

NATIONAL Assessment Centre Services

Date In: 19/05/2018 13:17

Job Description

Date & Time Completed

Done by

Ref No: NA/INC18009107/K4

Veh No: GBBG 5656P

D.O.A: 18/05/2018 17:45

OO / TP (Reporting Only)

TP Insured:

SAS e-filing

Binnell (Vehicle Acc, All Other)

1-Motor Claim Form

1-Motor W/O (Vehicle 100 % (100%))

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Rep/Hand to Owner/VW 100

MT/0995050-00/19/5/18 16:58

Preferred Wksp / INC Assign Wksp / OWI:

Tell

Fax

TP Particulars

Yeh No: SLQ 8962P, INC () / Non-INC ()

Owner / Driver:

Tell

Policy No:

Period:

Cover Type:

Confirmed by:

Date

Time

Insured/Driver Liability: () % (Note: BSL Status (WO): NI 0.20%; PI 21.79%; PI 80.100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Work-In Question: Customer's Information strictly Confidential & Strictly NO later of repeller.

() Total Loss Case: To e-mail Insurer URGENTLY.

Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Co: ()

Remarks:

INC 678810016

Date & Time Completed

Done by

1) Apply for Transition Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:

Date Time

Action

NA1803159

Vehicle Particulars

Driver/Owner:

Policy No:

Assigned Portion:

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

Comments:

LL

2/2

Invoice Preparation Checklist

Item	Amount	INC (NO)
1) AR: Accidental Reporting (\$100)		
2) DA: Damage Assessment (\$100)		INC (NO)
3) TP: Towing Fee		
4) PT: Follow Through Survey		
5) FT: Follow Through Survey (Recovery)		
Excess/Insurance cost INC Only (Less 10% in 10%)		
6) TR: Mileage		
7) NI: 144 DA + SMRT Survey		
8) NTUC Additional Services		
9) NI: Courtesy Car / Tpl Allowance		
10) NI: Repair Coordination		
11) NI: Post Repair Inspection		
12) NI: QC / Collision Repair Coordination		
13) NI: 1111 TP TR IN INC (Excess INC)		
14) NI: Mileage		
Invoice Total		
Invoice Date		

Not Checked

Not Checked

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	19/05/2018 13:17
Date Of Accident	18/05/2018 17:45
Exact Location Of Accident	JLN BAHAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5656P
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Insured/Policyholder

Name Of Registered Owner	FIRST CHOICE PLUMBING SERVICES
Co Reg No	53290304L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86885656
Alternative Phone No	OFFICE-86885656

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE SUPER GL DARK PRIME 3.0 AUTO
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087546026-01
Cover Note Number	

Driver

Name of Driver	KWOK KUM WENG (GUO JINRONG)
NRIC No	S7606142D
Date Of Birth	10/03/1976
Occupation	OUTDOOR
Date Of Driving Pass	06/06/2000
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86885656
Fax Number	
Contact Number	OTHERS-86885656
EMail Address	NOEMAIL

Address	BLK 211D COMPASSVALE LANE #14-240
Postcode	544211
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ8962P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR NEO
NRIC/Passport Number	
Contact Number	97854631
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

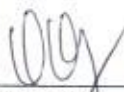
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

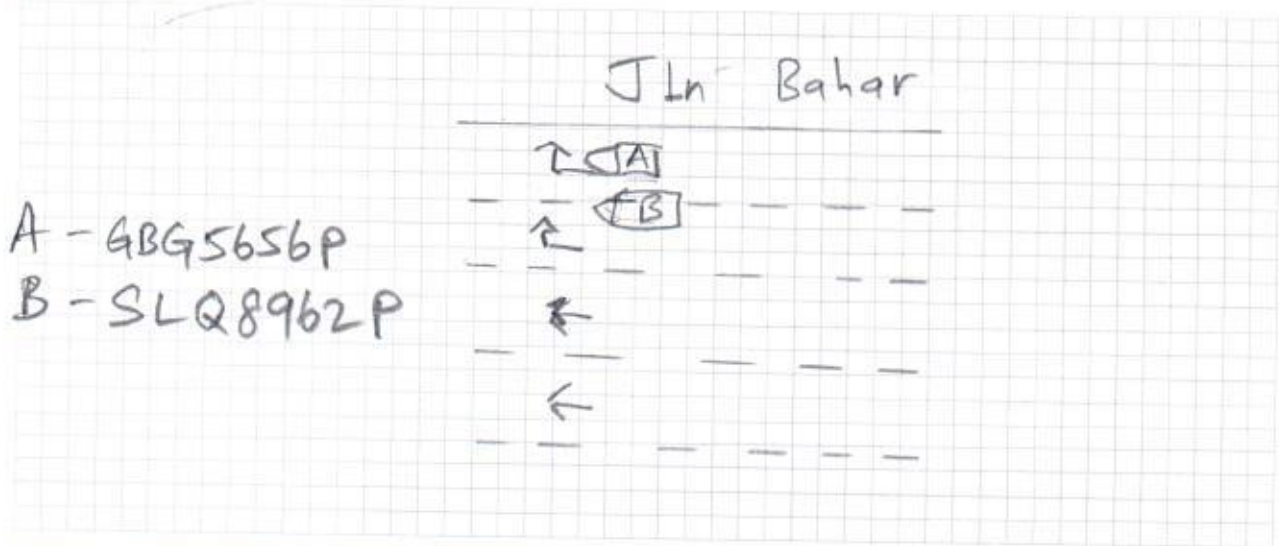


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along JLn Bahar. When Vehicle A was on my Lane suddenly Vehicle B change and cross lane and hit on Vehicle A left side 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.:

19/5/2018

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7606142D



Name

KWOK KUM WENG
(GUO JINRONG)

郭锦荣

Race

CHINESE

Date of birth

10-03-1976

Sex

M

Country of birth

SINGAPORE

4529482



NRIC No. S7606142D



Date of issue

30-01-2010

Address

APT 1 TAL COM ASSVALE LANE - 240

#04 CHH 544211

SIN 7606142D 30-01-2010

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7606142D

Name

KWOK KUM WENG
(GUO JINRONG)

Birth Date: 10 Mar 1976

Issue Date: 25 Apr 2003



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

PASS DATE

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

06 Jun 2000

NP 428A



Licence No: S7606142D

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"/>	5087546026-01	FIRST CHOICE PLUMBING SERVICES	53290304L	GCV	Comprehensive	GBG5656P	GBG5656P	19/01/2018	18/01/2019

▼ Policy Information

Policy No.	5087546026-01	Policyholder Name	FIRST CHOICE PLUMBING SERV	Policyholder NRIC	53290304L
Address	BLK 211D #14-240 COMPASSVALE LANE SINGAPORE 544211				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	16/01/2018	Effective Date	19/01/2018 00:00	Expiry Date	18/01/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	THINK ONE AUTOMOBILE & TRA	Agent Tel.	65433303	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 211D #14-240	Address 2	COMPASSVALE LANE	Address 3	SINGAPORE 544211
Address 4		Address Type	Singapore address	Post Code	544211
Unit No.	14-240	Related Policy Number	5079360290-02		

▶ Insured Object: GBG5656P

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/0995050

Policy No.	5087546026-01	Vehicle No.	GBG5656P	GST Registration No.	
Policyholder Name	FIRST CHOICE PLUMBING SERVICES			Policyholder NRIC	5321
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	86885656	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

▼ Accident Details

Report Date	19/05/2018 16:49	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	18/05/2018	Time of Accident hh:mm	17:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	JLN BAHAR				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.
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 211D #14-240	Address 2	COMPASSVALE LANE	Address 3	SJN
Address 4		Address Type	Singapore address	Post Code	544.
Unit No.	14-240	Related Policy Number	5079360290-02		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KWOK KUM WENG (GUO JINRO	Driver NRIC	S7606142D	Driver DOB	10/1
Register Date of Driver License	06/06/2000	Driver Age	42	Driving Experience	17
Contact No.(Mobile)	86885656	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 211D	Address 2	COMPASSVALE LANE	Address 3	
Address 4		Address Type	Singapore address	Post Code	544.
Unit No.	#14-240				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	FIRST CHOICE PLUMBING SERV	Insured NRIC	5321
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	GBG5656P	TP Vehicle Number	SLQ
Claim Description	GBG5656P / SLQ8962P ON 18 May 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	19/05/2018 16:58	Claim Close Date		Date Received	19/5
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

5/19/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0995050

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

19/05/2018 16:55

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *

Confidential

Urgency *

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
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Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 16:57	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 16:56	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 16:56	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 16:56	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 16:55	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 May 2018 16:55	Photos	Normal	Photos 20:
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