

NATIONAL Assessment Centre Services

[wef 1 Jan 05] **MNA117158354**

Date In: 11/12/17-09:38	Job description	Date & Time Completed	Done by
Ref No: NA/INC17022837/24	SAS e-filing		
Veh No: YP55935	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/11/17-09:05	i-Motor Claim Form	MT/0971888	11/12/17 10:51
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No: **SK455965**

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

NA1707417

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:

Invoice Preparation Checklist

Amt (\$)

Int Bill

Amt (\$)

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

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:-

OD:

*N5: Courtesy Car / Tpt 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: Idac Mobile \$30

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 ability.
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 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 Report	01/12/2017 09:38
Date Of Accident	30/11/2017 09:05
Exact Location Of Accident	ALONG MCE BEFORE MARINE EAST DRIVE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5593S
Insured/Policyholder	
Name Of Registered Owner	LO-NET HANDLING PTE LTD
Co Reg No	199404658C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97825571
Alternative Phone No	OFFICE-97825571

Vehicle Particulars

Manufacturer	ISUZU
Model	FSR34SUQCC
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088042812
Cover Note Number	

Driver

Name of Driver	WANG ANMIN
Passport No/FIN	G3042262M
Date Of Birth	10/04/1980
Occupation	OUTDOOR
Date Of Driving Pass	06/06/2015
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98852118
Fax Number	
Contact Number	OFFICE-98852118
Email Address	NOEMAIL

Address	91 COMPASSVALE BOW #01-38 JEWEL @ BUANGKOK
Postcode	544688
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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	SKH5596S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	KAREN ALYSSA SEQUEIRA
NRIC/Passport Number	S7507083G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name	
Phone Number	
Email Address	

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.

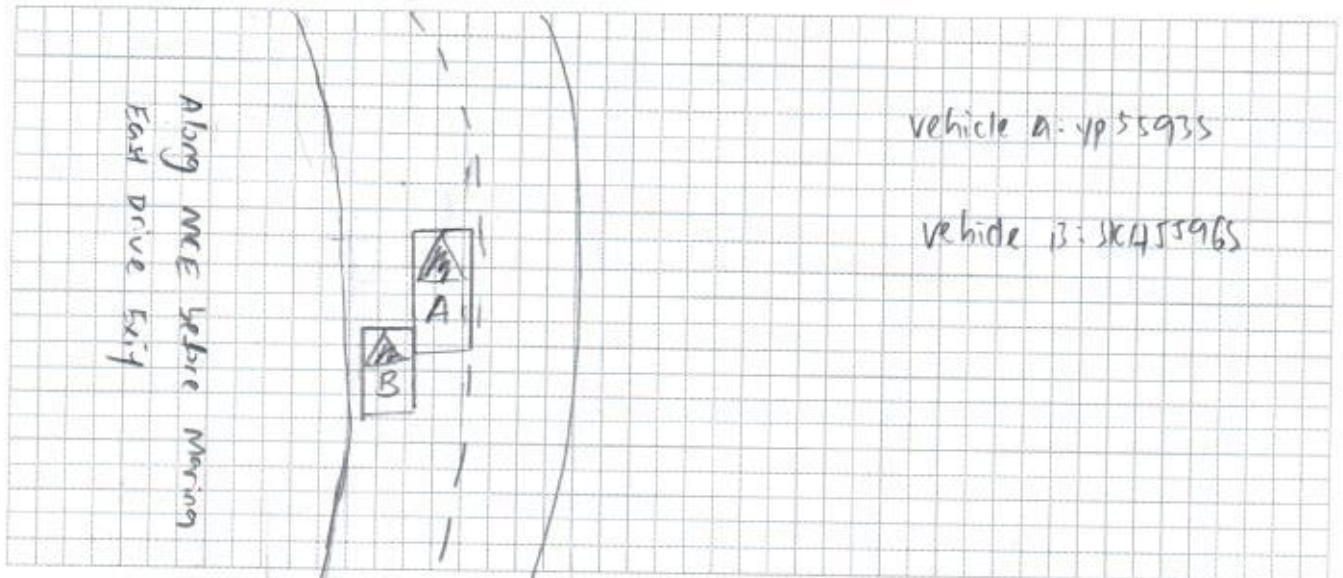


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/11/17 at 05 I was travelling along MCE before Marina East Drive Exit and the traffic conditions was heavy. Suddenly vehicle B (SK45596s) ~~seize~~ seized onto my lane and trying to cut onto my lane. In a result, vehicle B (SK45596s) collided onto my vehicle rear left portion.

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:

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

ACCIDENT STATEMENT

ACCIDENT DATE: (30/11/17) (DD/MM/YYYY), TIME: (09:05) (HH:MM)

LOCATION: Along MCE before Marine East Drive Exit

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: YP55935

b) INSURANCE COMPANY: NTJC

c) POLICY NUMBER: 56F8042812

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: Working

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: Lo-Net Handling Pte Ltd (MALE / FEMALE)

B) NRIC/FIN/PASSPORT: 199434658C CONTACT: 9782571 (mobile)

C) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

a) NAME: Wang Anmin (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: 803042362M CONTACT: 99852118 (mobile)

c) ADDRESS: 91 Compassvale Blvd #01-38 Jewel @ Sungei Binc (S4468F)

* d) DATE OF BIRTH: (10/4/1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 6/6/2015 (class 4)

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

a) VEHICLE NUMBER: S1CH55965 MODEL:

b) DRIVER'S NAME: Karen Alyssa Sequeira

c) NRIC/FIN/PASSPORT: S15670836 CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

* No of
passenger
(including d)
(1)

* No of pass
(including d)
(2)

* No of pass
(including d)
(-)

email =

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **G3042262M**
 Name **WANG ANMIN**
 Birth Date **10 Apr 1980**
 Issue Date **16 Jun 2014**
 Valid Till **15 Jun 2019**


002315146D


S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore


 Employer **LO-NET HANDLING PTE LTD**
 Sector: **SERVICE**
 Name **WANG ANMIN**
 Occupation **DRIVER**
 S Pass No. **0 76143579**
 Date of Application **18-03-2018**
 Date of Issue **06-04-2018**
 Date of Expiry **15-04-2018**


L6657909

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 CC	16 Jun 2014
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver and motor tractors/vehicles <= 2500 kg	16 Jun 2014
Class 4	Heavy motor cars and motor tractors > 2500 kg	06 Jun 2015

YP 5593 S
WANG ANMIN
 S/No. 9000212742


VISIT PASS
Immigration Regulations

Name **WANG ANMIN**

 Date of Birth **10-04-1980** Sex **M** Nationality **CHINESE**
 PRN **G3042262M** Date of Issue **06-04-2018** Date of Expiry **15-04-2018**
MULTIPLE JOURNEY VISA ISSUED
 YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



eBaoTech

GeneralClaim

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="30/11/2017 09:05"/>						
Vehicle No.(For Motor)	<input type="text" value="YP5593S"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088042812	LO-NET HANDLING PTE LTD	199404658C	GCV	Comprehensive	YP5593S	YP5593S	01/03/2017	28/02/2018
<input type="button" value="Continue"/>									

▼ Policy Information

Policy No.	5088042812	Policyholder Name	LO-NET HANDLING PTE LTD	Policyholder NRIC	199404658C
Address	91 COMPASSVALE BOW #01-38 JEWEL @ BUANGKOK SINGAPORE 544688				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan			Group Policy Flag	N
Policy issue Date	21/02/2017	Effective Date	01/03/2017 00:00	Expiry Date	28/02/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	SEABANC INSURANCE BROKERS	Agent Tel.	68448022	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	91 COMPASSVALE BOW	Address 2	#01-38 JEWEL @ BUANGKOK	Address 3	SINGAPORE 544688
Address 4		Address Type	Singapore address	Post Code	544688
Unit No.	01-38	Related Policy Number	5086915769-01		

► Insured Object: YP5593S

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	13/03/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 13 Mar 2017, the Vehicle Number is amended as follows: VEHICLE REGISTRATION NUMBER: YP5593S

Continue

Cancel

Claim Handling

Accident MT/0971888

Policy No.	5088042812	Vehicle No.	YP5593S	GST Registration No.	
Policyholder Name	LO-NET HANDLING PTE LTD			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	97825571	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20		

Accident Details

Report Date	01/12/2017 10:15	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	30/11/2017	Time of Accident hh:mm	09:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG MCE BEFORE MARINE EAST DRIVE EXIT				

Benefits

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	91 COMPASSVALE BOW	Address 2	#01-38 JEWEL @ BUANGKOK	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	01-38	Related Policy Number	5086915789-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	WANG ANMIN	Driver NRIC	G3042262M	Driving Experience	
Register Date of Driver License	06/06/2015	Driver Age	37	Contact No.(Home)	
Contact No.(Mobile)	98852118	Contact No.(Office)		Address 3	
Address 1	91 COMPASSVALE BOW	Address 2	#01-38 JEWEL @ BUANGKOK	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	01-38	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

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

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	LO-NET HANDLING PTE LTD	Insured NRIC	
Contact No.(Mobile)	90470788	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	myuen@seabancgroup.com	OI Vehicle Number	YP5593S	TP Vehicle Number	
Claim Description	YP5593S / SKH5596S ON 30 Nov 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	01/12/2017 10:51	Claim Close Date			
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0971888	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/12/2017 10:52
Path *		Category *	Confidential
		Urgency	Normal

Browse Clear Please Select

<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Dec 2017 10:52	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Dec 2017 10:52	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Dec 2017 10:51	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Dec 2017 10:51	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Dec 2017 10:51	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Dec 2017 10:51	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Dec 2017 10:51	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Dec 2017 10:51	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Dec 2017 10:51	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Dec 2017 10:51	Photos	Normal	Photo:

Video List

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