

NATIONAL Assessment Centre Services

Wef 1 Jan 05 MNA18132897

Date In: 12/10/18-09:54	Job description	Date & Time Completed	Done by
Ref No: NA/INC18018602/24	SAS e-filing		
Veh No: 621842K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/10/18-16:45	i-Motor Claim Form	M7/101532-001	12/10/18 18:17
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: (Tel:	Fax:
TP Particulars:		
Owner / Driver: (INC () / Non-INC ()	
Policy No: (Tel:	
Confirmed by: (Cover Type: (
Insured/Driver Liability: (Date:	Time:
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)

1) Apply for Transport Allowance () / Courtesy Car ()	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time Actions

NA1806546

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
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		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
at 1:	For claiming against INC Only (wef 10 Jan 2005)		
at 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpl Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	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	13/10/2018 09:54
Date Of Accident	12/10/2018 16:40
Exact Location Of Accident	PAYA LEBAR RD AFTER JUNC KPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ1842K
Insured/Policyholder	
Name Of Registered Owner	MOBILE WORKFORCE SOLUTION PTE LTD
Co Reg No	201007706E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62712752

Vehicle Particulars

Manufacturer	SSANGYONG
Model	MUSO 4X2 MT
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5077233674-02
Cover Note Number	

Driver

Name of Driver	CHANG HING LOON
NRIC No	S7780342D
Date Of Birth	06/08/1977
Occupation	OUTDOOR
Date Of Driving Pass	23/12/2002
Driving Experience	15 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96455552
Fax Number	
Contact Number	OFFICE-96455552
Email Address	NOEMAIL

Address	BLK 306C ANCHORVALE LINK #11-81
Postcode	543306
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 - CHANGE/CROSS LANE
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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 3 PAYA LEBAR RD. AS I WANTED TO FILTER TO LANE 4, I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLIND SPOT BEFORE I CAN PROCEED. WHEN MY VEHICLE INCH OUT A LITTLE, SUDDENLY VEHICLE B JAMMED BRAKE IN IN FRONT OF MY VEHICLE. AS A RESULT, MY VEHICLE SLIGHTLY GRAZED ONTO VEHICLE B REAR LEFT 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	SJN5258Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OH HANGQI
NRIC/Passport Number	S9112805E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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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

Sketch Plan area with grid lines and handwritten notes:

- Left side: *Right hand rd.*
- Center: Two small rectangular boxes, one labeled *A* and one labeled *B*.
- Right side: *A: 62 1842K* and *B: 5N 52582*

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident area with horizontal lines. Handwritten note: *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
IDENTITY CARD NO. S7780342D



CHANG HING LOON

曾庆麟

RACE
CHINESE

Date of Birth: 06-08-1977 Sex: M

Country of Birth: MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7780342D

CHANG HING LOON

Birth Date: 06 Aug 1977

Issue Date: 01 Oct 2007

001632315F

8813230



NRIC No. S7780342D



Nationality: MALAYSIAN

Blood Group: Date of issue: 08-05-2003

APT BLK 306C ANCHORVALE LINK #11-81
SINGAPORE 543306

NRIC No: S7780342D Date: 09-04-2006 No: 6832672

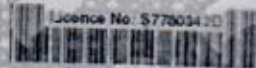
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS DATE

Class 2B	Motorcycles <= 200 cc	23 Dec 2002
Class 2A	Motorcycles between 201 cc and 400 cc	12 Sep 2006
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	23 Dec 2002

NP 428A

Licence No: S7780342D



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5077233674-02		MOBILE WORKFORCE SOLUTION PTE. LTD.	201007706E	GCV	Third Party, Fire & Theft	GZ1842K	GZ1842K	21/01/2018	20/01/2019

Policy Information

Policy No.	5077233674-02		Policyholder Name	MOBILE WORKFORCE SOLUTION		Policyholder NRIC	201007706E	
Certificate No.								
Address	61 UBI ROAD 1 #04-02 OXLEY BIZHUB SINGAPORE 408727							
Product Name	COMMERCIAL VEHICLE INSURANCE		Plan			Group Policy Flag	N	
Policy issue Date	27/12/2017		Effective Date	21/01/2018 00:00		Expiry Date	20/01/2019 23:59	
Excess Type			All Claims Excess					
Third Party Excess	0		Own damage Excess	0		Windscreen Excess	0	
Additional Excess			OS Premium	0				
Outside Singapore OD Excess			Outside Singapore TP Excess			Young/Inexperience Driver Excess		
Agent	NSK INSURANCE AGENCY		Agent Tel.	68720457		GST Flag	Y	
Co-insurance Flag	No							
Open Policy Info								
Certificate Info								

Policyholder Mailing Address

Address 1	61 UBI ROAD 1		Address 2	#04-02 OXLEY BIZHUB		Address 3	SINGAPORE 408727	
Address 4			Address Type	Singapore address		Post Code	408727	
Unit No.	04-02		Related Policy Number	5077233674-02				

Insured Object: GZ1842K

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div style="text-align: center;"> <input type="button" value="Continue"/> <input type="button" value="Cancel"/> </div>				

Claim Handling

Accident MT/1015532

Exit

Policy No.	5077233674-02	Vehicle No.	GZ1842K	GST Registration No.	
Certificate No.					
Policyholder Name	MOBILE WORKFORCE SOLUTION PTE. LTD.				
Product Code	COMMERCIAL VEHICLE (INSURANCE)	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	201007706E
Contact No.(Mobile)	0	Contact No.(Office)	62712752	Leading	0
Email Address		Special Remark		Contact No.(Home)	0
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	11
NCD Protection	No	NCD Entitlement(%)	15	eCode Reason	
				Private Hire	No
Accident Details					
Report Date	13/10/2018 18:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	12/10/2018	Time of Accident hh:mm	16:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PAYA LEBAR RD AFTER JUNG KPE				
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	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	51 UBI ROAD 1	Address 2	#04-02 OXLEY BIZHUB	Address 3	SINGAPORE 408727
Address 4		Address Type	Singapore address	Post Code	408727
Unit No.	04-02	Related Policy Number	5077233674-02		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	06/08/1977
Unnamed driver Name	CHANG HONG LOON	Driver NRIC	57780342D	Driving Experience	15
Register Date of Driver License	23/12/2002	Driver Age	41	Contact No.(Home)	0
Contact No.(Mobile)	96435552	Contact No.(Office)	0	Address 3	SINGAPORE 543306
Address 1	BLK 306C	Address 2	ANCHORVALE LINK	Post Code	543306
Address 4		Address Type	Singapore address		
Unit No.	11-81				
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		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	MOBILE WORKFORCE SOLUTION	Insured NRIC	201007706E
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		01 Vehicle Number	GZ1842K	TP Vehicle Number	52N5258Z
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GZ1842K / 52N5258Z ON 12 Oct 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	13/10/2018 18:13	Claim Close Date		Date Received	13/10/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					


Save Submit

Attachment

Accident No.	MT/1015532	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/10/2018 18:14
Path *		Category *	Confidential
		Urgency *	Description *
Browse...	Clear	Please Select	NO
Browse...	Clear	Please Select	NO
Browse...	Clear	Please Select	NO
Browse...	Clear	Please Select	NO

Attachment List

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
					Display in New Window Scan and uploading