

# NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MNA 11800 2866

Date In: 6/1/18 11:12	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC18000360/h4	E-mail (within 3hrs, AIC 2hrs)		
Veh No: GBD 6003H	i-Motor Claim Form	MT/0976666	6/1/18 16:44.
D.O.A: 5/1/18 13:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD <input checked="" type="checkbox"/> Reporting Only	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: SJW 26972	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:-	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

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	30.00	
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: (Inc DA + SMRT Survey) \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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: (Inc 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	06/01/2018 11:12
Date Of Accident	05/01/2018 13:30
Exact Location Of Accident	PIE TOWARDS CHANGI NEAR EUNOS EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6003H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	INSTIL SERVICES PTE LTD
Co Reg No	198404426G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62885472

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
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	5076481934-01
Cover Note Number	-

### Driver

Name of Driver	SHEPHERDSON CHARLES CLEMENT
NRIC No	S8432800F
Date Of Birth	09/10/1984
Occupation	INDOOR
Date Of Driving Pass	14/12/2005
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91453232
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 523C TAMPINES CENTRAL 7 #10-107  
 Postcode 523523  
 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 CHAIN COLLISION  
 Weather Conditions CLEAR  
 Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles involved in the accident  
 Was any body injured in the Accident? NO  
 Was any injured conveyed to hospital by ambulance?  
 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

I WAS TRAVELLING ALONG PIE TOWARDS CHANGI HEADING TO THE EUNOS EXIT ON THE EXTREME LEFT LANE, SUDDENLY VEH IN FRONT OF ME JAMMED BRAKE. AS SUCH I MANAGE MY BRAKE TO STOP. MOMENT LATER I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 4 CAR CHAIN COLLISION ACCIDENT.

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: HAVENT CHECK  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJW2697L  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



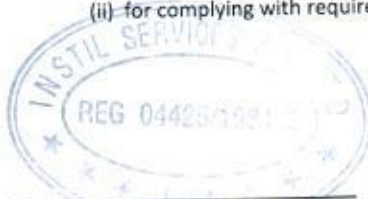
## SKETCH PLAN

### 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

PIE truck change  
heat exchanger

A = GBD 6003 H  
B = SJW 2597 L  
C = Unknown  
D = Unknown

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

### DECLARATION

I/We declare the foregoing particulars are true in every respect.



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

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



REPUBLIC OF SINGAPORE DRIVING LIC

License No. S8432800F

Name  
SHEPHERDSON CHARLES CLEMENT

Birth Date: 09 Oct 1984  
Valid Until: 29 Dec 2009

001816903B




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8432800F

50B1495  
71




Name  
SHEPHERDSON CHARLES CLEMENT

Race  
EURASIAN

Date of birth  
09-10-1984

Sex  
M

Country/Place of birth  
SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

Class 3

g with, <7 passengers, exclusiv

and other motor vehicles < 2500kg

NP 428A

Licence No. S8432800F




5482174

NRIC No. S8432800F

Date of issue  
22-05-2015

Address  
APT BLK 523C TAMPINES CENTRAL 7  
#10-107  
SINGAPORE 523523




eBaoTech

GeneralClaim

[Change Language](#)[Change Password](#)[Log Out](#)

Hello, NAC\_PAYA\_UBI\_800601

[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

05/01/2018 11:04

Vehicle No. (For Motor)

GBD6003H

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5076481934-01	INSTIL SERVICES PTE LTD	198404426G	GCV	Comprehensive	GBD6003H	GBD6003H	12/01/2017	11/01/2018



## Claim Handling

Accident MT/0976666

Policy No.	5076481934-01	Vehicle No.	GBD6003H	GST Registration No.	
Policyholder Name	INSTIL SERVICES PTE LTD			Policyholder NRIC	19841
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	62885472	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

**Accident Details**

Report Date	06/01/2018 16:40	Accident Report Within 24 hrs	Yes	Accident Type	Chain
Date of Accident	05/01/2018	Time of Accident hh:mm	13:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TOWARDS CHANGI NEAR EUNOS 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	BLK 212 #03-341	Address 2	HOUGANG STREET 21	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	53021
Unit No.		Related Policy Number	5076481934-02		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	09/10
Unnamed driver Name	SHEPHERDSON CHARLES CLEM	Driver NRIC	S8432800F	Driving Experience	12
Register Date of Driver License	14/12/2005	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	91453232	Contact No.(Office)		Address 3	TAMP
Address 1	BLK 523C #10-107	Address 2	TAMPINES CENTRAL 7	Post Code	52351
Address 4	SINGAPORE 523523	Address Type	Singapore address		
Unit No.	10-107				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

**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 001

New

Claim Type *	OD-MX	Insured Name	INSTIL SERVICES PTE LTD	Insured NRIC	19841
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	62881
Email Address		OI Vehicle Number	GBD6003H	TP Vehicle Number	SJW2
Claim Description	GBD6003H / SJW2697L ON 5 Jan 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Recei
Date Registered	06/01/2018 16:43	Claim Close Date		Date Received	06/01
Report Taken by	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0976666	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/01/2018 16:44

Path *	Category *	Confidential	Urgency *
<input type="text"/> <input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/> <input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/> <input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/> <input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/> <input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/> <input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>

#### Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2018 16:44	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2018 16:44	SAS	Normal	SAS 2018-
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2018 16:44	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2018 16:44	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2018 16:44	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2018 16:44	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2018 16:43	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2018 16:43	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2018 16:43	Photos	Normal	Photos 2018
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2018 16:43	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2018 16:43	Photos	Normal	Photos 2018

#### Video List

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