

NATIONAL Assessment Centre Services.

[Part 1 Jan 2003]

SM 09213 G 0001

Date In: 16/13/21 09:02	Job description	Date & Time Completed	Done by
Ref No NA/INC 21093405164	SAS e-filing		
Veh No SKG 93P	E-mail (within 3hrs, A/C 2hrs)		
ICIA: 15/13/21 09:41	I-Motor Claim Form	MT/112456001	16/13/21 13:43
UD: <input checked="" type="radio"/> Reporting, Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel: *

Fax: *

TP Particulars:

Veh No:

SKW 73505

INC () / Non-INC ()

Tel: *

Owner / Driver: (

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 repolar.

() 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	Action	Done by

NA 2102165

Driver/Owner:	1) AR: Accident Reporting (\$30)	30
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (we 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + EMRT Survey	\$160
	8) NTUC Additional Services:	
	QD:	
	*NS: Courtesy Car / Tpl Allowance	\$5
	*NG: Repair Co-ordination	\$10
	*NT: Post Repair Inspection	\$25
	*NB: DV / Collect Excess Coordination	\$5
	TP (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	16/03/2021 09:02 (SGT)
Date of Accident	15/03/2021 09:11 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	BEFORE ENTER TUNNEL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG93P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SENG HAN YANG
NRIC No	SXXXX076J
Email Address	TOP93SPORTSRIM@GMAIL.COM
Mobile Phone No	(Phone) +65-97220093
Alternative Phone No	+65-97220093

VEHICLE PARTICULARS

Manufacturer	BMW
Model	528i
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	5089806329-03
Cover Note Number	-

DRIVER

Name of Driver	SENG HAN YANG
NRIC No	SXXXX076J
Date Of Birth	15/10/1977
Occupation	Indoor

Date Of Driving Pass	08/12/2005
Driving experience	15 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97220093
Alt. Phone Number	+65-97220093
Email Address	TOP93SPORTSRIM@GMAIL.COM
Address	BLK 893B WOODLANDS DR 50 #08-109
Address complement	-
Postcode	731893
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	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

REFER TO 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	SKW7350S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SEE CHEE HENG
NRIC No	SXXXX114D
Contact Number	(Phone) +65-98260514
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan


The sketch plan is drawn on a grid. It shows two vehicles, labeled 'A' and 'B', moving from left to right. Vehicle A is a car, and Vehicle B is a truck. They are positioned on a road that leads into a tunnel, represented by a rectangular box labeled 'KPE before Enter tunnel'. Above the vehicles, there are three horizontal lines with arrows pointing right, indicating the direction of travel. To the right of the vehicles, the following text is written: 'A = SKG 93 P' and 'B = SKW 73505'.

Describe Circumstances of the Accident

I was travelling along KPE before enter
tunnel on the "first lane, veh in front of me"
slow down and stop, I follow to slow down
and stop, out of a sudden, I felt an impact
from behind. After the incident, I realized
veh B from behind collided onto my veh rear
portion.


Declaration

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



Witnessed by Reporting Centre
Personnel

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="15/03/2021 11:00"/>							
Vehicle No.(For Motor)	<input type="text" value="SKG93P"/>	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"/>	5089806329-03		SENG HAN YANG	S7782076J	GPC	drivo PREMIUM	SKG93P	SKG93P	25/05/2020	24/05/2021
<input type="button" value="Continue"/>										

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 3 / 21) (DD/MM/YYYY), TIME: (9 : 11) (HH:MM)

LOCATION: KPE before ^{enter} tunnel

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: ~~SKD~~ SKG 93P
 b) INSURANCE COMPANY: INC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW F11 2.0
 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: Seng Han Yang (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 965 9090 97220093
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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: SKW 7350S MODEL: _____
 b) DRIVER'S NAME: See chee Heng
 c) NRIC/FIN/PASSPORT: S8026114D CONTACT: 98260514

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)
()

Email = Top93 Sportsrim @ gmail . com

fax =

video = No.