

# NATIONAL Assessment Centre Services (wef 1 Jan 05) MNA 118014761

Date In: <b>30/11/18 15:02</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NAL INC 1800182914</b>	SAS e-filing		
Veh No: <b>GBE 2238T</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>30/11/18 07:55</b>	i-Motor Claim Form	<b>MT/0980181</b>	<b>30/11/18 16:54</b>
OD: TP: <b>Reporting Only</b>	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: <b>SSP 2158 M</b>	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

<b>MA1800654</b>	<b>Invoice Preparation Checklist</b>	Ant (\$) Est Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	<b>30.00</b>	
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 claimant against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	OT*		
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 (N-in INC) against INC \$20		
	9) N12: Idac 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 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	30/01/2018 15:02
Date Of Accident	30/01/2018 07:55
Exact Location Of Accident	AFTER JUNC OF AIRPORT RD & BARTLEY RD EAST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2238T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JIAN HO M&E PTE LTD
Co Reg No	200822384E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97822490

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEA01BR2SDEB (CBU)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084548537-01
Cover Note Number	-

### Driver

Name of Driver	ONG BENG HUAT
NRIC No	S1336124Z
Date Of Birth	02/06/1958
Occupation	OUTDOOR
Date Of Driving Pass	11/06/1979
Driving Experience	38 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90886714
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 196 RIVERVALE DR #17-727
Postcode	540196
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
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)	2
Passenger 1	NAME: : UNKNOWN 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

I WAS TRAVELLING ALONG KPE AFTER PASS THE TRAFFIC JUNCTION OF BARTLEY RD EAST ON THE THIRD LANE, SUDDENLY VEH B (BEARING NO SJP2158M) COME FROM THE EXTREME LEFT LANE CUT INTO MY LANE DUE TO THE MERGING LANE ON THE THIRD LANE AND EXTREME LEFT LANE. AS THE RESULT, VEH B RIGHT SIDE MIRROR HIT ONTO MY VEH LEFT HAND SIDE. SLIGHTLY SCRATCHED ON MY LEFT.

#### 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	SJP2158M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TIAN YEW FOO
NRIC/Passport Number	S7461742E
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.
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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1336124Z**

Name: **ONG BENG HUAT**

Birth Date: **02 Jun 1958**

Issue Date: **14 Feb 2004**

001113851C




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1336124Z**



Name: **ONG BENG HUAT**

王 啟 發

Race: **CHINESE**

Date of birth: **02-06-1958**

Country/Place of birth: **SINGAPORE**

Sex: **M**

51336124Z

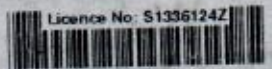


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **11 Jun 1979**

Licence No: **S1336124Z**



NP 428A

5374720



NRIC No: **S1336124Z**



Date of issue: **27-10-2014**

Address: **APT BLK 196 RIVERVALE DRIVE  
#17-727  
SINGAPORE 540196**

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="30/01/2018 14:51"/>																				
Vehicle No.(For Motor)	<input type="text" value="GBE2238T"/>	<input type="button" value="Search"/>																					
<table><thead><tr><th>Select</th><th>Policy No.</th><th>Policyholder Name</th><th>Policyholder NRIC</th><th>Product</th><th>Cover Type</th><th>Vehicle No.</th><th>Insured Object</th><th>Commence Date</th><th>Expiry Date</th></tr></thead><tbody><tr><td><input type="radio"/></td><td>5084548537-01</td><td>JIAN HO M&amp;E PTE LTD</td><td>200822384E</td><td>GCV</td><td>Comprehensive</td><td>GBE2238T</td><td>GBE2238T</td><td>05/10/2017</td><td>04/10/2018</td></tr></tbody></table>				Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	<input type="radio"/>	5084548537-01	JIAN HO M&E PTE LTD	200822384E	GCV	Comprehensive	GBE2238T	GBE2238T	05/10/2017	04/10/2018
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date														
<input type="radio"/>	5084548537-01	JIAN HO M&E PTE LTD	200822384E	GCV	Comprehensive	GBE2238T	GBE2238T	05/10/2017	04/10/2018														
<input type="button" value="Continue"/>																							

## Claim Handling

Accident MT/0980181

Policy No.	5084548537-01	Vehicle No.	GBE2238T	GST Registration No.	
Policyholder Name	JIAN HO M&E PTE LTD			Policyholder NRIC	2008
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97822490	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text"/>
KFX	<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	30/01/2018 16:48	Accident Report Within 24 hrs	Yes	Accident Type	Side S
Date of Accident	30/01/2018	Time of Accident hh:mm	07:55	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	AFTER JUNC OF AIRPORT RD & BARTLEY RD EAST				

## ▼ 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	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	9999
Unit No.	08-16	Related Policy Number	5084548537-01		

## ▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ONG BENG HUAT	Driver NRIC	S1336124Z	Driver DOB	02/06
Register Date of Driver License	11/06/1979	Driver Age	59	Driving Experience	38
Contact No.(Mobile)	90886714	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 196 #17-727	Address 2	RIVERVALE DRIVE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	5401
Unit No.	17-727				
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 *	DD-MX	Insured Name	JIAN HO M&E PTE LTD	Insured NRIC	2008
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	GBE2238T	TP Vehicle Number	SJP21
Claim Description	GBE2238T / SJP2158M ON 30 Jan 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	GIA report	Recei
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	30/01
Date Registered	30/01/2018 16:54	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment



Accident No.	MT/0980181	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/01/2018 16:54

Path *	Browse...	Clear	Category *	Confidential	Urgency *
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal

Upload File

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2018 16:54	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2018 16:54	SAS	Normal	SAS 2018-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2018 16:54	Photos	Normal	Photos 2018-
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2018 16:54	Photos	Normal	Photos 2018-
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2018 16:54	Photos	Normal	Photos 2018-
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2018 16:54	Photos	Normal	Photos 2018-
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2018 16:54	Photos	Normal	Photos 2018-
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2018 16:54	Photos	Normal	Photos 2018-

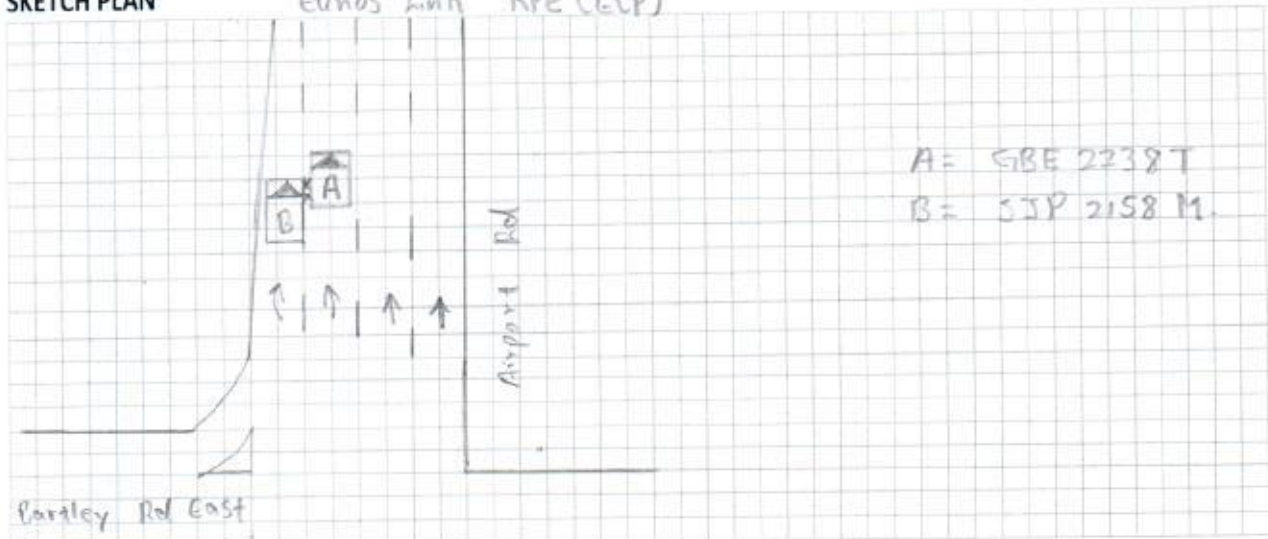
## Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading

Eunos Link KPE (CECP)



Please Refer to statement

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

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