

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

8N0921300001

Date In: 18/03/2021 10:25	Job description	Date & Time Completed	Done by
Ref No: NA/INC21003304/Y	SAS e-filing		
Veh No: SMR 472Y	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 12/03/2021 16:00	i-Motor Claim Form	18/03/2021 10:26	
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: SKV 9856S	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 repailer.

() 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

NA2101921	Invoice Preparation Checklist	Ant (\$) Inc Bill	Ant (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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 \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpl 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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Pat. 1:

Pat. 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	13/03/2021 10:25 (SGT)
Date of Accident	12/03/2021 16:00 (SGT)
Exact Location of Accident	89 Bedok North Street 4, Singapore 460089
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR472Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM ING ING
NRIC No	SXXXX748B
Email Address	emixz.ng@gmail.com
Mobile Phone No	(Phone) +65-90093943
Alternative Phone No	+65-90093943

VEHICLE PARTICULARS

Manufacturer	BMW
Model	216i
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	5118588449
Cover Note Number	-

DRIVER

Name of Driver	NG SOON NGUAN (HUANG SHUNYUAN)
NRIC No	SXXXX231F
Date Of Birth	30/04/1974
Occupation	Indoor

Date Of Driving Pass	23/08/2002
Driving experience	18 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90093943
Alt. Phone Number	-
Email Address	emixz.ng@gmail.com
Address	BLK 202 JURONG EAST STREET 21 #03-111
Address complement	-
Postcode	600202
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	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	SKV9856S
Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LAI UK FAN
NRIC No	SXXXX594G
Contact Number	(Phone) +65-88762236
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

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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.**
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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.

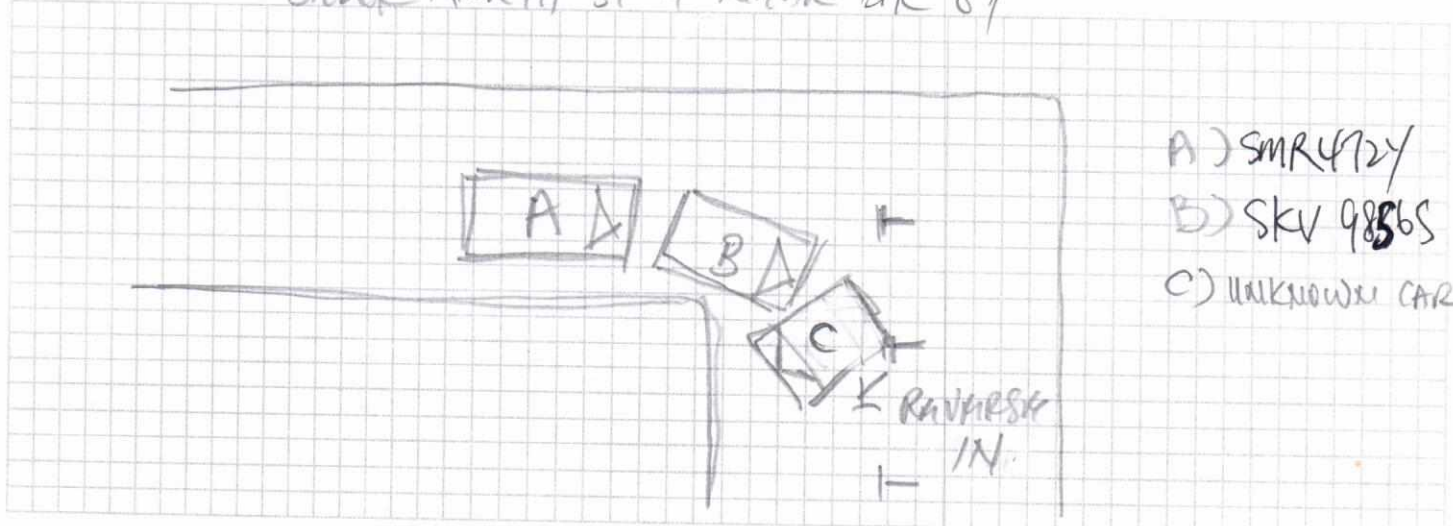
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

BEDOK NORTH ST 4 NEAR B/K 89

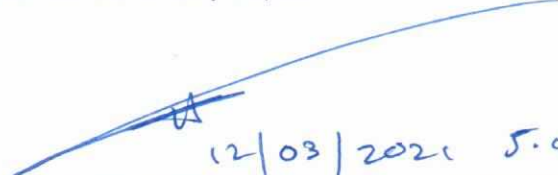




Describe Circumstances of the Accident

IT OPEN CARPARK, EXITING THE CARPARK. A CAR IN FRONT OF ME SUDDENLY
STOP AND REVERSE, BECAUSE THERE IS A CAR REVERSE INTO ONE OF
THE PARKING LOT. IT WAS SLIGHT RAINING ABOUT TO STOP, SO I
DID NOT NOTICE WHETHER HE REVERSE OR NOT. I HAVE TO LOOK
INTO MY VIDEO CAMERA TO CONFIRM.

Declaration

We declare the foregoing particulars are true in every respect.

 Policyholder's Signature / Date & Time	 12/03/2021 5.05 pm Driver's Signature (If driver is not the policyholder) / Date & Time	 13/03/2021 Witnessed by Reporting Centre Personnel
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ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 03 / 2021) (DD/MM/YYYY), TIME: (16 : 00) (HH:MM)

LOCATION: ~~BETA~~ BEOL NORTH ST4 BIK 89
OPEN CARPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMR 4724
b) INSURANCE COMPANY: HE BAHK N.TUC
c) POLICY NUMBER: 5118588449
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW 2161
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: LIM ING ING (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 57685748 CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger
(including driver)
(01)

- DRIVER
a) NAME: NG SOON NISUAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 5741321F CONTACT: 90093943
c) ADDRESS: BIK 2410NS EAST ST 21 403-111
SC 600 2021 2021

* d) DATE OF BIRTH: (30 / 6 / 1977) (DD/MM/YYYY) 1977

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 01 JUL 2003

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

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

* No of passenger
(including driver)
(01)

- a) VEHICLE NUMBER: SKV 98865 MODEL: WOLK WAGEN
b) DRIVER'S NAME: LAI MIK FAN
c) NRIC/FIN/PASSPORT: 560805946 CONTACT: 8876 2236

9. THIRD PARTY VEHICLE

* No of passenger
(including driver)
()

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

email = emix2.ng@gmail.com
VIDEO

Claim Handling

Accident MT/1124213

Policy No.	5118588449	Vehicle No.	SMR472Y	GST Registration No.	
Certificate No.					
Policyholder Name	LIM ING ING	Cover Type	drive PREMIUM	Policyholder NRIC	S7685748B
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90093943	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

▼ Accident Details

Report Date	13/03/2021 10:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/03/2021	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 89 BEDOK NORTH ST 4 OPEN CARPARK				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
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 202 #03-111	Address 2	JURONG EAST STREET 21	Address 3	SINGAPORE 600202
Address 4		Address Type	Singapore address	Post Code	600202
Unit No.		Related Policy Number	5118588449		

▼ OI Driver Info

Driver Name	NG SOON NGUAN (HUANG SHUNYUAN)	Driver Type	Main Driver	Driver DOB	30/04/1974
Unnamed driver Name		Driver NRIC	S7413231F	Driving Experience	18
Register Date of Driver License	23/08/2002	Driver Age	46	Contact No.(Home)	
Contact No.(Mobile)	90093943	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 checked="" type="radio"/> No	Driver Vehicle No.	SMR472Y	Driver Insurer Company	NTUC

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	LIM ING ING	Insured NRIC	S7685748B
Contact No.(Mobile)	82222175	Contact No.(Home)	82222175	Contact No.(Office)	
Email Address	huaning12345@gmail.com	OI Vehicle Number	SMR472Y	TP Vehicle Number	SKV9856S
Claim Description	SMR472Y / SKV9856S ON 12 Mar 2021				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Report Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	13/03/2021 10:35	Claim Close Date		Date Received	13/03/2021 00:00
Report Taken By	ROS LI WAHAB				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1124213	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/03/2021 10:36

Path *	Category *	Confidential	Urgency *	Description
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
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<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	

☐ Send Mes

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2021 10:36	Photos		Normal	Photos 2021-3-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2021 10:36	Photos		Normal	Photos 2021-3-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2021 10:36	Photos		Normal	Photos 2021-3-13	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2021 10:36	Photos		Normal	Photos 2021-3-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2021 10:36	Photos		Normal	Photos 2021-3-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2021 10:36	Photos		Normal	Photos 2021-3-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2021 10:35	Photos		Normal	Photos 2021-3-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2021 10:35	Photos		Normal	Photos 2021-3-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2021 10:35	Photos		Normal	Photos 2021-3-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2021 10:35	Photos		Normal	Photos 2021-3-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2021 10:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Mar 2021 10:35	SAS		Normal	SAS 2021-3-13	
Video List						
Uploaded By/Date	Folder Date	File Name			Source	

[Display in New Window](#) | [Scan and uploading](#)

Hello, NAC_BUKIT_MERAH_800676

My Desktop

Notice of Loss

Change Language

Change Password

Log Out

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

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"/>	5118588449		LIM ING ING	S7685748B	GPC	drive PREMIUM	SMR472Y	SMR472Y	15/08/2020	14/08/2021

Continue