

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MHA1181V5529

Date In: 10/11/18 10:39	Job description	Date & Time Completed	Done by
Ref No: NA/INCR 03393/24	SAS e-filing		
Veh No: 60652046	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 9/11/18 15:45	i-Motor Claim Form	M7/149223-001	12/11/18 16:53
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: X7923K

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

NA 807352

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

1) AR : Accident Reporting (\$30);

2) DA : Damage Assessment (\$100); INC (\$80)

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:-

OP*

*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

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	10/11/2018 10:39
Date Of Accident	09/11/2018 13:45
Exact Location Of Accident	YISHUN AVE 2 BEFORE JUNC YISHUN CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC8204L
Insured/Policyholder	
Name Of Registered Owner	WEI HER PTE LTD
Co Reg No	197902992E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67433191

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE MANUAL
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	5086707838-01
Cover Note Number	

Driver

Name of Driver	TAN ENG PAW
NRIC No	S2118094G
Date Of Birth	24/10/1948
Occupation	OUTDOOR
Date Of Driving Pass	06/10/1967
Driving Experience	51 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96651287
Fax Number	
Contact Number	OFFICE-96651287
EMail Address	NOEMAIL

Address	BLK 205 TAMPINES STREET 21 #06-1287
Postcode	520205
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)	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, I WAS TRAVELLING ALONG LANE 1 YISHUN AVE 2. SUDDENLY VEHICLE B MAKE A LEFT TURN FROM MINOR RD TWDS YISHUN AVE 2. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE 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	YN7927K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

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.

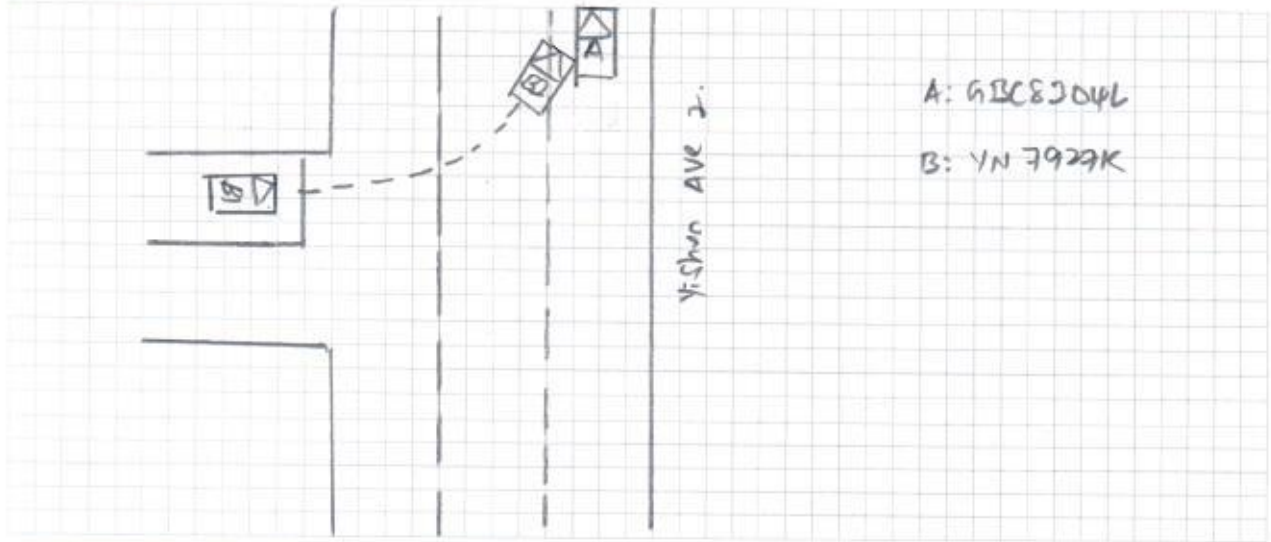


Policyholder's Signature
Date & Time:

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
IDENTITY CARD NO. S2118094G



Name

TAN ENG PAW

陳英寶

Race

CHINESE

Date of birth

24-10-1948

Sex

M

Country of birth

CHINA

REPUBLIC OF SINGAPORE DRIVING LICENCE

IDENTITY CARD NO. S2118094G

TAN ENG PAW

DOB Date: 24 Oct 1948

Issue Date: 25 Aug 2009



4034491

NRIC No. S2118094G

Date of Issue

25-04-2007

APT BLK 205 TAMPINES STREET 21 #06-1287
SINGAPORE 520205
S2118094G

02/09/2013

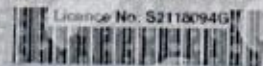
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EXPIRY DATE

Class 3 Motor Cars and Motor Tractors (the weight of which unladen does not exceed 2500 kilograms)

06 Oct 1967

NP 478A



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="09/11/2018 13:45"/>							
Vehicle No. (For Motor)	<input type="text" value="GBC8204L"/>	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"/>	5086707838-01		WEI HER PTE LTD	197902992E	GCV	Comprehensive	GBC8204L	GBC8204L	11/12/2017	10/12/2018
<input type="button" value="Continue"/>										

Policy Information					
Policy No.	5086707838-01	Policyholder Name	WEI HER PTE LTD	Policyholder NRIC	197902992E
Certificate No.					
Address	53 GENTING LANE PARPIA HOUSE SINGAPORE 349561				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan	Group Policy Flag	N		
Policy Issue Date	01/12/2017	Effective Date	11/12/2017 00:00	Expiry Date	10/12/2018 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	SIME DARBY INSURANCE BROK	Agent Tel.	62948810	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyholder Mailing Address					
Address 1	53 GENTING LANE	Address 2	PARPIA HOUSE	Address 3	SINGAPORE 349561
Address 4		Address Type	Singapore address	Post Code	349561
Unit No.		Related Policy Number	5086707838-01		
Insured Object: GBC8204L					
Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content	
<div>Continue</div> <div>Cancel</div>					

Claim Handling

Exit

Accident MT/1019222

Policy No.	5056707838-01	Vehicle No.	GBC8204L	GST Registration No.	
Certificate No.					
Policyholder Name	WEI HER PTE LTD			Policyholder NRIC	197902992E
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	67433191	Contact No.(Home)	0
Email Address		Special Remark		eCode	1
KPIK	<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	10/11/2018 16:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	09/11/2018	Time of Accident hh:mm	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	YISHUN AVE 2 BEFORE JUNG YISHUN CENTRAL				

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 Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	53 GENTING LANE	Address 2	PAPPIA HOUSE	Address 3	SINGAPORE 349561
Address 4		Address Type	Singapore address	Post Code	349561
Unit No.		Related Policy Number	5056707838-01		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/10/1948
Unnamed driver Name	TAN ENG PAW	Driver NRIC	S2118094G	Driving Experience	51
Register Date of Driver License	06/10/1967	Driver Age	70	Contact No.(Home)	0
Contact No.(Mobile)	96651287	Contact No.(Office)	0	Address 3	SINGAPORE 520205
Address 1	BLK 205	Address 2	TAMPINES STREET 21	Post Code	520205
Address 4		Address Type	Singapore address		
Unit No.	06-1287				
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-MX	Insured Name	WEI HER PTE LTD	Insured NRIC	197902992E
Contact No.(Mobile)	96633728	Contact No.(Home)		Contact No.(Office)	67433191
Email Address	WEIHER@SINGNET.COM.SG	OT Vehicle Number	GBC8204L	TP Vehicle Number	YN7927K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBC8204L / YN7927K On 9 Nov 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/11/2018 16:53	Claim Close Date		Date Received	10/11/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Attachment

Save Submit

Accident No.	MT/1019222	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/11/2018 16:54

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

Please Select

Please Select

Please Select

Please Select

Please Select

Please Select

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Nov 2018 16:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-10		Edit
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Nov 2018 16:54	SAS	Normal	SAS 2018-11-10		Edit
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Nov 2018 16:53	Photos	Normal	Photos 2018-11-10		Edit
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Nov 2018 16:53	Photos	Normal	Photos 2018-11-10		Edit
	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Nov 2018 16:53	Photos	Normal	Photos 2018-11-10		Edit
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	NAC_PAYA_UBI_8006011 NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Nov 2018 16:53	Photos	Normal	Photos 2018-11-10		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"/>				