NATIONAL Assessment Centre Services (wef 1 Jan'05) NA/11811806B

Date In: 11/9/18 17:34	Job description	Date & Time Completed	Done by
Ref No: NA/INC1811659B/24	SAS e-filing		
Veh No: GV4433J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 11/9/18 - 07:05	i-Motor Claim Form	M/11/1093001	11/9/18 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: SMA 2709S 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

NA/11811806B

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) for Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
*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*		

MNA118118068 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 11/09/2018 17:34
SUBMITTED BY: Jackson Ho Zhao Tian

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 witholding 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	11/09/2018 17:34
Date Of Accident	11/09/2018 07:05
Exact Location Of Accident	JUNC JLN PELATOK & JLN KUANG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GV4433J
Insured/Policyholder	
Name Of Registered Owner	INPRINT-SYSTEMS ASIA PACIFIC PTE LTD
Co Reg No	199608613H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67416972
Vehicle Particulars	
Manufacturer	TOYOTA
Model	LITEACE 4 DR
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5043890861-08
Cover Note Number	
Driver	
Name of Driver	LEAU TAT KONG
NRIC No	S7042803B
Date Of Birth	11/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1994
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96651873
Fax Number	
Contact Number	OFFICE-96651873
EMail Address	NOEMAIL

Address	BLK 160 SIMEI ROAD #05-282
Postcode	520160
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 - MAJOR/MINOR RD
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)	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, I WAS TRAVELLING ALONG JLN PELATOK. SUDDENLY VEHICLE B COMING OUT FROM JLN KUANG WHITOUT CHECKING HIS HIS BLIND SPOT AND HIT ONTO MY VEHICLE RIGHT PORTION.

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	SMA2709S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH HUI ZHEN MANDY AMANDA (WU HUIZHEN, MANDY AMANDA)
NRIC/Passport Number	S8039064E
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.

INPRINT-SYSTEMS ASIA PACIFIC PTE LTD

John Chia / Director

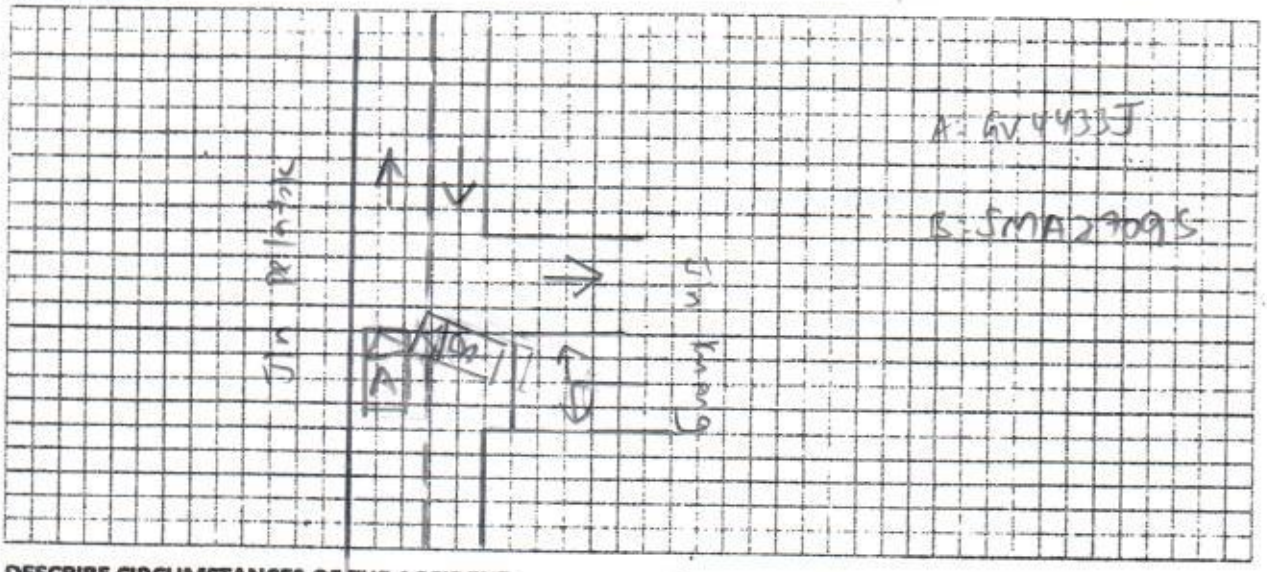
Policyholder's Signature
Date & Time: 11/09/2018

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

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

INPRINT-SYSTEMS ASIA PACIFIC PTE LTD

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

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

John Chia, Director
Imprint-Systems Asia

X

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Pacific Pte Ltd	(If driver is not the policyholder)	Name:
Date & Time: 11/09/2018	Date & Time:	NRIC/FIN No.:


REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number: S7042803B
Name:
LEAU TAT KONG
Birth Date: 11 Dec 1970
Issue Date: 12 Mar 2015
00240438 2C
SG 50


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7042803B
Name
LEAU TAT KONG
刘 达 江
Race
CHINESE
Date of Birth
11-12-1970
Sex
M
Country of Birth
SINGAPORE

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

		EFFECTIVE DATE
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	17 Oct 1994

Licence No: S7042803B

NP 428A

2969923

NRIC No: S7042803B

Blood Group: B+

Date of issue: 14-07-1997

Address:

APT BLK 160 SIMEI ROAD
#05-282
SINGAPORE 520160

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: 11/09/2018 07:05
Vehicle No.(For Motor): GV4433J | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5043890861-08		INPRINT-SYSTEMS ASIA PACIFIC PTE LTD	199608613H	GCV	Third Party, Fire & Theft	GV4433J	GV4433J	08/07/2018	07/07/2019

Continue

Policy Information

Policy No.	5043890861-08	Policyholder Name	INPRINT-SYSTEMS ASIA PACIFI	Policyholder NRIC	199608613H
Certificate No.					
Address	82 UBI AVENUE 4 #01-01/03 EDWARD BOUSTEAD CENTRE SINGAPORE 408832				
Product Name	COMMERCIAL VEHICLE INSURA	Plan		Group Policy Flag	N
Policy issue Date	11/06/2018	Effective Date	08/07/2018 00:00	Expiry Date	07/07/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0.0	Own damage Excess	0.0	Windscreen Excess	0.0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	DIRECT SALES	Agent Tel.	67881122	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	82 UBI AVENUE 4	Address 2	#01-01/03 EDWARD BOUSTEAD	Address 3	SINGAPORE 408832
Address 4		Address Type	Singapore address	Post Code	408832
Unit No.		Related Policy Number	5043890861-08		

Insured Object: GV4433J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling • Exit

Accident MT/1011093

Policy No.	5043890861-08	Vehicle No.	GV4433J	GST Registration No.	199608613H
Certificate No.					
Policyholder Name	INPRINT-SYSTEMS ASIA PACIFIC PTE LTD			Policyholder NRIC	199608613H
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	67416972	Contact No.(Home)	0
Email Address		Special Remark		eCode	NC
KPK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	11/09/2018 19:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	11/09/2018	Time of Accident hh:mm	07:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC JLN PELATOK & JLN KUANG				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	199608613H	GST Status Verified	No

Modification History

Policyholder Mailing Address

Address 1	82 UBI AVENUE 4	Address 2	#01-01/03 EDWARD BOUSTEAD	Address 3	SINGAPORE 408832
Address 4		Address Type	Singapore address	Post Code	408832
Unit No.		Related Policy Number	5043890861-08		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEAU TAT KONG	Driver NRIC	S7042803B	Driver DOB	11/12/1970
Register Date of Driver License	17/10/1994	Driver Age	47	Driving Experience	23
Contact No.(Mobile)	96651873	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 160	Address 2	SIMEI ROAD	Address 3	SINGAPORE 520160
Address 4		Address Type	Singapore address	Post Code	520160
Unit No.	05-282				
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		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	INPRINT-SYSTEMS ASIA PACIFI	Insured NRIC	199608613H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67416972
Email Address	ACCOUNT@INPRINTSYSTEMS.C	OI Vehicle Number	GV4433J	TP Vehicle Number	SMA2709S
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	GV4433J / SMA2709S ON 11 Sept 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	11/09/2018 19:47	Claim Close Date		Date Received	11/09/2018 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1011093	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	11/09/2018 19:49

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

Browse... Clear Please Select NO Normal Upload

Browse... Clear Please Select NO Normal

Message Read

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 11 Sep 2018 19:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Sep 2018 19:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Sep 2018 19:48	SAS	Normal	SAS 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Sep 2018 19:48	Photos	Normal	Photos 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Sep 2018 19:48	Photos	Normal	Photos 2018-9-11		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Sep 2018 19:48	Photos	Normal	Photos 2018-9-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Sep 2018 19:48	Photos	Normal	Photos 2018-9-11		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading