

NATIONAL Assessment Centre Services. (ver 1 Jan 2005)

Date In: 26/03/2018 13:04

Ref No: NA/INC18005556/K4

Veh No: GX1112U

D.O.A: 26/3/2018 12:05

OD: TP / Reporting Only

TP Insured:

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 3hrs, A/C 3hrs)		
I-Motor Claim Form	MT/0987719	26/3/18 17:05
I-Motor W/O (within: OD 3hrs, TP 4hrs)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (

Tel:

Fax:

TP Particulars: Yeh No: SKU 824.2, INC() / Non-INC()

Owner / Driver: (

Policy No: (

Period: (

Tel:

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (%) (Note-Bst Status (WO): N: 0-20%; P: 21-79%; P: 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 6046) 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

NA1801905

Human's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engn-In-Charge):

Director's Comments:

2/3:

Invoice Preparation Credits	AMOUNT (\$)	AMOUNT (\$)
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$130		
5) FT: Follow-Through Survey (Resurvey) \$30		
Forfeiture against INC Only (ver 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) NI: Idv DA + SMRT Survey \$160		
8) NTUC Additional Services		
QTY		
*N5: Courtesy Car / Tpl Allowance	\$5	
*N6: Repair Coordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DY / Collect Excess Coordination	\$5	
TP (Nil) / TP (Nil INC) against INC	\$20	
9) N11: Idv Mobile	\$0	
Invoice dated	File Charged	
Invoice dated	File 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	26/03/2018 13:04
Date Of Accident	26/03/2018 12:05
Exact Location Of Accident	SIMS PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX1112U
Insured/Policyholder	
Name Of Registered Owner	S W APPAREL PTE LTD
Co Reg No	200914003G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96787590
Alternative Phone No	OFFICE-96787590

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5098721517
Cover Note Number	

Driver

Name of Driver	CHEW LEAN HOCK
NRIC No	S2183389D
Date Of Birth	21/06/1960
Occupation	OUTDOOR
Date Of Driving Pass	25/02/1984
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96787590
Fax Number	
Contact Number	OTHERS-96787590
EMail Address	NOEMAIL

Address	BLK 316 UBI AVENUE 1 #02-359
Postcode	400316
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	COLLISION - CHANGE/CROSS LANE
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?	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)	2
Passenger 1	NAME: : NIL 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

PLS REFER TO THE ATTACHED 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	SKU824Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98242365
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.:

26/3/2018

A hand-drawn diagram on graph paper. A curved path is drawn with dashed lines and arrows indicating a counter-clockwise direction. A box labeled 'W' is connected to a box labeled 'A' by a dashed line with an arrow pointing right. Above the path, the text 'LIM'S PLACE' is written.

KIM'S PLACE

A - GX 1112U
B - SKU 824Z

Vehicle A was driving along Sims Place.
When vehicle A was driving suddenly vehicle B
change and cross lane and hit on my
Vehicle A Left side portion.

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

Holder's Signature

[Signature]

26/3/2018

ACCIDENT STATEMENT

ACCIDENT DATE: 26/3/2018 (DD/MM/YYYY), TIME: 12.05 (HH:MM)

LOCATION: Gins Place

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: Gx1112U
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
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: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96787590
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: _____

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: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2183389D



Name
CHEW LEAN HOCK
周联福
Race
CHINESE
Date of Birth
21-06-1960 M
Country of Birth
PERAK



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S2183389D



Name
CHEW LEAN HOCK
Birth Date: 21 Jun 1960
Issue Date: 30 Mar 2003



8100736




NRIC No: S2183389D

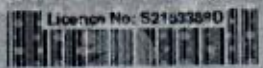
Nationality
MALAYSIAN
Blood Group Date of issue
O+ 02-12-1993

APT BLK 316 UBI AVENUE 1 #02-369
SINGAPORE 400316
NRIC No: S2183389D Date: 12-06-1998 No: 8151084

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

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 300 cc	22 Jun 1985
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Feb 1984

License No: S2183389D



NP 428A

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

26/03/2018 12:05

Vehicle No.(For Motor)

GX1112U

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098721517	S W APPAREL PTE LTD	200914003G	GCV	Third Party	GX1112U	GX1112U	07/03/2018	10/02/2019

▼ Policy Information

Policy No.	5098721517	Policyholder Name	S W APPAREL PTE LTD	Policyholder NRIC	200914003G
Address	41 GENTING LANE LEVEL 4 SINGAPORE 349555				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan	Group Policy Flag	N		
Policy Issue Date	07/03/2018	Effective Date	07/03/2018 00:00	Expiry Date	10/02/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	1196.26		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	YEW HUP HUAT TRADING	Agent Tel.	64825115	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	41 GENTING LANE	Address 2	LEVEL 4	Address 3	SINGAPORE 349555
Address 4		Address Type	Singapore address	Post Code	349555
Unit No.		Related Policy Number	5098721517		

▶ Insured Object: GX1112U

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

The premium on this policy has not been collected.

Accident MT/0987719

Policy No.	5098721517	Vehicle No.	GX1112U	GST Registration No.	
Policyholder Name	S W APPAREL PTE LTD			Policyholder NRIC	2001
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96787590	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input 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	26/03/2018 16:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	26/03/2018	Time of Accident hh:mm	12:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIMS PLACE				
Benefits					
Excess					
Own damage Excess	0.00	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	41 GENTING LANE	Address 2	LEVEL 4	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	3491
Unit No.		Related Policy Number	5098721517		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	21/11
Unnamed driver Name	CHEW LEAN HOCK	Driver NRIC	S2183389D	Driving Experience	34
Register Date of Driver License	25/02/1984	Driver Age	57	Contact No.(Home)	0
Contact No.(Mobile)	96787590	Contact No.(Office)	0	Address 3	
Address 1	BLK 316	Address 2	UBI AVENUE 1	Post Code	4001
Address 4		Address Type	Singapore address		
Unit No.	#02-359				
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		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	S W APPAREL PTE LTD	Insured NRIC	2001
Contact No.(Mobile)	94755666	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GX1112U	TP Vehicle Number	SKU
Claim Description	GX1112U / SKU8242 ON 26 Mar 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	26/03/2018 17:11	Claim Close Date		Date Received	26/03
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					






















Save Submit

Attachment

Accident No.	MT/0987719	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/03/2018 17:05

Path *		Category *	Confidential	Urgency *
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Message Read"/>				

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:11	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:09	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:08	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:08	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:08	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:06	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:06	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:06	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:06	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:06	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:06	Photos	Normal	Photos 2018
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 17:06	Photos	Normal	Photos 2018