

NATIONAL Assessment Centre Services. [ver 1 Jan 2021] **SN08211R0005**

Date In: 27/01/2021 14:36	Job description	Date & Time Completed	Done by
Ref No: NPA/INC210012951	SAS e-illing		
Veh No: SLD 7783P	E-mail (by date time, A/C time)		
D.O.A: 26/01/2021 18:20	I-Motor Claims Form	MT1118933-001	27/01/2021
OD: TP Reporting Only	I-Motor W/O (with in: OD 3hrs, TP 4hrs)		1441
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Vikar		

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

TP Particulars: Vch No: SLD 6166P 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 refer of repairer.

() 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: _____

1192100868

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA + Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP Towing Fee	\$40/43
QC Checked by (Engr-In-Charge):	4) PT Follow-Through Survey	\$120
	5) PT Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + SMRT Survey	\$160
	8) NTUC Additional Services	
	ON:	
	* N5: Courtesy Car / Tpl Allowance	\$3
	* N6: Repair Coordination	\$10
	* N7: Post Repair Inspection	\$23
	* N8: DV / Collect Excess Coordination	\$3
	TP (N1) + TP (N2) INC against INC	\$25
	9) N12: Idea 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 27/01/2021 14:36 (SGT)
Date of Accident 26/01/2021 18:20 (SGT)
Exact Location of Accident Kampong Bahru Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD7783P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LUA KIAN LEONG (LAI JIANLIANG)
Company Reg No SXXXX862F
Email Address garylua@gmail.com
Mobile Phone No (Phone) +65-98421592
Alternative Phone No (Office) +65-66411167

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E250
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 5116652508
Cover Note Number -

DRIVER

Name of Driver LUA KIAN LEONG (LAI JIANLIANG)
Company Reg No SXXXX862F

Date Of Driving Pass	04/04/2002
Driving experience	18 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98421592
Alt. Phone Number	(Office) +65-66411167
Email Address	garylua@gmail.com
Address	BLK 1B CANTONMENT ROAD #37-17
Address complement	-
Postcode	085201
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	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)	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	SLP6166P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KIM SO HYUN
NRIC No	SXXXX375A
Contact Number	(Phone) +65-96673112
Address	-
Address complement	-

Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No: Of Passenger (Including Driver) -

SKETCH PLAN

Veh A: SLD 7783 P

Veh B: SLP 6166 P

IMPORTANT NOTICE

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

** I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature
Date & Time:

27/1/2021

10:47am

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

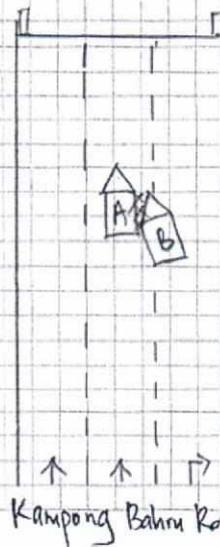
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

27/01/2021
Name: *Reba*
NRIC/FIN No.: *W080101000000*

SKETCH PLAN

Veh A: SLD 7783 P

Veh B: SLP 6166 P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Kampong Bahru Rd on my lane. Suddenly Vehicle B change lane cut into my lane and bang onto my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:


27/1/2021
10:47am

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:


27/1/2021


Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 26/1/2021 ⁽ⁱ⁾ *Time of Accident: 6.20pm
*Accident Location: Kampong Bahru Road CC: 1796 cc

Vehicle Details

*Vehicle Number: SLD7783P *Make & Model: Mercedes Benz E250

Insured / Policyholder

*Owner Name: Lua Kian Leong *NRIC: S7612862F
*Address: 1B, Cantonment Road, #37-17, S085201
*Email: garylua@gmail.com *HP: 98421592
*Occupation: Account Manager (Indoor/Outdoor) *Tel (H)/Other: 66411167

Driver same as above

*Driver Name: _____ *NRIC: _____
*Address: _____
*Date of Birth: _____ *Driving Pass Date: 4/4/2002 *HP: _____
*Email: _____ *Gender: Male / Female
*Occupation: _____ (Indoor / Outdoor) *Tel /H /Other: _____
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder : _____)

Passengers Details

*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)
*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)

Insurance Company

*Insurer: NTUC Income *Coverage: C / TPFT / TPO *Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: SLP6166P
Make & Model: _____
Vehicle Category: _____
Name of Driver: Kim So Hyun
NRIC : S7955375A
HP : 96673112
No. of Passengers (Including Driver): _____

Detail of other vehicle / Property 2

Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: _____
*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No
*Road Surface: Dry / Wet / others: _____
*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)
*Accident reported to police: Yes / No *Summon against whom: _____
*Injured party: Yes / No *No. of passengers (include driver): _____
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

Claim Handling

Accident MT/1118933

Policy No.	5116652508	Vehicle No.	SLD7783P	GST Registration No.
Certificate No.				
Policyholder Name	LUA KIAN LEONG (LAI JIANLIANG)			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	98421592	Contact No.(Office)	66411167	Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	50	Private Hire

▼ **Accident Details**

Report Date	27/01/2021 14:31	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/01/2021	Time of Accident hh:mm	18:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	KAMPONG BAHRU 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?
Additional Excess	0			
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	BLK 1B #37-17	Address 2	CANTONMENT ROAD	Address 3
Address 4	SINGAPORE 085201	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5116652508	

▼ **OI Driver Info**

Driver Name	LUA KIAN LEONG (LAI JIANLIANG)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7612862F	Driver DOB
Register Date of Driver License	04/04/2002	Driver Age	44	Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1	BLK 1B #37-17	Address 2	CANTONMENT ROAD	Address 3
Address 4	SINGAPORE 085201	Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLD7783P	Driver Insurer Comp.

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	LUA KIAN
Contact No.(Mobile)	98421592	Contact No.(Home)	6641116
Email Address	GARYLUA@GMAIL.COM	OI Vehicle Number	SLD7783
Claim Description	SLD7783P / SLP6166P ON 26 Jan 2021		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	27/01/2021 14:40	GIA report	Received
		Claim Close Date	

Report Taken By

ROS LI WAHAB

Print AK letter

Save Submit

Attachment

Accident No. MT/1118933 Claim No. 001
 Last Doc. Received Yes No Upload Date 27/01/2021 14:41

Path *

Choose File No file chosen

Message Read

Clear	Category *	Confidential
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 27 Jan 2021 14:41	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 14:41	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 14:41	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 14:41	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 14:41	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 14:41	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 14:40	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 14:40	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 14:40	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 14:40	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 14:40	NRIC/ Driving License	Y	NRIC/ Driving Li
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 14:40	NRIC/ Driving License	Y	NRIC/ Driving Li
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Jan 2021 14:40	SAS	Normal	SAS 20

Video List

Uploaded By/Date	Folder Date	File Name
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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

Vehicle No.(For Motor) 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"/>	5116652508		LUA KIAN LEONG (LAI JIANLIANG)	S7612862F	GPC	drive CLASSIC	SLD7783P	SLD7783P	18/03/2020	20/04/2021

Continue