

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MNA118 132436**

Date In: 12/10/18 - 11:08	Job description	Date & Time Completed	Done by
Ref No: NA/1108019542/14	SAS e-filing		
Veh No: 4P252A	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 11/10/18 - 13:00	i-Motor Claim Form	M/11015370-001	12/10/18 11:44
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Vch No: **2LX554A** Tel: Fax:)

Owner / Driver: (INC () / Non-INC ())

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 30-100%]

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)

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

NA180653

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		Est Bill	Add Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$30)			
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:-			
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	\$0		
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	12/10/2018 11:08
Date Of Accident	11/10/2018 13:00
Exact Location Of Accident	BLK 922 TAMPINES ST 91 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5752A
Insured/Policyholder	
Name Of Registered Owner	SONG & SONG FASHION PTE LTD
Co Reg No	201003419C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62965346

Vehicle Particulars

Manufacturer	HINO
Model	HINO XZU710R-HKFM3
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	5087976739-01
Cover Note Number	

Driver

Name of Driver	CHAI FAT MING
Passport No/FIN	G7259194T
Date Of Birth	12/03/1975
Occupation	OUTDOOR
Date Of Driving Pass	02/12/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90558091
Fax Number	
Contact Number	OFFICE-90558091
EMail Address	NOEMAIL

Address 3 KALLANG SECTOR
#03-03
Postcode 349278
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 COLLIDED INTO PARKED 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) 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 SLX554A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 0

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.

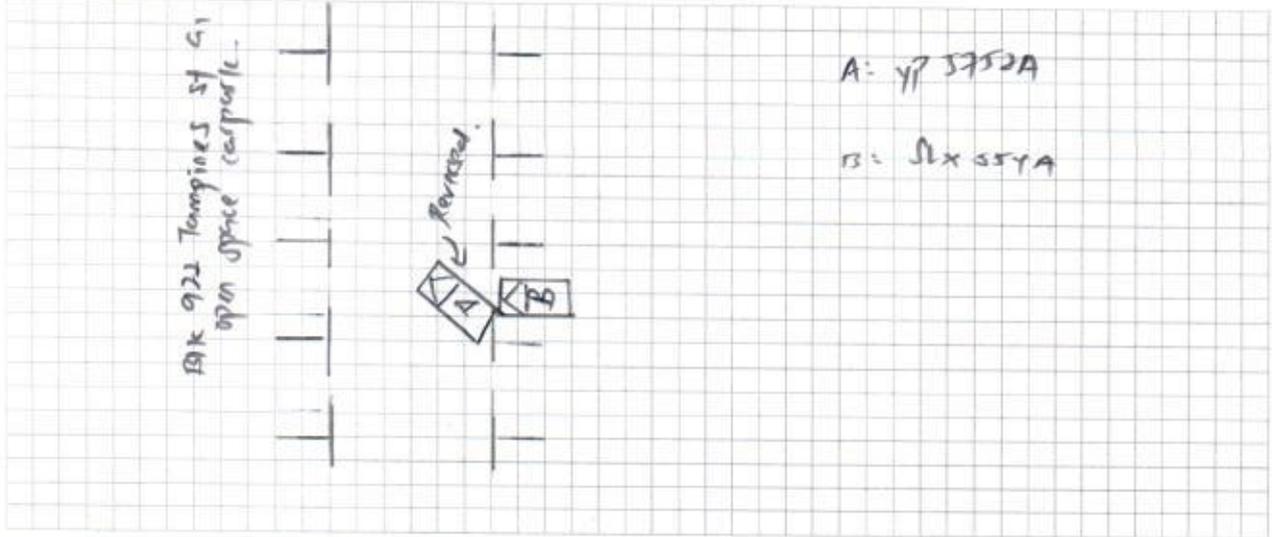


Policyholder's Signature
Date & Time:


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 that 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, AS I WANTED TO EXIT FROM HDB BLK 922
TAMPINES ST 91. WHILE I REVERSED MY VEHICLE ONTO A PARKING LOT AND
ACCIDENTALLY SLIGHTLY GRAZED ONTO VEHICLE B FRONT LEFT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 10 / 18) (DD/MM/YYYY), TIME: (13 : 00) (HH:MM)

LOCATION: Blok 922 Tampines H 91 open space carpark.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YJ5752A
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5087976739-21
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)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Song & Song Fashion Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201003419C CONTACT: 62965346
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Choi Fat Meng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 67259194T CONTACT: 92558091
c) ADDRESS: 3 Kallang Factor #03-03 (349278)

*d) DATE OF BIRTH: (12 / 03 / 1975) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21/2/2003

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: JLX554A MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(2)
1 male.

* No of passenger
(Including driver)
(0)

* No of passenger
(Including driver)
()

Email = songapparell@live.com

fax =

VIDEO =

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"/>	5087976739-01		SONG & SONG FASHION PTE LTD	201003419C	GCV	Preferred Workshop Plan	YP5752A	YP5752A	16/02/2018	15/02/2019

Continue

Policy Information

Policy No.	5087976739-01	Policyholder Name	SONG & SONG FASHION PTE LT	Policyholder NRIC	201003419C
Certificate No.					
Address	3 KALLANG SECTOR #03-03 SINGAPORE 349278				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy issue Date	24/01/2018	Effective Date	16/02/2018 00:00	Expiry Date	15/02/2019 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	CHESSA INSURANCE AGENCIES	Agent Tel.	68424331	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	3 KALLANG SECTOR	Address 2	#03-03	Address 3	SINGAPORE 349278
Address 4		Address Type	Singapore address	Post Code	349278
Unit No.	03-03	Related Policy Number	5087976739-01		

Insured Object: YP5752A

Endorsements

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

[Exit](#)

Accident MT/1015370

Policy No.	5087976739-01	Vehicle No.	YP5752A	GST Registration No.	201003419C
Certificate No.					
Policyholder Name	SONG & SONG FASHION PTE LTD	Cover Type	Preferred Workshop Plan	Policyholder NRIC	201003419C
Product Code	COMMERCIAL VEHICLE INSURAL	Contact No.(Office)	62965346	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	12/10/2018 11:42	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	11/10/2018	Time of Accident Occur	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 922 TAMPINES ST 91 OPEN SPACE CARPARK				

Excess

Dwn damage Excess	500.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore DD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	17/05/2010
GST Registration No.	201003419C	GST Status Verified	Yes

Modification History

Policyholder Mailing Address

Address 1	3 KALLANG SECTOR	Address 2	#03-03	Address 3	SINGAPORE 349278
Address 4		Address Type	Singapore address	Post Code	349278
Unit No.	03-03	Related Policy Number	5087976739-01		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	12/03/1975
Unnamed driver Name	CHAI PAT MING	Driver NRIC	07259194T	Driving Experience	14
Register Date of Driver License	02/12/2003	Driver Age	43	Contact No.(Home)	0
Contact No.(Mobile)	90558091	Contact No.(Office)	0	Address 3	SINGAPORE 349278
Address 1	3 KALLANG SECTOR	Address 2		Post Code	349278
Address 4		Address Type	Singapore address		
Unit No.	03-03				
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 *	DD-MX	Insured Name	SONG & SONG FASHION PTE LT	Insured NRIC	201003419C	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	65533468	
Email Address		DI Vehicle Number	YP5752A	TP Vehicle Number	SLX554A	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	YP5752A / SLX554A ON 11 Oct 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	12/10/2018 11:44	Claim Close Date		Date Received	12/10/2018 00:00	
Report Taken By	Jackson					

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1015370	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/10/2018 11:44

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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Please Select

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Browse...

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Please Select

PVC

Normal

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Oct 2018 11:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Oct 2018 11:44	SAS	Normal	SAS 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Oct 2018 11:44	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Oct 2018 11:44	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Oct 2018 11:44	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Oct 2018 11:44	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Oct 2018 11:44	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Oct 2018 11:44	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Oct 2018 11:44	Photos	Normal	Photos 2018-10-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Oct 2018 11:44	Photos	Normal	Photos 2018-10-12		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: center; gap: 10px;"> Display in New Window Scan and uploading </div>				