

NATIONAL Assessment Centre Services. [ver 1 Jan'05] MNA 118147091

Date In: 13/11/18 16:54	Job description	Date & Time Completed	Done by
Ref No: MNA/INC18020550/44	SAS e-filing		
Veh No: 5GK 8148P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/11/18 19:20	I-Motor Claim Form	MT/10/19552 ⁰⁰²	14/11/18 16:59
OD / TP / Report 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: Vch No: SME 248Y, 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:	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

MNA1807430

<p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors Comments:</p> <p>Sat. 1:</p> <p>2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30); INC (\$30)</p> <p>2) DA: Damage Assessment (\$100); INC (\$30)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (ver 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>OD*</p> <p>*N5: Courtesy Car / Tpl Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N-in INC) against INC \$20</p> <p>9) N12: Idao Mobile 30</p> <p>Invoice dated Fee Charged</p> <p>Invoice dated Fee Charged</p>	<p>Am (\$)</p> <p>30.00</p> <p>Am (\$)</p> <p>Add Bill</p>
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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 willful 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	13/11/2018 16:54
Date Of Accident	12/11/2018 19:20
Exact Location Of Accident	PIE TWDS TUAS NEAR ENG NEO EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK8148P
Insured/Policyholder	
Name Of Registered Owner	JIN JIAN OFFSET PRINTING
Co Reg No	51191400L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96920901

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE

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	5072771231-03
Cover Note Number	-

Driver

Name of Driver	NG KAY WAN
NRIC No	S1772499A
Date Of Birth	25/05/1966
Occupation	OUTDOOR
Date Of Driving Pass	16/03/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96920901
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 358 YUNG AN ROAD #12-69
Postcode	610358
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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: : UNKNOWN
	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

PLEASE REFER TO ATTACHED 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	SME248Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S7876878I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKE8784L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S8512600H
Contact Number	
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.
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.

511-061848-001
JIN JIAN OFFSET PRINTING

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

A = SGK 8148 P
B = SME 248 Y
C = SKE 8784 L.

PIE twns Tuas Near Eng Neo Exit.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION

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

JIN JIAN OFFSET PRINTING

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.:

I WAS TRAVELLING ALONG PIE TWDS TUAS NEAR ENG NEO EXIT ON THE FIRST LANE, THE DAY WAS RAINING DAY, ALL OF A SUDDEN, VEH B (BEARING NO SME248Y) WHICH WAS INFRONT OF ME SUDDENLY JAMMED BRAKE AND STOP. AS SUCH I MANAGE TO STOP BUT DUE TO THE WET SURFACE, MY VEH SKIDDED HIT ONTO THE VEH B REAR PORTION. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 3 CAR CHAIN COLLISION ACCIDENT.

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 11 / 18) (DD/MM/YYYY), TIME: (19 : 20) (HH:MM)

LOCATION: PIE tuds Tuag near Eng Neo Exit.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGK 8148P
b) INSURANCE COMPANY: IMC.
c) POLICY NUMBER: _____
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: commercial
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: Jin Jian offset Printing (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96920901
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mg Kay Wan. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

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: SMG 248Y MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: S57876878I CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKE 8784L MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: S8512600H CONTACT: _____

Waiting sketch with chop & license. by email (today).

Email =

fax =

VIDEO = No:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1772499A



Name

NG KAY WAN

黄 啟 源

Race

CHINESE

Date of Birth

25-05-1966

Sex

M

S1772499A

Country of Birth

SINGAPORE



0699139



NRIC No. S1772499A

Blood Group

O+

Date of Issue

30-06-1994

APT BLK 358 YUNG AN ROAD #12-89
SINGAPORE 610358

NRIC No: S1772499A

Date: 08/01/2015 (R)

Land Transport  Authority



VOCATIONAL LICENCE

Licence No : **S1772499A**

Name : **NG KAY WAN**

Issue Date : **16/3/2016**

Please visit www.lta.gov.sg to check
the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	16/03/2016
03	BUS VL	06/10/2015
04	BUS ATTENDANT	06/10/2015



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="12/11/2018 11:03"/>
Vehicle No.(For Motor)	<input type="text" value="SGK8148P"/>	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"/>	5072771231-03		JIN JIAN OFFSET PRINTING	51191400L	GPC	Third Party, Fire & Theft	SGK8148P	SGK8148P	25/08/2018	24/08/2019

Claim Handling

Accident MT/1019552

Policy No.	5072771231-03	Vehicle No.	SGK8148P	GST Registration No.	
Certificate No.					
Policyholder Name	JIN JIAN OFFSET PRINTING			Policyholder NRIC	51191
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFR	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not avai

Accident Details

Report Date	13/11/2018 13:49	Accident Report Within 24 hrs	Yes	Accident Type	Chain (
Date of Accident	12/11/2018	Time of Accident hh:mm	19:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	13/11/2018 16:00:32 Deborah Mui changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 3014 #03-322	Address 2	UBE ROAD 1	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	40870
Unit No.	03-322	Related Policy Number	5072771231-03		

Q1 Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History:

Claim 002 New

Claim Type *	OD-MX	Insured Name	JIN JIAN OFFSET PRINTING
Contact No.(Mobile)	96920901	Contact No. (Home)	
Email Address		Q1 Vehicle Number	SGK8148P
Claim Description	SGK8148P / SME248Y ON 12 Nov 2018		
Preferred Workshop	0	Insured Liability	Fully at Fault
Report No.		Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation	Yes	GIA report	Received
Date Registered			14/11/2018 16:58
Report Taken By			LIEW SHAN HUI
			Claim Close Date

Print AK letter

Save Submit

Attachment

Accident No.	MT/1019552	Claim No.	002
Last Doc. Received	Yes No	Upload Date	14/11/2018 16:59
Choose File	No file chosen	Category *	Please Select
		Confidential	NO
		Urgency *	Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen














Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2018 16:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2018 16:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2018 16:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2018 16:59	SAS	Normal	SAS 2018-11-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2018 16:59	Photos	Normal	Photos 2018-11-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2018 16:59	Photos	Normal	Photos 2018-11-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2018 16:59	Photos	Normal	Photos 2018-11-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2018 16:59	Photos	Normal	Photos 2018-11-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2018 16:59	Photos	Normal	Photos 2018-11-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2018 16:59	Photos	Normal	Photos 2018-11-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2018 16:59	Photos	Normal	Photos 2018-11-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2018 16:58	Photos	Normal	Photos 2018-11-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2018 16:58	Photos	Normal	Photos 2018-11-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2018 16:58	Photos	Normal	Photos 2018-11-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2018 16:58	Photos	Normal	Photos 2018-11-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2018 16:58	Photos	Normal	Photos 2018-11-14

Video List

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