

# NATIONAL Assessment Centre Services

(wef: Jan'05)

May 18/31/46/

Date In: 10/10/2018 12:41	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/001837714	SAS e-filing		
Veh No: GBE 84544	E-mail (within 8hrs, AIC 2hrs)		
DOA: 04/10/2018 14:00	i-Motor Claim Form	Mr/1014896-001	10/10/2018
OD: TP <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:50
	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: SHF 2337	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

NAP06503

Claimant's Particulars:-	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) 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) RT: 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			
Auditors' Comments:-	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 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 12:41
Date Of Accident	04/10/2018 11:00
Exact Location Of Accident	RIVER VALLEY ROAD TOWARDS TOWN B/F JERVOIS ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8454X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIAMAY FURNISHING CO
Co Reg No	32276600A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98759116
Alternative Phone No	OFFICE-98759116

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5089665480-01
Cover Note Number	

### Driver

Name of Driver	ANG BOON HUEY
NRIC No	S1496087B
Date Of Birth	04/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	29/05/1979
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98759116
Fax Number	
Contact Number	OTHERS-98759116
Email Address	NOEMAIL

Address	BLK 2 JALAN BUKIT MERAH #01-5146
Postcode	150002
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 - HEAD TO REAR
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?	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)	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

PLEASE REFER TO SKETCH PLAN

#### 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	SHF233T ✓
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR. SIM
NRIC/Passport Number	
Contact Number	93869112
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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**.
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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.

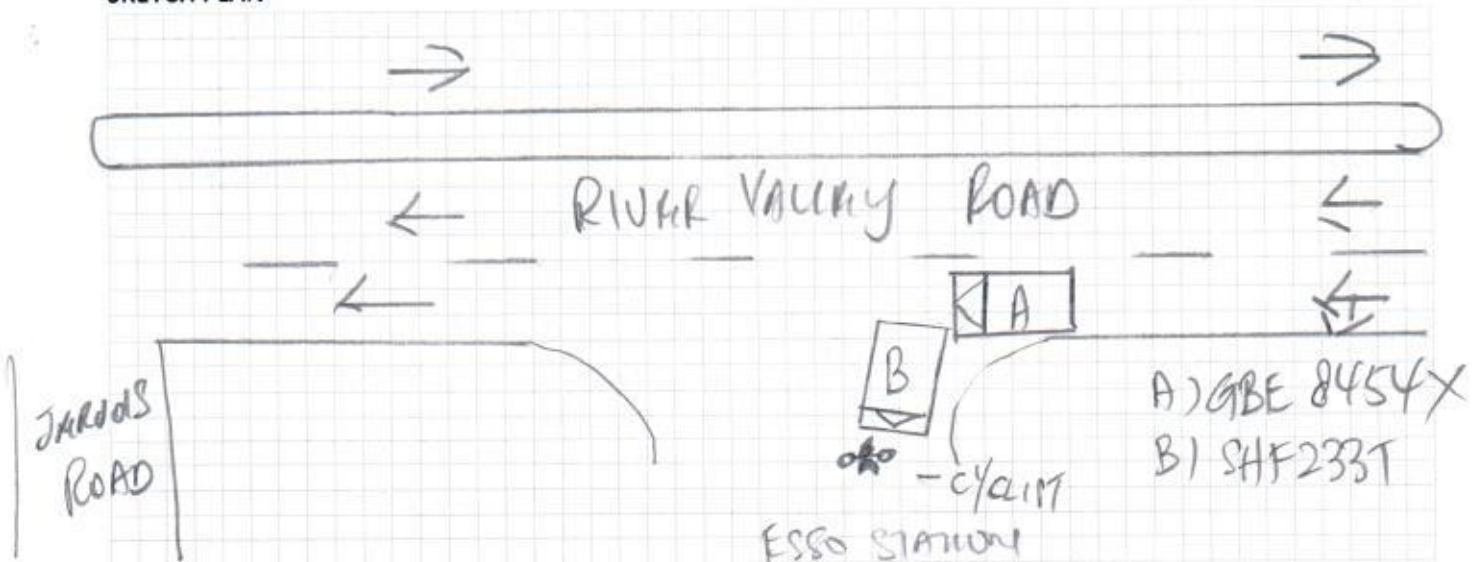
建華傢俬公司  
CHIAM Y FURNISHING CO.  
Blk 2, Jln Bukit Merah  
#01-5146 Singapore 150002  
Tel: 6272 1294

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

On 07/10/2008 At About 11AM I WAS TRAVELLING ALONG RIVER VALLEY ROAD TOWARDS TOWN & AT THE ESSO STATION BEFORE JARVIS ROAD A TAXI SHF233T SUDDENLY TURN INTO THE ESSO STATION & STOP TO GIVE WAY TO CYCLIST & I COULD NOT BRAKE ON TIME AND HIT AT THE RIGHT SIDE OF THE REAR TAIL LAMP & SCRATCH THE EDGES OF THE TAXI

## DECLARATION

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

CHIAMAY FURNISHING CO.  
Blk 2, Jln Bukit Merah  
#01-5146 Singapore 150002  
Tel: 6272 1294

Policyholder's Signature  
Date & Time:

CHIAMAY FURNISHING CO.  
Blk 2, Jln Bukit Merah  
#01-5146 Singapore 150002  
Tel: 6272 1294

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

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



## Claim Handling

Accident MT/1014876

Policy No.	508965480-01	Vehicle No.	GBE8454X	GST Registration No.	
Certificate No.					
Policyholder Name	CHIAMAY FURNISHING CO	Cover Type	Comprehensive	Policyholder NRIC	32276600A
Product Code	COMMERCIAL VEHICLE INSURAN	Special Remark		Loading	0
Contact No.(Mobile)	NA	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Contact No.(Home)	
Email Address		NCD Entitlement(%)	20	eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	09/10/2018 13:21	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	04/10/2018	Time of Accident hh:mm	11:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				
<b>Excess</b>					
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			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	10/10/2018 08:41:49 Deborah Mui changed GST Status Verified from No to Yes				

## Policyholder Mailing Address

Address 1	BLK 2 #01-5146	Address 2	3ALAN BUKIT MERAH	Address 3	SINGAPORE 150002
Address 4		Address Type	Singapore address	Post Code	150002
Unit No.		Related Policy Number	508965480-01		
<b>OI Driver Info</b>					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	CHIAMAY FURNISHING CO	Insured NRIC	32276600A		
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	62721		
Email Address		DI Vehicle Number	GBE8454X	TP Vehicle Number	SHF23		
Claim Description	GBE8454X / SHF2337 ON 4 Oct 2018				Name of Preferred Workshop		
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received		
Report No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown				
Date Registered				Claim Close Date	10/10/2018 12:50	Date Received	10/10/2018
Report Taken By	ROS LI WAHAB						
<input checked="" type="checkbox"/> Print AK letter							

Save Submit

## Attachment

Accident No.	MT/1014876	Claim No.	002			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/10/2018 12:50			
Path *		Category *	Confidential	Urgency *	Desc	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Message Read		Clear	Please Select	NO	Normal	
<b>Attachment List</b>						
Attachment	Uploaded By/Date	Category	Urgency	Description		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Oct 2018 12:50	Photos	Normal	Photos 2018-10-10		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Oct 2018 12:50	Photos	Normal	Photos 2018-10-10		

10/10/2018

## Claim Handling( Claim Task )



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 10 Oct 2018 12:50

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Photos

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Photos 2018-10-10

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SAS 2018-10-10

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-10-10

## Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 4 / 10 / 2018 ) (DD/MM/YYYY), TIME: ( 11 : AM ) (HH:MM)

LOCATION: LOWER DELTA TO RIVER VALLEY ESSO STATION

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 8454 X  
 b) INSURANCE COMPANY: CHIAMBAY FURNISHING CO. MTRC  
 c) POLICY NUMBER: 5089665480  
 d) POLICY TYPE: ( COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT )  
 e) MAKE & MODEL: 5089665480  
 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)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: CHIAMBAY FURNISHING CO. (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: B32276600 CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: ANG BOON HUEY (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S149608713 CONTACT: 98759116  
 c) ADDRESS: BK 2 JLN BT MENDAM  
#01-5146

\* d) DATE OF BIRTH: ( 04 / 10 / 1961 ) (DD/MM/YYYY)

e) OCCUPATION: ( INDOOR / OUTDOOR )

f) DATE OF DRIVING PASS: \_\_\_\_\_

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

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHF 233T MODEL: TOYOTA  
 b) DRIVER'S NAME: MR. SIM  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 93869112

## 9. THIRD PARTY VEHICLE

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

EMAIL =

VIDEO =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1496087B

*C 59V AA  
4537m 365*



Name  
ANG BOON HUEY

洪 汶 輝

Race  
CHINESE

Date of birth  
01-10-1961

Sex  
M

Entry of birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1496087B

Name  
ANG BOON HUEY

Birth Date: 04 Oct 1961  
Issue Date: 02 Mar 2015




0024007728

SG 50

4466331



NRIC No. S1496087B



REPUBLIC AUTO PTE LTD  
301 ALEXANDRA ROAD  
MERCEDES-BENZ CENTER  
SINGAPORE 159968  
TEL: 6844 4448 FAX: 6866 1717

Date of issue  
24-09-2009

Address  
APT BLK 2 JALAN BUKIT MERAH  
#01-5146  
SINGAPORE 150002

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	29 May 1979
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	03 Jan 1984
*Motor vehicles which are not constructed to carry load and the unladen weight $<$ 7250kg	

NP 428A



Hello, NAC\_BUKIT\_MERAH\_800676

[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="04/10/2018 12:12"/>
Vehicle No. (For Motor)	<input type="text" value="GBE8454X"/>	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"/>	5089665480 01		CHIAMAY FURNISHING CO	32276600A	GCV	Comprehensive	GBE8454X	GBE8454X	07/04/2018	06/04/2019