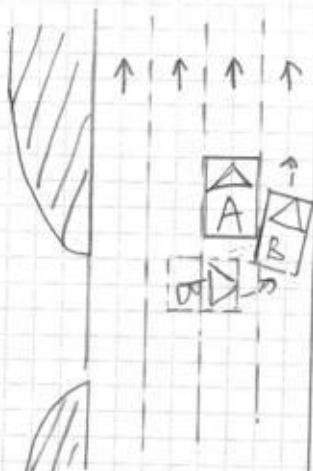

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

SIMON ROAD

VEHICLE A: SJR 8239M
VEHICLE B: SGN 7999R




Describe Circumstances of the Accident


ON STATED DATE & TIME, I WAS TRAVELING ON SIMON ROAD. AS THE TRAFFIC LIGHTS TURNED RED, I STOPPED AT THE JUNCTION. SUDDENLY, VEHICLE B "SN 7999 R" CAME FROM THE LEFT AND TRIED TO TURN INTO THE RIGHT LANE FROM BEHIND MY VEHICLE. AS HE MADE THE TURN, THE REAR LEFT OF HIS VEHICLE COLLIDED INTO THE REAR RIGHT OF MY VEHICLE & HIT MY REAR BUMPER. I WOULD LIKE TO STATED THAT MY VEHICLE WAS STATIONARY THROUGHOUT.

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

 20/01/21
Witnessed by Reporting Centre Personnel

Date of Accident : 19/01/21 Accident Time: 19:58 (24-HR-Format)
Accident Place : SIMON ROAD
Vehicle No. (Car Plate No.) : STR 8239 M Make/Model: MITSUBISHI LANCER EX
Insurance Company : NTUC Policy No: 511086 7532
Owner or Company Name /IC No. : YEO CHOR HENG / S1657075C
Owner or Company Contact No. : 97831853 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : CALVIN YEO WEIXIANH / S9339345G
DRIVER'S Date Of Birth : 16/10/1993 DRIVER'S License Pass Date 16/10/2012
Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : BLK 808B CHOA CHU KANG AVE1 #12-578 S (682808)
DRIVER'S Contact No./ Alt No. : 1) 8688 8851 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : CALVIN.YWY@GMAIL.COM
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): _____

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose

Any Injury (If YES, Pls state): 02 no injury

Other Party Driver's Particular (if any)

Vehicle No: <u>SGN 7999 R</u>	Vehicle No: _____
Vehicle Make \Model: _____	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* **NEW – Passenger's name & gender:**

① SEOW XIM MEI CHERIE, FEMALE

913

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="19/01/2021 19:55"/>
Vehicle No.(For Motor)	<input type="text" value="SJR8239M"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S110867532-01		YEO CHOR HENG	S1657075C	GPC	drivo CLASSIC	SJR8239M	SJR8239M	15/07/2020	14/07/2021

Claim Handling

Accident MT/1118112

Policy No.	5110867532-01	Vehicle No.	SJR8239M	GST Registration No.	
Certificate No.					
Policyholder Name	YEO CHOR HENG			Policyholder NRIC	S1657075C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	97831853	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	20/01/2021 17:37	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	19/01/2021	Time of Accident hh:mm	19:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIMON ROAD				

▼ 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?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	5 NIM GREEN	Address 2	SELETAR HILLS ESTATE	Address 3	SINGAPORE 8076
Address 4		Address Type	Singapore address	Post Code	807605
Unit No.		Related Policy Number	5120674316		

▼ OI Driver Info

Driver Name	CALVIN YEO WEI XIANG	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9339345G	Driver DOB	16/10/1993
Register Date of Driver License	01/01/2013	Driver Age	27	Driving Experience	8
Contact No.(Mobile)	86888851	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 808B	Address 2	CHOA CHU KANG AVENUE 1	Address 3	KEAT HONG AXIS
Address 4	SINGAPORE 682808	Address Type	Singapore address	Post Code	682808
Unit No.	#12-578				
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
-------------------------------------	------	-------------	---

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	YEO CHOR HENG	Insured NRIC	
Contact No.(Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OT Vehicle Number	SJR8239M	TP Vehicle Number	
Claim Description	SJR8239M / SGN7999R ON 19 Jan 2021				
Preferred Workshop		Insured Liability	Not at Fault		
Preferred No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	20/01/2021 17:45
Report Taken By				Workshop Repairer	ROSILINDA
					Date Received
					Total Loss but Repaired

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1118112	Claim No.	001
--------------	------------	-----------	-----

Last Doc. Received

☒ Yes ☐ No

Upload Date

20/01/2021 00:00

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

Message Read

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	Key	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2021 17:45	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2021 17:45	SAS		Normal	SAS 2021-1-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2021 17:45	Photos		Normal	Photos 2021-1-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2021 17:45	Photos		Normal	Photos 2021-1-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2021 17:45	Photos		Normal	Photos 2021-1-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2021 17:41	Photos		Normal	Photos 2021-1-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2021 17:41	Photos		Normal	Photos 2021-1-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2021 17:41	Photos		Normal	Photos 2021-1-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2021 17:41	Photos		Normal	Photos 2021-1-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2021 17:41	Photos		Normal	Photos 2021-1-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jan 2021 17:41	Photos		Normal	Photos 2021-1-20

Video List

Uploaded By/Date	Folder Date	File Name	Key	Source
		Display in New Window	Scan and uploading	