

NATIONAL Assessment Centre Services.

[Part 1 Jan 2003]

Date In: 03/03/21	Job description	Date & Time Completed	Done by
Ref No NA/INC21002844/13	SAS e-filing		
Veh No 5G41032L	E-mail (within 2hrs, AIC 2hrs)		
ICLA 27/01/21 0795	I-Motor Claim Form 03/03 MT/1122044-002		
OD - TP Reporting Only	I-Motor W/O (within 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wk312		

Preferred Wksp / INC Assign Wksp / GW: (Tel: 4	Fax: 1
TP Particulars:	Veh No: 5B551662	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 repolier.

() 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: _____

Date/Time:	Location:

NA2101961	Invoice/Information Checklist
Claimant's Particulars:	1) AR: Accident Reporting (\$30);
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) FT: Follow-Through Survey \$120
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30
Author's Comments:	For claiming against INC Only (wef 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	OD:
	*NS: Courtesy Car / Tpt Allowance \$5
	*NG: Repair Co-ordination \$10
	*NF: Post Repair Inspection \$25
	*NB: DV / Collect Excess Coordination \$5
	TE (N11): TP (Non INC) against INC \$20
	9) N12: Idao 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	03/03/2021 10:49 (SGT)
Date of Accident	27/01/2021 07:05 (SGT)
Exact Location of Accident	Bedok North Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY1032L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PHEE NAI SENG
NRIC No	SXXXX113B
Email Address	golden8dragon203@yahoo.com.sg
Mobile Phone No	(Phone) +65-97684256
Alternative Phone No	+65-97684256

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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5103688905-02
Cover Note Number	-

DRIVER

Name of Driver	TAN SONG CHU
NRIC No	SXXXX412G
Date Of Birth	20/10/1953
Occupation	Indoor

Date Of Driving Pass	08/09/1978
Driving experience	42 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97993196
Alt. Phone Number	-
Email Address	golden8dragon203@yahoo.com.sg
Address	BLK 20 CHAI CHEE RD
Address complement	#01-406
Postcode	460020
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	DAUGHTER-IN-LAW
Gender	Female

PASSENGER 2

Name	GRANDDAUGHTER
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS5166Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
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

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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.

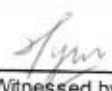
(collectively the "Purposes")

(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.

 03/03/21
Policyholder's Signature / Date & Time

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

 03/03/21
Witnessed by Reporting Centre Personnel

Sketch Plan



Bedok North Rd.

Bedok North Ave 2. →



Huat
心想事成

A - S4Y1032L

B - SBS5166Z


王發
AMULAT 白咖啡
White Coffee
Kopi Putih - RAJAMUR

Describe Circumstances of the Accident


I was travelling along Bedok North Ave 2 on the left lane of 12-lanes rd. I on my right signal to filter right to enter the and filter swerved to the right lane. Suddenly veh B came and hit onto my rear right side portion of my veh. My mum came down and ask the bus captain need to make any report. The bus captain called the office and the office person told if there's no injuries just let it be. So I never make any accident report. I make a report today cause I received a letter on 26/02/21 from my insurance.

Declaration

We declare the foregoing particulars are true in every respect.

 2/3/21
Policyholder's Signature / Date & Time

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

 03/02/21
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (27/01/21) (DD/MM/YYYY), TIME: (07:05) (HH:MM)

LOCATION: BEDOK NORTH AVE 2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5441032L
 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:
 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: PHEG NAI SENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 57117113B CONTACT: 97684256
 c) ADDRESS: BLK 61 CHAI CHEE RD
 #105-822 (460061)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN SONG CHU (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 509544124 CONTACT: 97993196
 c) ADDRESS: BLK 20 CHAI CHEE RD
 #101-406 (460030)
 *d) DATE OF BIRTH: (30/10/1953) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 08/09/1978

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: mother

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: SB55166Z MODEL:
 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)
 (3)

Daughter-in-law
 granddaughter

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

Email = golden8dragon203@yahoo.com.sg

fax =

video =

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="27/01/2021 07:05"/>							
Vehicle No. (For Motor)	<input type="text" value="SGY1032L"/>	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"/>	5103688905-02		PHEE NAI SENG	S7117113B	GPC	drivo CLASSIC	SGY1032L	SGY1032L	17/09/2020	16/09/2021
<input type="button" value="Continue"/>										

Our Ref: MT/CA/TP/001/1122044-001/CC/VU

23 Feb 2021

PHEE NAI SENG
BLK 61 #05-832
CHAI CHEE ROAD
SINGAPORE 460061

Dear Policyholder

CLAIM NUMBER: MT/1122044-001
ACCIDENT INVOLVING SGY1032L / SBS5166Z on 27 Jan 2021

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

Claim Handling

Accident MT/1122044

Policy No.	5103688905-02	Vehicle No.	SGY1032L	GST Registration No.	
Certificate No.					
Policyholder Name	PHEE NAI SENG			Policyholder NRIC	57117113E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	nil	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not available

▼ Accident Details

Report Date	23/02/2021 14:40	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	27/01/2021	Time of Accident hh:mm	07:03	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Bedok Nth Ave 2 (after b/s 84339, after 0.7km >BDI)				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
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	BLK 61 #05-832	Address 2	CHAI CHEE ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	460061
Unit No.		Related Policy Number	5103688905-02		

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	PHEE NAI SENG	In NR
Contact No.(Mobile)	97684256	Contact No. (Home)	68760443	Co NC (O)
Email Address		OI Vehicle Number	SGY1032L	TP NL
Claim Description	SGY1032L / 5B55166Z ON 27 Jan 2021			Na Pr Wk
Preferred Workshop		Insured Liability	Fully at Fault	
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered		Received		
Report Taken By	ROSINDA	Claim Close Date	03/03/2021 11:01	Dz Re
		Workshop Repairer		To bu Re

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1122044	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/03/2021 00:00
Path *		Category *	
Choose File No file chosen		Confidential	Normal
Choose File No file chosen		Urgency *	Normal
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 Board

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 11:01	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 11:01	SAS		Normal	SAS 2021-3-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 11:01	Photos		Normal	Photos 2021-3-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 11:01	Photos		Normal	Photos 2021-3-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 11:00	Photos		Normal	Photos 2021-3-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 11:00	Photos		Normal	Photos 2021-3-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 11:00	Photos		Normal	Photos 2021-3-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 11:00	Photos		Normal	Photos 2021-3-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 11:00	Photos		Normal	Photos 2021-3-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2021 11:00	Photos		Normal	Photos 2021-3-3

Video List

Uploaded By/Date	Folder Date	File Name		Source
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Display in New Window

Scan and uploading