

NATIONAL Assessment Centre Services [wef 1 Jan 05] **MA118124142**

Date In: 25/9/18 - 09:56	Job description	Date & Time Completed	Done by
Ref No: NA/INC1803390/24	SAS e-filing		
Veh No: X19258A	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 24/9/18 - 11:15	i-Motor Claim Form	MT/1012918-001	25/9/18 11:57
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: **YL 6504** 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% P: 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	Am't (\$)	Am't (\$)
		Est. Bill	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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
Dat. 1:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Dat. 2 / 3:	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	25/09/2018 09:56
Date Of Accident	24/09/2018 11:15
Exact Location Of Accident	61 ALPS AVE LOADING BAY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9256A
Insured/Policyholder	
Name Of Registered Owner	RESOURCES FREIGHT PTE LTD
Co Reg No	199501821K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67422005

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	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	5073443414-03
Cover Note Number	

Driver

Name of Driver	TAN LIANG TIONG
NRIC No	S8847235J
Date Of Birth	14/12/1968
Occupation	OUTDOOR
Date Of Driving Pass	27/09/1991
Driving Experience	26 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97512652
Fax Number	
Contact Number	OFFICE-97512652
EMail Address	NOEMAIL

Address	BLK 238 COMPASSVALE WALK #11-550
Postcode	540238
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 - OPENING DOOR OF VEHICLE
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, AFTER LOADING THE GOODS TO MY VEHICLE. I DEPART FROM 61 ALPS AVE LOADING BAY CARPARK. I DID NOT REALIZE THAT VEHICLE B WAS FRONT RIGHT DOOR WAS OPEN. AS A RESULT, MY VEHICLE HIT ONTO HIS VEHICLE FRONT RIGHT DOOR.

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	YL6501Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SING MONG HOCK
NRIC/Passport Number	S7010387G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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.

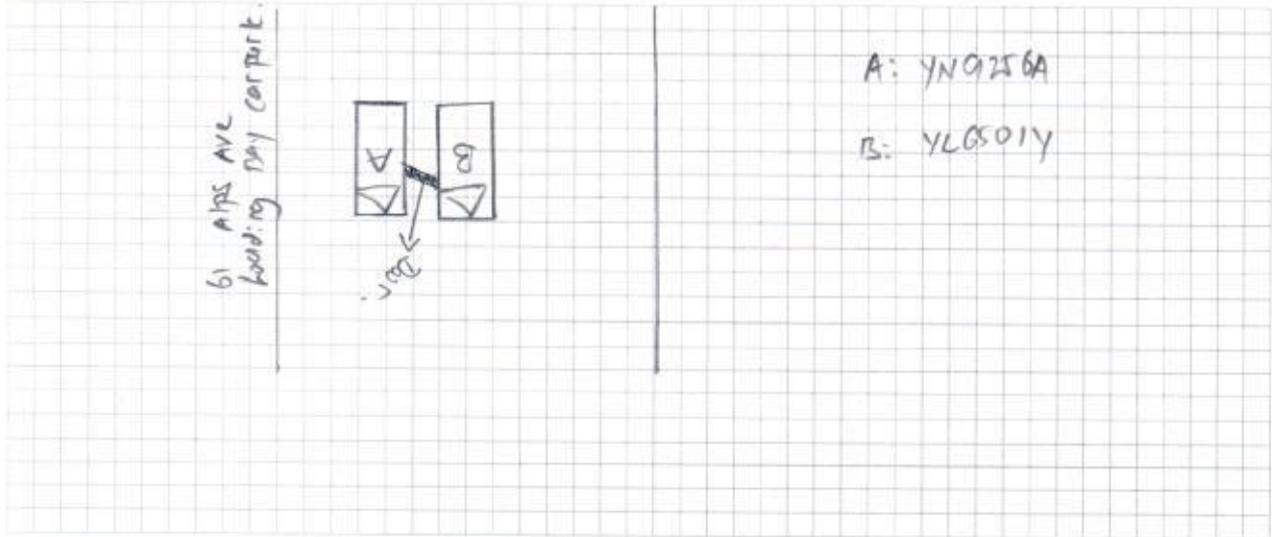


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

A large rectangular area with horizontal lines for text entry. A diagonal blue line is drawn across the middle of this area.

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:

A handwritten signature in blue ink.

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

A handwritten signature in blue ink.

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S6847235J



TAN LIANG TIONG
 陳亮忠
 CHINESE
 Date of Birth: 14-12-1968 M
 Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S6847235J



TAN LIANG TIONG
 Birth Date: 14 Dec 1968
 Issue Date: 03 Jan 2003

000067497K

Standard Chartered

2155874

S6847235J



Board Order: B4 Date of issue: 19-06-1994

APT BLK 238 COMPASSVALE WALK #11-550
 SINGAPORE 540238

58847235J Date: 06-05-2002 (R) 4343311

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Issue Date
Class 2B	Motorcycles not exceeding 200 cc	03 Mar 1999
Class 2A	Motorcycles between 201 cc and 400 cc	17 Mar 1995
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 4500 kilograms	17 Oct 1990
Class 4	Class 4 Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	27 Sep 1991
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	10 Dec 1991

Resources

YN9256A

Licence No: S6847235J

NP 438A

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"/>	5073443414-03		RESOURCES FREIGHT PTE LTD	199501821K	GCV	Comprehensive	YN9256A	YN9256A	02/09/2018	01/09/2019

Continue

Policy Information

Policy No.	5073443414-03	Policyholder Name	RESOURCES FREIGHT PTE LTD	Policyholder NRIC	199501821K
Certificate No.					
Address	8 KAKI BUKIT RD 2 #03-33 RUBY WAREHOUSE COMPLEX SINGAPORE 417841				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy issue Date	02/08/2018	Effective Date	02/09/2018 00:00	Expiry Date	01/09/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	OS Premium 0				
Outside Singapore OD Excess	Outside Singapore TP Excess Young/Inexperience Driver Excess				
Agent	NEW TIMES MOTOR& INS AGY	Agent Tel.	67478705	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	8 KAKI BUKIT RD 2 #03-33	Address 2	RUBY WAREHOUSE COMPLEX	Address 3	SINGAPORE 417841
Address 4		Address Type	Singapore address	Post Code	417841
Unit No.		Related Policy Number	5093832202-01		

Insured Object: YN9256A

Endorsements

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

[Exit](#)

Accident MT/1012918

Policy No.	5073443414-03	Vehicle No.	YN9256A	GST Registration No.	
Certificate No.					
Policyholder Name	RESOURCES FREIGHT PTE LTD			Policyholder NRIC	199501821K
Product Code	COMMERCIAL VEHICLE (INSURA)	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	0	Contact No. (Office)	67422005	Contact No. (Home)	0
Email Address		Special Remark		eCode	11
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(%)	20	Private Hire	No
Accident Details					
Report Date	25/09/2018 11:53	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	24/09/2018	Time of Accident h:mm	11:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	61 ALPS AVE LOADING BAY CARPARK				
Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	8 KAKI BUKIT RD 2 #03-33	Address 2	RUBY WAREHOUSE COMPLEX	Address 3	SINGAPORE 417841
Address 4		Address Type	Singapore address	Post Code	417841
Unit No.		Related Policy Number	5093832202-01		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver NRIC	56847235J
Unnamed driver Name	TAN LIANG TIONG	Driver Age	49	Driver DOB	14/12/1968
Register Date of Driver License	27/09/1991	Driver Experience	26	Driving Experience	26
Contact No. (Mobile)	97512652	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 238	Address 2	COMPASSVALE WALK	Address 3	SINGAPORE 540238
Address 4		Address Type	Singapore address	Post Code	540238
Unit No.	11-550				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser 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-HX	Insured Name	RESOURCES FREIGHT PTE LTD	Insured NRIC	199501821K
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		01 Vehicle Number	YN9256A	TP Vehicle Number	YL6501Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	YN9256A / YL6501Y ON 24 Sept 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	25/09/2018 11:57	Claim Close Date		Date Received	25/09/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/1012918	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/09/2018 11:58
Path *		Category *	
	<input type="button" value="Browse..."/> <input type="button" value="Clear"/>		<input type="button" value="Please Select"/> <input type="button" value="Clear"/>
	<input type="button" value="Browse..."/> <input type="button" value="Clear"/>		<input type="button" value="Please Select"/> <input type="button" value="Clear"/>
	<input type="button" value="Browse..."/> <input type="button" value="Clear"/>		<input type="button" value="Please Select"/> <input type="button" value="Clear"/>
	<input type="button" value="Browse..."/> <input type="button" value="Clear"/>		<input type="button" value="Please Select"/> <input type="button" value="Clear"/>

Browse...

Clear

Please Select

P/D

Normal

Browse...

Clear

Please Select

P/D

Normal

Send Message **Upload**

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 11:58	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 11:58	SAS	Normal	SAS 2018-9-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 11:58	Photos	Normal	Photos 2018-9-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 11:58	Photos	Normal	Photos 2018-9-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 11:57	Photos	Normal	Photos 2018-9-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 11:57	Photos	Normal	Photos 2018-9-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 11:57	Photos	Normal	Photos 2018-9-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 11:57	Photos	Normal	Photos 2018-9-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 11:57	Photos	Normal	Photos 2018-9-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Sep 2018 11:57	Photos	Normal	Photos 2018-9-25		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window Scan and uploading

https://gclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

25/9/2018