

NATIONAL Assessment Centre Services

(wef 1 Jan 08)

MHA118008749

Date In: 17/1/18-17:26	Job description	Date & Time Completed	Done by
Ref No: NA/INC18001670/24	SAS e-filing		
Veh No: 6Y 6098P	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 26/12/17-08:30	i-Motor Claim Form	MT/2970088	17/1/18 18:08
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: Unknown

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

NA1800416	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) Add Bill
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 2008)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile \$0		
Dat. 2 / 3:	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 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	17/01/2018 17:26
Date Of Accident	26/10/2017 08:30
Exact Location Of Accident	ALONG CTE BEFORE BALESTIER RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY6098P
Insured/Policyholder	
Name Of Registered Owner	TRADEWINDS FOOD INDUSTRIES PTE LTD
Co Reg No	200506896K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63858385

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5068792606-02
Cover Note Number	

Driver

Name of Driver	TE GIA FUH
Passport No/FIN	G6930726X
Date Of Birth	21/01/1980
Occupation	OUTDOOR
Date Of Driving Pass	11/11/2011
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98984648
Fax Number	
Contact Number	OFFICE-98984648
Email Address	NOEMAIL

Address	1002 TAI SENG AVENUE #01-2534
Postcode	534409
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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	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)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

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

	A: 6Y 6098P
	B: unknown
	C: unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/10/17 08:30 I was travelling along CTE before busstop
 2nd exit. suddenly vehicle C stop on the break of his vehicle.
 In a result, I couldn't brake in time and collided onto
 vehicle C rear portion. In a same way, vehicle B collided
 onto my vehicle rear 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.:

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
TRADEWINDS FOOD INDUSTRIES PTE. LTD.

Sector: **MANUFACTURING**

Name
TE GIA FUH

Occupation
DRIVER

Work Permit No.
4 03881929

Date of Application
02-09-2013

Date of Issue
23-08-2017

Date of Expiry
14-09-2018

 **L8248174**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **G6930726X**

TE GIA FUH

Birth Date: **21 Jan 1980**

Issue Date: **10 Oct 2016**

Valid Till: **10/11/2021**

 **002617916A**

VISIT PASS
Immigration Regulations

Name
TE GIA FUH

Date of Birth: **21-01-1980** Sex: **M** Nationality: **MALAYSIAN**

FIN: **G6930726X** Date of Issue: **23-08-2017** Date of Expiry: **14-09-2018**



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)


EFFECTIVE DATE

Class 2B	Motorcycles <= 200 CC	11 Nov 2011
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	11 Nov 2011
Class 4	Heavy motor cars and motor tractors > 2500 kg	13 Apr 2017

S / No. 9000258560

G6930726X

NP 428A

 Licence No: **G6930726X**

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5068792606-02	TRADEWINDS FOOD INDUSTRIES PTE LTD	200506896K	GCV	Third Party, Fire & Theft	GY6098P	GY6098P	08/12/2016	07/12/2017

Claim Handling

[Exit](#)

Accident MT/0970088

Policy No.	5058792606-02	Vehicle No.	GY6098P	GST Registration No.	200506896K
Policyholder Name	TRADEWINDS FOOD INDUSTRIES PTE LTD	Owner Type	Third Party, Fire & Theft	Policyholder NRIC	200506896K
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	31
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available

Accident Details

Report Date	17/11/2017 08:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear (Insured Hit TP)
Date of Accident	26/10/2017	Time of Accident In:min	08:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE(CITY) BEFORE BALESTIER EXIT				

Benefits

Excess

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

GST Registered Information

GST Registered	Yes	GST Registration Date	01/07/2005
GST Registration No.	200506896K	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	1002 TAI SENG AVENUE	Address 2	#01-2534	Address 3	SINGAPORE 534409
Address 4		Address Type	Singapore address	Post Code	534409
Unit No.	01-2534	Related Policy Number	S051819316-06		

OT Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 2	
Address 1		Address Type	Foreign address	Post Code	
Address 4					
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 [New](#)

Claim Type *	OD-MX	Insured Name	TRADEWINDS FOOD INDUSTRIES	Insured NRIC	200506896K
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	63858285
Email Address	sales@tradewindfood.com.sg	OT Vehicle Number	GY6098P	TP Vehicle Number	UNKNOWN
Claim Description	GY6098P / UNKNOWN ON 26 Oct 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	17/01/2018 00:00
Date Registered	17/01/2018 18:08	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

[Save](#) [Submit](#)

Attachment

Accident No.	MT/0970088	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/01/2018 18:08

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal Urgent	
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal Urgent	
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal Urgent	
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal Urgent	
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal Urgent	
Browse... Clear	Please Select	<input type="radio"/> NO <input type="radio"/> YES	Normal Urgent	

[Attach File](#) ☐ Send Message [Upload](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (OO)
NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jan					

<http://gicclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caseId=2395227&objectId=...> 17/1/2018