

NATIONAL Assessment Centre Services. (wef 1 Jan'05) **MNA118101059**

Date In: 6/8/18-11:00	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18014310/24	SAS e-filing		
Veh No: VN 392/c	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 3/8/18-15:00	i-Motor Claim Form	M/100 6183-001	6/8/18 18:18
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: 309 1823	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

	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
NA1804913			
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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 claiming against JNC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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	06/08/2018 11:00
Date Of Accident	03/08/2018 15:00
Exact Location Of Accident	ALONG W COAST CRES BESIDE WESTCOVE CONDOMINIUM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN3904C
Insured/Policyholder	
Name Of Registered Owner	OSIM INTERNATIONAL PTE LTD
Co Reg No	198304191N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63182674

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE83BEOSRDEA
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	YES
Policy Number	5072559137-03
Cover Note Number	

Driver

Name of Driver	LI BIN
Passport No/FIN	G6237114K
Date Of Birth	20/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	22/04/2009
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85955858
Fax Number	
Contact Number	OFFICE-85955858
EMail Address	NOEMAIL

Address 65 UBI AVENUE 1
OSIM HEADQUARTERS

Postcode 408939

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 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) 2

Passenger 1
NAME: : -
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

REFER TO 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 SKD9187J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NG TECK BOON

NRIC/Passport Number S6833098Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

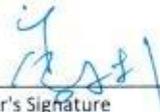
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material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

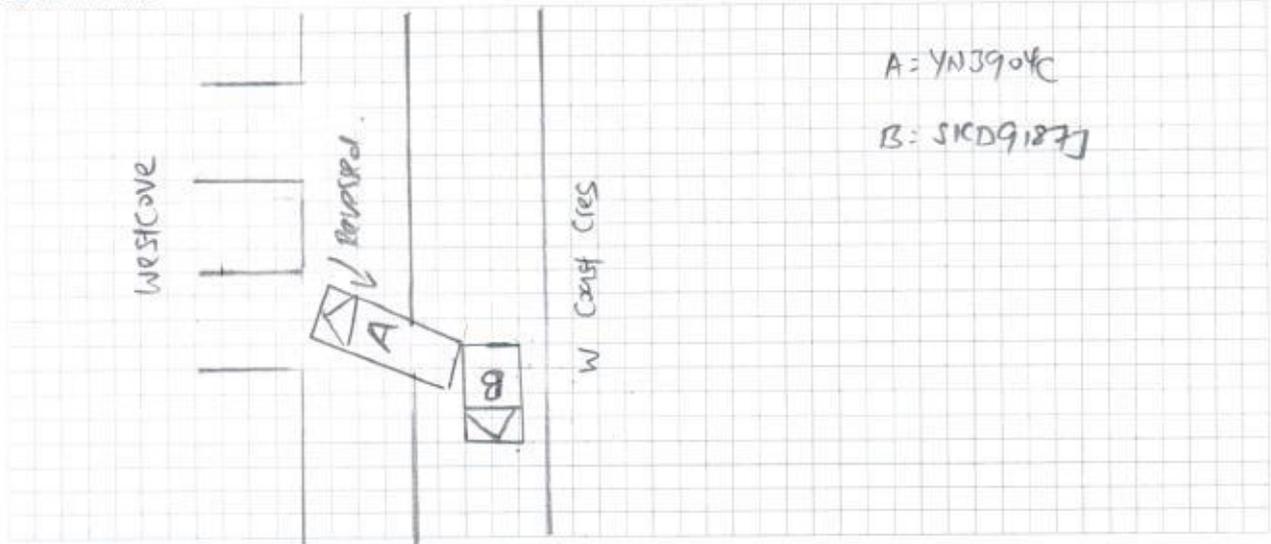


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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.:

ON STATED DATE AND TIME, MY VEHICLE WAS STOPPED AT THE GANTRY OF WESTCOVE AS THE SECURITY INFORMED ME THAT MY VEHICLE CAN'T GO IN. I CHECK MY BLINDSPOT BEFORE I REVERSED. UPON REVERSING MY VEHICLE, I ACCIDENTALLY SLIGHTLY GRAZED ONTO VEHICLE B REAR RIGHT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (3 / 8 / 18) (DD/MM/YYYY), TIME: (15 : 00) (HH:MM)

LOCATION: Along W coast cres beside Westcove Condominium

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YK13904C
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5072559/37M-03
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: working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (YES)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Osim International Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 198304P1W CONTACT: 6382674
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Li Bin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 96237141C CONTACT: 65955558
c) ADDRESS: _____

*d) DATE OF BIRTH: (20 / 5 / 1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 22/4/2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (YES)
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) (NO)

7. a) REPORTED TO POLICE (YES / NO) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKD91871 MODEL: _____
b) DRIVER'S NAME: Ng Teck Boon
c) NRIC/FIN/PASSPORT: S68330982 CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
(2)

* make

* No of passenger
(Including driver)
(2)

* No of passenger
(Including driver)
()

Email =

fax =

video =

Stamp?

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

Employer
OSIM INTERNATIONAL PTE. LTD.

Sector: **SERVICE**

Name
LI BIN

Occupation
DRIVER

Work Permit No.
O 73232279

Date of Application
21-05-2015

Date of Issue
24-04-2017

Date of Expiry
26-05-2019

L7862543



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G 6237114K**

Name: **LI BIN**

Birth Date: **20 May 1983**

Issue Date: **31 Mar 2014**

Valid Till: **21 Apr 2019**

00228962H



VISIT PASS
Immigration Regulations

Name
LI BIN

Date of Birth: **20-05-1983** Sex: **M** Nationality: **CHINESE**

FIN: **G6237114K** Date of Issue: **24-04-2017** Date of Expiry: **26-05-2019**

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 \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg **22 Apr 2009**

Licence No: **G6237114K**

NP 428A



eBaoTech

GeneralClaim

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) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5072559137-03		OSIM INTERNATIONAL PTE, LTD.	198304191N	GFT	Comprehensive	YN3904C	YN3904C	01/07/2018	

Continue

Policy Information

Policy No.	5072559137-03	Policyholder Name	OSIM INTERNATIONAL PTE. LTD	Policyholder NRIC	198304191N
Certificate No.					
Address	65 UBI AVENUE 1 OSIM HEADQUARTERS SINGAPORE 408939				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	28/06/2018	Effective Date	01/07/2018 00:00	Expiry Date	30/06/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0.00	Own damage Excess	350.00	Windscreen Excess	0.00
Additional Excess		OS Premium	18321.66		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	JARDINE LLOYD THOMPSON PTE	Agent Tel.	63336311	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	65 UBI AVENUE 1	Address 2	SINGAPORE 408939	Address 3	
Address 4		Address Type	Singapore address	Post Code	408939
Unit No.		Related Policy Number	5072559137-03		

Insured Object: YN3904C

Endorsements

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

[Exit](#)

The premium on this policy has not been collected.

Accident MT/1006183

Policy No.	5072559137-03	Vehicle No.	YN3904C	GST Registration No.	M200625382
Certificate No.					
Policyholder Name	OSIM INTERNATIONAL PTE. LTD.			Policyholder NRIC	198304191N
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	63182674	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<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(%)	0	Private Hire	No

Accident Details

Report Date	06/08/2018 18:16	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	03/08/2018	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG W COAST CREB BESIDE WESTCOVE CONDOMINIUM				

Benefits

Excess

Own Damage Excess	350.00	Additional Excess		Windscreen Excess	0.00
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	01/01/2015
GST Registration No.	M200625382	GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	85 UBI AVENUE 1	Address 2	SINGAPORE 408939	Address 3	
Address 4		Address Type	Singapore address	Post Code	408939
Unit No.		Related Policy Number	5072559137-03		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LI BIN	Driver NRIC	G6237114K	Driver DOB	20/05/1983
Register Date of Driver License	22/04/2009	Driver Age	35	Driving Experience	9
Contact No.(Mobile)	85955658	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	85 UBI AVENUE 1	Address 2	OSIM HEADQUARTERS	Address 3	SINGAPORE 408939
Address 4		Address Type	Singapore address	Post Code	408939
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer 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 *	OD-MX	Insured Name	OSIM INTERNATIONAL PTE. LTD.	Insured NRIC	198304191N
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OT Vehicle Number	YN3904C	TP Vehicle Number	SKD9187J
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claim Description	YN3904C / SKD9187J ON 3 Aug 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	06/08/2018 18:16	Claim Close Date		Date Received	06/08/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

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

Attachment

Accident No.	MT/1006183	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/08/2018 18:19

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="checkbox"/>	Normal	

Please Select

Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Aug 2018 18:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Aug 2018 18:19	SAS	Normal	SAS 2018-8-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Aug 2018 18:19	Photos	Normal	Photos 2018-8-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Aug 2018 18:19	Photos	Normal	Photos 2018-8-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Aug 2018 18:19	Photos	Normal	Photos 2018-8-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Aug 2018 18:19	Photos	Normal	Photos 2018-8-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Aug 2018 18:19	Photos	Normal	Photos 2018-8-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Aug 2018 18:19	Photos	Normal	Photos 2018-8-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Aug 2018 18:19	Photos	Normal	Photos 2018-8-6		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Aug 2018 18:19	Photos	Normal	Photos 2018-8-6		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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