

NATIONAL Assessment Centre Services [wef 1 Jan'05] MNA118080467

Date In: 28/6/18-12:17	Job description	Date & Time Completed	Done by
Ref No: NA/MC18011429/24	SAS e-filing		
Veh No: YN 78736	E-mail (within 5hrs, A/C 2hrs)		
D.O.A : 20/6/18-14:25	i-Motor Claim Form	MT/0999716001	22/6/18 19:47
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: XD9182T 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:	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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1* :		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	22/06/2018 12:17
Date Of Accident	20/06/2018 14:25
Exact Location Of Accident	JLN BUROH ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN7873G
Insured/Policyholder	
Name Of Registered Owner	BEE'S TRANSPORT & SERVICES PTE LTD
Co Reg No	200004567H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96644987
Alternative Phone No	OFFICE-96644987

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FK62FMZ1RDEB
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	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	5100021319
Cover Note Number	

Driver

Name of Driver	CHANG XIAOJIAN
Passport No/FIN	G8288659T
Date Of Birth	03/06/1981
Occupation	OUTDOOR
Date Of Driving Pass	18/03/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93889207
Fax Number	
Contact Number	OFFICE-93889207
EMail Address	NOEMAIL

Address	60 KAKI BUKIT PLACE #06-06 EUNOS TECHPARK
Postcode	415979
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 - ROUNDABOUT
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY AS IN FRONT OF MY VEHICLE THERE WAS ANOTHER VEHICLE STATIONARY STOPPED. VEHICLE B COMING FROM AT THE BACK OF MY VEHICLE TRY TO OVERTAKE MY VEHICLE. IN A RESULT, VEHICLE B HIT ONTO MY VEHICLE REAR LEFT PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD9182T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ANPALAKAN A/L SUPRAMANIAM
NRIC/Passport Number	
Contact Number	93738548
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.:

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

Employer:
BEE'S TRANSPORT & SERVICES PTE LTD

Sector: **SERVICE**

Name:
CHANG XIAOJIAN

Occupation:
LORRY/ TRUCK DRIVER

Work Permit No.
0 72511565

Date of Application
04-02-2014

Date of Issue
08-01-2018

Date of Expiry
06-02-2020





L8551955

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G8288659T**

Name:
CHANG XIAOJIAN

Birth Date: **03 Jun 1981**

Issue Date: **07 Dec 2013**

Valid Till: **06 Dec 2018**




002253367C

VISIT PASS
Immigration Regulations

Name:
CHANG XIAOJIAN

Date of Birth: **03-06-1981** Sex: **M** Nationality: **CHINESE**

Fin: **G8288659T** Date of Issue: **08-01-2018** Date of Expiry: **06-02-2020**

MULTIPLE JOURNEY VISA ISSUED

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(ES):

EFFECTIVE DATE

Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	11 Aug 2008
Class 4	Heavy motor cars and motor tractors > 2500 kg	18 Mar 2014

G8288659T

S / No. 9000203282

License No: G8288659T

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

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"/>	5100021319	BEE'S TRANSPORT & SERVICES PTE LTD	200004567H	GCV	Comprehensive	YN7873G	YN7873G	04/05/2018	03/05/2019

Policy Information

Policy No.	5100021319	Policyholder Name	BEE'S TRANSPORT & SERVICES	Policyholder NRIC	200004567H
Address	60 KAKI BUKIT PLACE #06-06 EUNOS TECHPARK SINGAPORE 415979				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy issue Date	18/04/2018	Effective Date	04/05/2018 00:00	Expiry Date	03/05/2019 23:59
Excess Type	All Claim Excess	Own damage Excess	1500	Windscreen Excess	100
Third Party Excess	0	OS Premium	0	Young/Inexperience Driver Excess	
Additional Excess	OS Premium	0			
Outside Singapore OD Excess	Outside Singapore TP Excess				
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	60 KAKI BUKIT PLACE	Address 2	#06-06 EUNOS TECHPARK	Address 3	SINGAPORE 415979
Address 4		Address Type	Singapore address	Post Code	415979
Unit No.		Related Policy Number	5100974173		

Insured Object: YN7873G

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

[Exit](#)

Accident MT/0999716

Policy No	S100021319	Vehicle No.	YN7873G	GST Registration No.	200004567H
Policyholder Name	BEE'S TRANSPORT & SERVICES PTE LTD			Policyholder NRIC	200004567H
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96644987	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	TC
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	22/06/2018 19:45	Accident Report Within 24 hrs	Yes	Accident Type	Damaged while parked
Date of Accident	20/06/2018	Time of Accident hh:mm	14:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JLN BURDH ROUNDABOUT				

Benefits

Excess

Own damage Excess	1,500.00	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	01/12/2006
GST Registration No.	200004567H	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	60 KAKI BUKIT PLACE	Address 2	#06-06 EUNOS TECHPARK	Address 3	SINGAPORE 415979
Address 4		Address Type	Singapore address	Post Code	415979
Unit No.		Related Policy Number	S100974173		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/06/1981
Unnamed driver Name	CHANG XIADISAN	Driver NRIC	G8288659T	Driving Experience	4
Register Date of Driver License	18/03/2014	Driver Age	37	Contact No.(Home)	0
Contact No.(Mobile)	93889207	Contact No.(Office)	0	Address 3	SINGAPORE 415979
Address 1	60 KAKI BUKIT PLACE	Address 2	EUNOS TECHPARK	Post Code	415979
Address 4		Address Type	Singapore address		
Unit No.	06-06	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History

Claim 001 [New](#)

Claim Type *	OD-MX	Insured Name	BEE'S TRANSPORT & SERVICES	Insured NRIC	200004567H
Contact No.(Mobile)	96644987	Contact No.(Home)		Contact No.(Office)	65464336
Email Address	BCESTPT@SINGNET.COM.SG	OT Vehicle Number	YN7873G	TP Vehicle Number	XD9182T
Claim Description	YN7873G / XD9182T ON 20 Jun 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/06/2018 19:47	Claim Close Date		Date Received	22/06/2018 00:00
Report Taken By	Jackson				

Print AK letter

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

Attachment

Accident No.	MT/0999716	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/06/2018 19:51

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

Send Message [Upload](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 19:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 19:50	SAS	Normal	SAS 2018-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 19:50	Photos	Normal	Photos 2018-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 19:50	Photos	Normal	Photos 2018-6-22		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jun 2018 19:47	Photos	Normal	Photos 2018-6-22		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in New Window Scan and uploading