

NATIONAL Assessment Centre Services. part 1 Jan 03

Date In: <b>20/02/21</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC21002404/13</b>	SAS e-filing		
Veh No: <b>SLJ17894</b>	E-mail (within 3hrs, AIC 2hrs)		
DDA: <b>18/02/21</b> <b>16:0</b>	I-Motor Claim Form <b>20/02/21</b> <b>MT/1121795-001</b>		
QD: <b>TP</b> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Worksp</u>		

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

TP Particulars: Veh No: **GBK5679C** 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 ( )

**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 Rollup: 6700/6600)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions	Done by

**NA 2101673**

Charged Particulars	Amount (\$)	PAID (\$)	Balance (\$)
1) AR: Accident Reporting (\$30);		36	
2) DA: Damage Assessment (\$100); INC (\$30)			
3) TP: Towing Fee 540/543			
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 375			
7) NI: Idao DA + SMRT Survey 160			
8) NTUC Additional Services:-			
QD:			
*NS: Courtesy Car / Tpt Allowance 53			
*NG: Repair Co-ordination 510			
*NT: Post Repair Inspection 223			
*NI: DV / Collect Excess Coordination 53			
TP (N11): TP (ISn INC) against INC 520			
9) N12: Idao Mobile 30			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Driver/Owner: \_\_\_\_\_

Contact No: \_\_\_\_\_

Damaged Portion: \_\_\_\_\_

QC Checked by (Engr-In-Charge): \_\_\_\_\_

Auditors Comments: \_\_\_\_\_

Tab. 1: \_\_\_\_\_

Tab. 2: \_\_\_\_\_

# 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 .....	20/02/2021 11:26 (SGT)
Date of Accident .....	18/02/2021 16:10 (SGT)
Exact Location of Accident .....	Bedok North Ave 3, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLJ1789G
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	MECOMS TRANS
Company Reg No .....	5XXXX175D
Email Address .....	MECOMSTECH@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-96638641
Alternative Phone No .....	+65-96638641

### 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 .....	5118748203
Cover Note Number .....	-

### DRIVER

Name of Driver .....	YANG KEE MENG
NRIC No .....	SXXXX506A
Date Of Birth .....	09/03/1963
Occupation .....	Outdoor

Date Of Driving Pass .....	21/02/2003
Driving experience .....	18 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-96638641
Alt. Phone Number .....	-
Email Address .....	MECOMSTECH@HOTMAIL.COM
Address .....	BLK 164 SIMEI ROAD
Address complement .....	#03-410
Postcode .....	520164
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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

PLS REFER TO THE ATTACHED 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 .....	GBK5679C
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) ..... -

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person ..... YANG KEE MENG  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT  
Injured person in which vehicle? ..... SLJ1789G  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

SKETCH PLAN

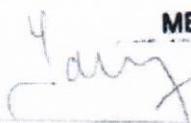
IMPORTANT NOTICE

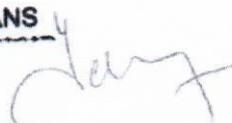
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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.

**MECOMS TRANS**

  
Policyholder's Signature  
Date & Time: 19/2/21  
10:09

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 19/2/21  
10:09

 20/2/21  
Reporting Centre Personnel's Signature  
Name  
NRIC/FIN No.



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"/>
Vehicle No.(For Motor)	<input type="text" value="SLJ1789G"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5118748203		MECOMS TRANS	53419175D	GPC	drivo CLASSIC	SLJ1789G	SLJ1789G	24/08/2020	29/11/2021

Continue

## Accident Reporting Draft

VEHICLE NO: SLJ1789G

MODEL: MITSUBISHI LANCER AUTO/MANUAL

DATE OF ACCIDENT	18/2/2021	C.C: 1,590
TIME OF ACCIDENT	1610	HRS <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">AM/PM</span>
LOCATION OF ACCIDENT	BEDOK NORTH AVE 3	
EXACT PURPOSE USE DURING ACCIDENT		
NAME OF OWNER	MECOMS TRANS	
CONTACT NO.	96638641	EMAIL: MECOMSTECH@HOTMAIL.COM
NRIC	53419175D	
CLAIM TYPE	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">OD / THIRD PARTY</span> / REPORTING ONLY 3P	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">COMPREHENSIVE</span> / THIRD PARTY / THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO: YANG KEE MENG	
NRIC	S1600506A	ANY PASSENGER: 0
DATE OF BIRTH	9/3/1963	
OCCUPATION	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">OUTDOOR</span> / INDOOR	
DATE OF DRIVING PASS		
GENDER	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">MALE</span> / FEMALE	
CONTACT NO.	96638641	EMAIL: MECOMSTECH@HOTMAIL.COM
ADDRESS	164 SIMEI ROAD #03-410 S(520164)	
DOES DRIVER OWN OTHER VEHICLES	NO/ IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE/ IF NO:	
WEATHER CONDITION	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">CLEAR</span> / RAINY/ OTHER: CLEAR	
ROAD SURFACE	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">DRY</span> / WET/ OTHER: DRY	
ANY INJURIES	NO / IF YES:	
CONTACT NO.		
POLICE REPORT	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">NO</span> / IF YES:	
VIDEO RECORDING	NO / YES	
VEHICLE B NO.	GBK5679C	ANY PASSENGER:
NAME		
CONTACT NO.		
VEHICLE C NO.	ANY PASSENGER:	
VEHICLE D NO.	ANY PASSENGER:	
VEHICLE E NO.	ANY PASSENGER:	
VEHICLE F NO.	ANY PASSENGER:	
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">Ryder</div> Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		

*Company Stamp*

Claim Handling

Accident MT/1121795

Policy No.	5118748203	Vehicle No.	SLJ1789G	GST Registration No.	
Certificate No.				Policyholder NRIC	53419175D
Policyholder Name	MECOMS TRANS	Cover Type	drivo CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	96638641	Special Remark		eCode	No
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	22/02/2021 10:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	18/02/2021	Time of Accident hh:mm	16:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK NORTH AVE 3				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver Is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	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	22/02/2021 10:44:26 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	BLK 164 #03-410	Address 2	SIMEI ROAD	Address 3	SINGAPORE 520164
Address 4		Address Type	Singapore address	Post Code	520164
Unit No.	03-410	Related Policy Number	5118748203		

OI Driver Info

Driver Name	YANG KEE MENG	Driver Type	Main Driver	Driver DOB	09/03/1963
Unnamed driver Name		Driver NRIC	S1600506A	Driving Experience	27
Register Date of Driver License	06/11/1993	Driver Age	57	Contact No.(Home)	0
Contact No.(Mobile)	96638641	Contact No.(Office)	0	Address 3	SINGAPORE 520164
Address 1	BLK 164	Address 2	SIMEI ROAD	Post Code	520164
Address 4		Address Type	Singapore address		
Unit No.	#03-410			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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	MECOMS TRANS	Insured NRIC		
Contact No.(Mobile)	96638641	Contact No.(Home)		Contact No.(Office)		
Email Address	mecomstech@hotmail.com	OI Vehicle Number	SLJ1789G	TP Vehicle Number		
Claim Description	SLJ1789G / GBK5679C ON 18 Feb 2021				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received	
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	22/02/2021 10:47	
Date Registered		Report Taken By	ROSLINDA	Workshop Repairer		
				Date Received		
				Total Loss but Repaired		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1121795	Claim No.	001
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Last Doc. Received

Yes  No

Upload Date

22/02/2021 00:00

Path \*

- No file chosen
- 

Clear	Category *	Confidential	Urgency *
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2021 10:47	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2021 10:47	SAS		Normal	SAS 2021-2-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2021 10:47	Photos		Normal	Photos 2021-2-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2021 10:47	Photos		Normal	Photos 2021-2-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2021 10:46	Photos		Normal	Photos 2021-2-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2021 10:46	Photos		Normal	Photos 2021-2-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2021 10:46	Photos		Normal	Photos 2021-2-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2021 10:46	Photos		Normal	Photos 2021-2-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2021 10:46	Photos		Normal	Photos 2021-2-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2021 10:46	Photos		Normal	Photos 2021-2-22

Video List

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