NATIONAL Assessment Centre Services (Pvt) Ltd MNB41804886(3

Date In: 19/04/2018 17:09	Job description	Date & Time Completed	Done by
Ref No: NBA/ZUC/18006791/Y	SAS e-filing		
Veh No: GBF6032M	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 23/03/2018 10:00	I-Motor Claim Form	MT/0938404-002	19/04/2018 17:52
OD / TP / Reporting Only	I-Motor W/O (within OD 3hrs, TP 1hr)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: — , 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 0016	Date & Time Complete	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	Action

NA1802357

Further Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Further Comments:

Invoice Preparation Checklist		
1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($100)	INC ($80)	
3) TP : Towing Fee	$40/$	
4) FT : Follow-Through Survey	$	
5) FT : Follow-Through Survey (Resurvey)	$30	
For claims against INC Only (wef 10 Jul 2001)		
6) TA : Authorization	$	
7) NI : (4a) DA + SMART Survey	$160	
8) NTUC Additional Services:		
a) NI: Courtesy Car / Tpt Allowance	$	
NI: Repair Coordination	$10	
NI: Post Repair Inspection	$	
NI: DV / Collect Documents Coordination	$	
ZP (NI): TP (Non INC) against INC	$10	
9) NI: Others Nil	10	
Invoice Dated	Net Charged	
Invoice Date	Non-Charged	

1 2 / 2

MNA418048863 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 12/04/2018 17:09
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 12/04/2018 17:19

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	12/04/2018 17:09
Date Of Accident	23/03/2018 10:00
Exact Location Of Accident	UNKNOWN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6032M
Insured/Policyholder	
Name Of Registered Owner	EBUY PTE. LTD.
Co Reg No	201315783K
Email Address	EDDYINVADER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84996821
Alternative Phone No	OFFICE-84996821
Vehicle Particulars	
Manufacturer	ISUZU
Model	NHR85AUE4AA
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	5095346076
Cover Note Number	
Driver	
Name of Driver	FONG JING JIE ,EDWARD
NRIC No	S9724247Z
Date Of Birth	16/07/1997
Occupation	OUTDOOR
Date Of Driving Pass	14/02/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84996821
Fax Number	
Contact Number	OTHERS-84996821
EMail Address	EDDYINVADER@GMAIL.COM

Address	BLK 98 LORONG 1 TOA PAYOH #08-303
Postcode	310098
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	NO COLLISION
Weather Conditions	UNKNOWN
Road Surface	UNKNOWN

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?	NO
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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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.

Ebuy Pte Ltd ROC 201315783K

Policyholder's Signature
Date & Time: 12/04/18 12:50

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/04/18 12:50

12/04/2018

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

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 02/04/2018 MY COMPANY EBUY PTE LTD RECEIVED A LETTER SAYING THAT I WAS INVOLVE IN AN ACCIDENT ON 23/03/2018 BUT I DID NOT HAVE ANY ACCIDENT ON THE SAID DATE THAT ALL.

DECLARATION

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

Policyholder's Signature
Date & Time: 12/04/18 12:50

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/04/18 12:50

12/04/2018

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

income
made different

Our Ref: MT/CA/TP/059/0988404-001/ET/VU

02 Apr 2018

EBUY PTE. LTD.
15 JALAN TEPONG
#02-09 JURONG FOOD HUB
SINGAPORE 619336

Dear Policyholder

CLAIM NUMBER: MT/0988404-001
ACCIDENT INVOLVING GBF6032M / PROPERTY on 23 Mar 2018

We would like to inform you that a claim for S$430.00 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely

Goh Peng Hong
Manager
Motor Insurance

Claim Handling

› Exit

The premium on this policy has not been collected.

Accident MT/0988404

Policy No.	5095346076	Vehicle No.	GBF6032M	GST Registration No.	201315783K
Policyholder Name	EBUY PTE. LTD.			Policyholder NRIC	201315783K
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	02/04/2018 10:16	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	23/03/2018	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIGNATURE PARK				

Benefits

Excess

Own damage Excess	3,000.00	Additional Excess		Windscreen Excess	100.00
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	01/03/2014
GST Registration No.	201315783K	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	15 JALAN TEPONG	Address 2	#02-09 JURONG FOOD HUB	Address 3	SINGAPORE 619336
Address 4		Address Type	Singapore address	Post Code	619336
Unit No.	01-175	Related Policy Number	5095346076		

OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 | **New**

Claim Type *	OD-MX	Insured Name	EBUY PTE. LTD.	Insured NRIC	201315783K
Contact No.(Mobile)	91777716	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	GBF6032M	TP Vehicle Number	-
Claim Description	GBF6032M / - ON 23 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/04/2018 17:21	Claim Close Date		Date Received	12/04/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save | Submit

Attachment

Accident No.	MT/0988404	Claim No.	002
Last Doc. Received	Yes No	Upload Date	12/04/2018 17:22

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read | Send Message | Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Apr 2018 17:22	Photos	Normal	Photos 2018-4-12		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Apr 2018 17:22	Photos	Normal	Photos 2018-4-12		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Apr 2018 17:22	Photos	Normal	Photos 2018-4-12		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Apr 2018 17:22	Photos	Normal	Photos 2018-4-12		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Apr 2018 17:22	Photos	Normal	Photos 2018-4-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Apr 2018 17:22	Photos	Normal	Photos 2018-4-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Apr 2018 17:22	Photos	Normal	Photos 2018-4-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Apr 2018 17:22	Photos	Normal	Photos 2018-4-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Apr 2018 17:21	Photos	Normal	Photos 2018-4-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Apr 2018 17:21	Photos	Normal	Photos 2018-4-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Apr 2018 17:21	Photos	Normal	Photos 2018-4-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Apr 2018 17:21	Photos	Normal	Photos 2018-4-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Apr 2018 17:21	SAS	Normal	SAS 2018-4-12	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Apr 2018 17:21	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-12	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 03 / 2018) (DD/MM/YYYY), TIME: (10 : 00) (HH:MM)

LOCATION: ~~JURONG PARK~~

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SBF 6032M
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5095346076
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: TOY IBUKI
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY
   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: EBUY PTE LTD (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: 201315783K CONTACT:
   c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) (1)

3. DRIVER
   a) NAME: FONG JING JIE, EDWARD (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S9774247Z CONTACT: 84994821
   c) ADDRESS: BLK 98 TOA PAYOH LOR 1 #08-305 S'PORE 310098
   *d) DATE OF BIRTH: (16 / 07 / 1997) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 14/02/2017

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 UNKNOWN)
   b) ROAD SURFACE: (DRY / WET / OTHERS UNKNOWN)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION:

* No of passenger (including driver) ( )

8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: MODEL:
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger (including driver) ( )

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

email = eddyinvader@gmail.com

fax =

VIDEO =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9724247Z

Name

FONG JING JIE, EDWARD

邝 靖 傑

Race
CHINESE

Date of birth
16-07-1997

Sex
M

Country of birth
SINGAPORE

4887779

NRIC No. S9724247Z

Date of issue
23-04-2012

Address
APT BLK 98 LORONG 1 TOA PAYOH
#08-303
SINGAPORE 310098

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	14 Feb 2017

NP 426A

Licence No:S9724247Z

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident

Vehicle No.(For Motor) GBF6032M

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
•	5095346076	EBUY PTE. LTD.	201315783K	GFT	Comprehensive	GBF6032M	GBF6032M	28/12/2017	

Continue