

NATIONAL Assessment Centre Services

Date In: 15/03/21	Job description	Date & Time Completed	Done by
Ref No: NIA/INC21003373/13	SAS e-filing		
Veh No: SJR471M	E-mail (within 8hrs. AD 2hrs)		
D.O.A: 14/03/21 0430	i-Motor Claim Form 15/03	MT/1124492-001	
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: SH9836D	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

NIA 210238	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bil
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (N-on INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile \$10		
	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	15/03/2021 17:42 (SGT)
Date of Accident	14/03/2021 04:30 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR4721M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WELLCOME MOTOR AGENCIES
Company Reg No	3XXXX800W
Email Address	WELLCOME@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-63444012
Alternative Phone No	(Office) +65-63444012

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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	5113941268-01
Cover Note Number	-

DRIVER

Name of Driver	ALISTAIR TANG FANG HENG
NRIC No	SXXXX702B
Date Of Birth	12/07/1991
Occupation	Outdoor

Date Of Driving Pass	10/06/2015
Driving experience	5 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82049752
Alt. Phone Number	-
Email Address	ALISTAIRTFH@GMAIL.COM
Address	BLK 269 TOH GUAN RD
Address complement	#08-83
Postcode	600269
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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

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	SH9836D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

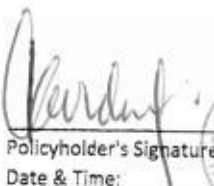
SKETCH PLAN

IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
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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.


Policyholder's Signature
Date & Time:




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

 15/03/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

NTUC

A - SJR4721M

B - SH9836D

Ang mo kio Ave 8

Accident

BK 424



MRT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Didn't break on time with a 20kmh at a traffic Junction.

The taxi emergency brake on a red light and i was behind.

Accident ~~Accident~~ happened at Date 14.3.2021 morning 4.30 a.m


~~It wasn't raining.~~

It was not raining. I am alone while driving. There is not dent on the taxi, only a minor Scratch


Taxi car plate is SH9836D Comfort delgro

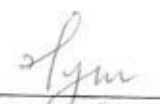
DECLARATION

I/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:

 15/03/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT



ACCIDENT DATE: (18/3/2011) (DD/MM/YYYY), TIME: (4:30) (HH:MM)

LOCATION: ~~Ang Mo Kio~~ Avenue 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 55R 4721 M
 b) INSURANCE COMPANY: NAC
 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: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 63444012
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ALISTAIR TANG FANG HENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: BK 269 TBHC CONTACT: 82049752
 c) ADDRESS: BK 269 TONGHUA RD
#68-83 (600269)

*d) DATE OF BIRTH: (12/07/1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10/06/2015

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

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: SH 98360 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 passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

wellcome@singnet.com.sg

Email = Alistairfh@gmail.com

fax =

video =

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113941268-01	5113941268-01-000001	WELLCOME MOTOR AGENCIES	39853800W	GFM	drivo CLASSIC	SJR4721M	SJR4721M	01/01/2021	31/12/2021

Claim Handling

Accident MT/1124492

Policy No.	5113941268-01	Vehicle No.	SJR4721M	GST Registration No.	M90001228R
Certificate No.	5113941268-01-000001				
Policyholder Name	WELLCOME MOTOR AGENCIES			Policyholder NRIC	39853800W
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	63444012	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	15/03/2021 19:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	14/03/2021	Time of Accident hh:mm	04:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ANG MO KIO AVE 3				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	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	2,000.00	Total TP Excess Applicable	0.00		

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	18/08/1997
GST Registration No.	M90001228R	GST Status Verified	Yes
Modification History	15/03/2021 20:00:48 System changed GST Registration Date from 01/01/2015 to 18/08/1997 15/03/2021 20:00:48 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	68 KAKI BUKIT AVENUE 5	Address 2	#02-02 ARK@KB	Address 3	SINGAPORE 417896
Address 4		Address Type	Singapore address	Post Code	417896
Unit No.		Related Policy Number	5113945631-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	12/07/1991
Unnamed driver Name	ALISTAIR TANG FANG HENG	Driver NRIC	59185702B	Driving Experience	5
Register Date of Driver License	10/06/2015	Driver Age	29	Contact No.(Home)	0
Contact No.(Mobile)	82049752	Contact No.(Office)	0	Address 3	TOH GUAN VIEW
Address 1	BLK 269	Address 2	TOH GUAN ROAD	Post Code	600269
Address 4	SINGAPORE 600269	Address Type	Singapore address		
Unit No.	#08-83				
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	WELLCOME MOTOR AGENCIES	Insured NRIC	39853800W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	63444012
Email Address		OI Vehicle Number	SJR4721M	TP Vehicle Number	SH9836D
Claim Description	SJR4721M / SH9836D ON 14 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	15/03/2021 00:00
Date Registered	15/03/2021 20:03	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSINDA	Workshop Repairer			

☐ Print AK letter

Save Submit

Attachment

Accident No.

MT/1124492

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

15/03/2021 00:00

Path *

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

Choose File

No file chosen

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No file chosen

Category *

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Confidential

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Normal

Description

Send Message

▼ Attachment List

Send Mes

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 15 Mar 2021 20:03	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 15 Mar 2021 20:03	SAS		Normal	SAS 2021-3-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 15 Mar 2021 20:02	Photos		Normal	Photos 2021-3-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 15 Mar 2021 20:02	Photos		Normal	Photos 2021-3-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 15 Mar 2021 20:02	Photos		Normal	Photos 2021-3-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 15 Mar 2021 20:02	Photos		Normal	Photos 2021-3-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 15 Mar 2021 20:02	Photos		Normal	Photos 2021-3-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 15 Mar 2021 20:02	Photos		Normal	Photos 2021-3-15	
Video List						
Uploaded By/Date	Folder Date	File Name		Source		
<div>Display in New Window</div> <div>Scan and uploading</div>						