

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MA118131464**

Date In: 12/12-12:47	Job description	Date & Time Completed	Done by
Ref No: NA/INC18018374/24	SAS e-filing		
Veh No: 6A282JB	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 9/10/18-16:40	i-Motor Claim Form	MT/1015118-201	12/10/18 15:07
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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: JFQ 3381U	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:- (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

NA1806478	Invoice Preparation Checklist	Ant (\$) Fit Bill	Ant (\$) Add Bill
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 INC Only (wef 10 Jan 2005)		
	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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 2 / 3:			

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 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. 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	10/10/2018 12:47
Date Of Accident	09/10/2018 16:40
Exact Location Of Accident	HOU GANG AVE 1 OPP HDB BLK 104
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GQ2825B
Insured/Policyholder	
Name Of Registered Owner	CHUAN GENERAL CONTRACTOR
Co Reg No	47296200X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97624618
Alternative Phone No	OFFICE-97624618

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 DX 1.6 AUTO
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	5101214854
Cover Note Number	

Driver

Name of Driver	ONG ANN CHUAN
NRIC No	S1641046B
Date Of Birth	08/07/1964
Occupation	OUTDOOR
Date Of Driving Pass	20/07/1982
Driving Experience	36 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97624618
Fax Number	
Contact Number	OFFICE-97624618
EMail Address	NOEMAIL

Address	BLK 324B SENGKANG EAST WAY #08-577
Postcode	542324
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 - 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?	YES
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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 LANE 2 HOUGANG AVE 2. SUDDENLY VEHICLE B COMING OUT FROM MINOR ROAD OF HDB BLK 104 AND CUT ONTO MY LANE. AS A RESULT, VEHICLE B 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	SFQ3381U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM LEE KEAT @ONG LEE KEAT
NRIC/Passport Number	S2015086F
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name

ONG ANN CHUAN

Approximate Age

Injuries Sustain

SHOULDER & NECK

Injured person in which vehicle?

GQ2825B

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.

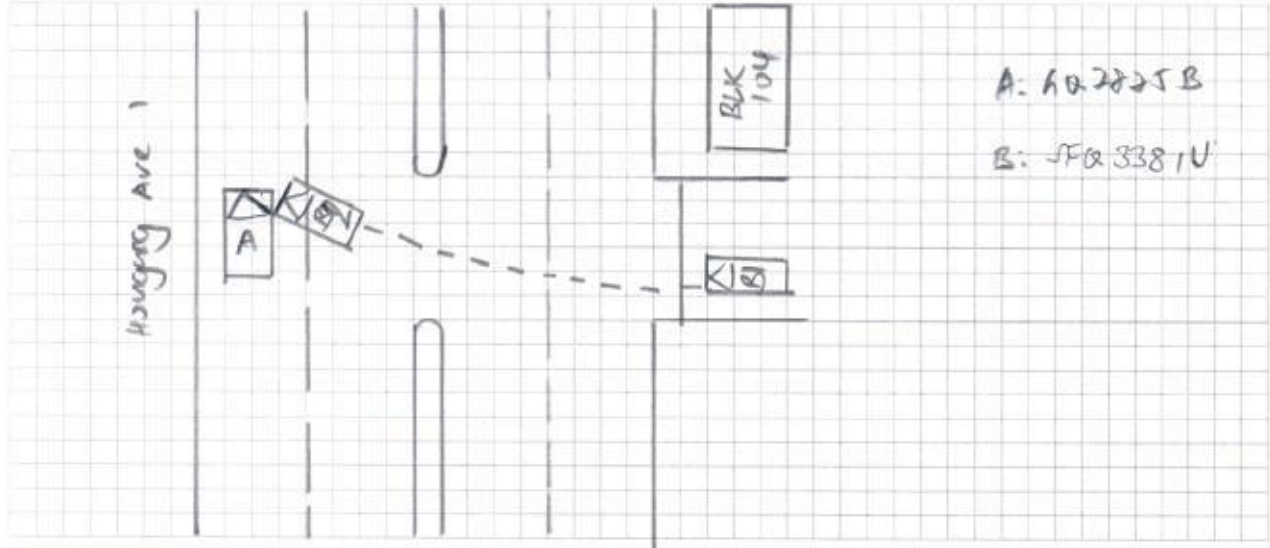


Policyholder's Signature
Date & Time:

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo

Licence Number: S1641046

ONG ANN CHUAN

Birth Date: 08 Jul 1964

Issue Date: 05 Nov 2009

Barcode: 001796927A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1641046B

Portrait photo

Name: ONG ANN CHUAN

王 安 全

Race: CHINESE

Date of birth: 08-07-1964 Sex: M

Country of birth: SINGAPORE

Barcode: S1641046B

YC LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3: Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

Valid Date: 20 Jul 1980

Barcode: Licence No: S1641046B

NP 420A

4402941

Barcode

IRIC No: S1641046B

Fingerprint

Date of issue: 11-11-2009

Address: APT BLK 324B SENGKANG EAST WAY #08-577 SINGAPORE 542324

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="09/10/2018 16:45"/>
Vehicle No. (For Motor)	<input type="text" value="GQ2825B"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101214854		CHUAN GENERAL CONTRACTOR	47296200X	GCV	Comprehensive	GQ2825B	GQ2825B	08/06/2018	07/06/2019

▼ Policy Information

Policy No.	5101214854	Policyholder Name	CHUAN GENERAL CONTRACTOR	Policyholder NRIC	47296200X
Certificate No.					
Address	BLK 324-B #08-577 SENGKANG EAST WAY SINGAPORE 542324				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy Issue Date	05/06/2018	Effective Date	08/06/2018 00:00	Expiry Date	07/06/2019 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	ONE LINK INSURANCE AGENCY	Agent Tel.	63633633	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 324-B #08-577	Address 2	SENGKANG EAST WAY	Address 3	SINGAPORE 542324
Address 4		Address Type	Singapore address	Post Code	542324
Unit No.		Related Policy Number	5101214854		

► Insured Object: GQ2825B

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	08/06/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 08 Jun 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD CHASSIS NUMBER: VM20122047 ENGINE NUMBER: HR16116663D VEHICLE REGISTRATION NUMBER: GQ2825B ORIGINAL REGISTRATION DATE: 08 Jun 2018

Continue Cancel

Claim Handling

- **Exit**

Accident HT/1015118

Policy No.	S101214854	Vehicle No.	GQ2825B	GST Registration No.	198103784W
Certificate No.					
Policyholder Name	CHUAN GENERAL CONTRACTOR			Policyholder NRIC	47296200X
Product Code	COMMERCIAL VEHICLE (INSURA)	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	97624618	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	<div><div></div><div></div></div>
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
<div><div></div> Accident Details</div>					
Report Date	10/10/2018 15:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	09/10/2018	Time of Accident hh:mm	15:40	Country of Accident	Singapore
Reporting Centre		Orange Force		SCM No.	
Accident Location	HOUGANG AVE 1 OPP HDB BLK 104				
<div><div></div> Excess</div>					
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			
<div><div></div> Benefits</div>					
<div><div></div> GST Registered Information</div>					
GST Registered	Yes	GST Registration Date	01/01/2015		
GST Registration No.	198103784W	GST Status Verified	No		
Modification History					

Policyholder Mailing Address

Address 1	BLK 324-B #0B-577	Address 2	SENGKANG EAST WAY	Address 3	SINGAPORE 542324
Address 4		Address Type	Singapore address	Post Code	542324
Unit No.		Related Policy Number	S101214054		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ONG ANN CHUAN	Driver NRIC	S16410488	Driver DOB	08/07/1964
Register Date of Driver License	20/07/1982	Driver Age	54	Driving Experience	36
Contact No. (Mobile)	97624618	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 324B	Address 2	SENGKANG EAST WAY	Address 3	ANCHORVALE GROVE
Address 4	SINGAPORE 542324	Address Type	Singapore address	Post Code	542324
Unit No.	08-577				
Does he plan a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001	New
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Claim Type *	OD-MX	Insured Name	CHUAN GENERAL CONTRACTOR	Insured NRJC	47296200X
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	95805529
Email Address		OT Vehicle Number	GQ2825B	TP Vehicle Number	SPQ3381U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	ZZ	Claimant NRJC *			
Claimant Address					
Claim Description	GQ2825B / SPQ3381U ON 9 Oct 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	10/10/2018 15:03	Claim Close Date		Date Received	10/10/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No. <input type="text" value="MT/1015118"/>		Claim No. <input type="text" value="001"/>	
Last Doc. Received <input checked="" type="radio"/> Yes <input type="radio"/> No		Upload Date <input type="text" value="10/10/2018 15:04"/>	

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

Please Select

Please Select

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Oct 2018 15:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Oct 2018 15:04	SAS	Normal	SAS 2018-10-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Oct 2018 15:04	Photos	Normal	Photos 2018-10-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Oct 2018 15:04	Photos	Normal	Photos 2018-10-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Oct 2018 15:04	Photos	Normal	Photos 2018-10-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Oct 2018 15:04	Photos	Normal	Photos 2018-10-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Oct 2018 15:04	Photos	Normal	Photos 2018-10-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Oct 2018 15:03	Photos	Normal	Photos 2018-10-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Oct 2018 15:03	Photos	Normal	Photos 2018-10-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Oct 2018 15:03	Photos	Normal	Photos 2018-10-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Oct 2018 15:03	Photos	Normal	Photos 2018-10-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Oct 2018 15:03	Photos	Normal	Photos 2018-10-10		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in new Window"/> <input type="button" value="Scan and uploading"/>				