

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) MNA118 47018

Date In: 12/11/18-15:50	Job description	Date & Time Completed	Done by
Ref No: NA/INC18020553/24	SAS e-filing		
Veh No: 6BA9437K	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 12/11/18-14:40	i-Motor Claim Form	12/11/18 14:02	12/11/18 17:55
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: 6L805SK	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

NA180744

Claimant's Particulars:-	Invoice Preparation Checklist	Amnt (\$) Inc Bill	Amnt (\$) 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) 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:-		
	ON*		
	*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		
Pat. 1:	Invoice dated	Fee Charged	
Pat. 2 / 3:	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	13/11/2018 15:52
Date Of Accident	13/11/2018 11:40
Exact Location Of Accident	CALTEX STATION CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA9437K
Insured/Policyholder	
Name Of Registered Owner	KK-AYE TRADING & TRANSPORTATION PTE LTD
Co Reg No	201622534H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T
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	5103980404
Cover Note Number	

Driver

Name of Driver	KYAW ZIN
NRIC No	S7566525C
Date Of Birth	19/01/1975
Occupation	OUTDOOR
Date Of Driving Pass	01/04/2008
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98501781
Fax Number	
Contact Number	OFFICE-98501781
Email Address	NOEMAIL

Address	BLK 423 CHOA CHU KANG AVENUE 4 #03-256
Postcode	680423
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?	
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, AS I REVERSED AT THE STATED VENUE TWDS MAIN RD. I DID NOT NOTICED THAT VEHICLE B WAS AT REAR OF MY VEHICLE. AS A RESULT, MY VEHICLE ACCIDENTALLY SLIGHTLY GRAZED ONTO VEHICLE B FRONT 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	SLL8065K
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)	1

SKETCH PLAN

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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.

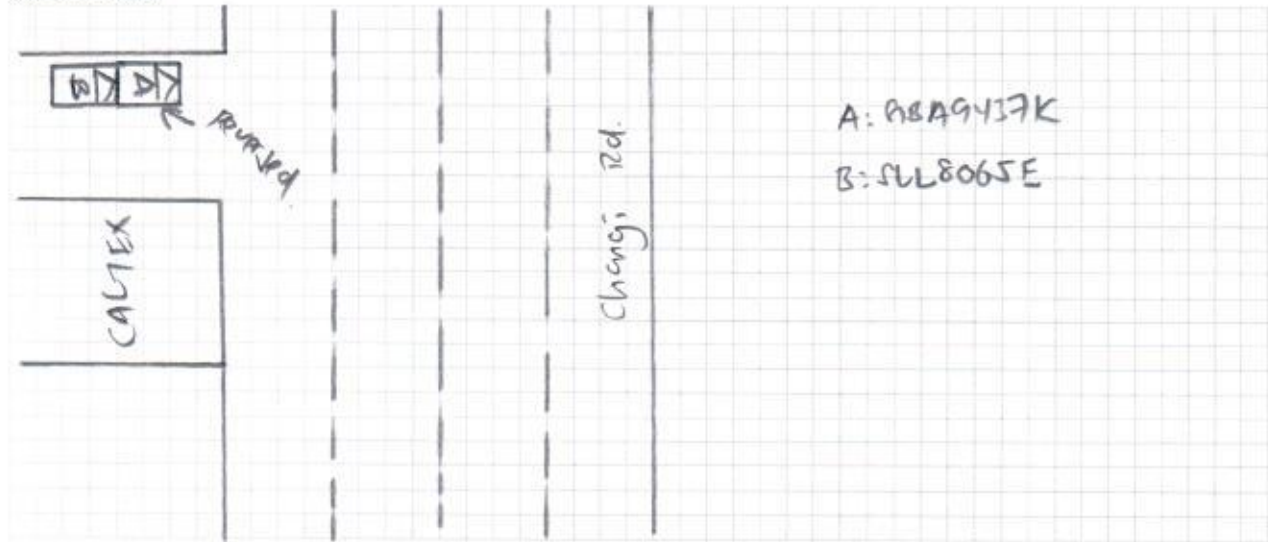


Policyholder's Signature
Date & Time:

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:

[Signature]

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

[Signature]

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Vehicle Number: S7566525C

Name: KYAW ZIN

Birth Date: 19 Jan 1975

Issue Date: 25 Jan 2012

002037015H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7566525C

Name: KYAW ZIN

Race: BURMESE

Date of birth: 19-01-1975

Sex: M

Country of birth: MYANMAR

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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc 01 Apr 2005

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 01 Apr 2005

Licence No: S7566525C

NP 420A

9150797

NRIC No: S7566525C

Nationality: MYANMAR

Date of issue: 06-01-2012

APT BLK 423 CHOA CHU KANG AVENUE 4 #03-256
SINGAPORE 680423

NRIC No: S7566525C Date: 30/07/2012 No: 7127721

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="13/11/2018 11:40"/>
Vehicle No.(For Motor)	<input type="text" value="GBA9437K"/>	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"/>	5103980404		KK-AYE TRADING & TRANSPORTATION PTE. LTD.	201622534H	GCV	Comprehensive	GBA9437K	GBA9437K	17/10/2018	16/10/2019

Claim Handling

Accident HT/1019614

Policy No.	5103980404	Vehicle No.	GBA9437K	GST Registration No.	
Certificate No.					
Policyholder Name	KK-AVE TRADING & TRANSPORTATION PTE. LTD.			Policyholder NRIC	201622534H
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	89960900	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
AKK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No
➤ Accident Details					
Report Date	13/11/2018 16:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/11/2018	Time of Accident hh:mm	13:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CALTEX STATION CHANGI RD				
➤ Excess					
Own damage Excess	500.00	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	BLK 423 #03-256	Address 2	CHOA CHU KANG AVENUE 4	Address 3	SINGAPORE 680423
Address 4		Address Type	Singapore address	Post Code	680423
Unit No.	03-256	Related Policy Number	5103980404		
➤ D1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KYAW ZIN	Driver NRIC	S7566925C	Driver DOB	19/01/1975
Register Date of Driver License	01/04/2008	Driver Age	43	Driving Experience	10
Contact No.(Mobile)	98501781	Contact No.(Office)	S7566925C	Contact No.(Home)	
Address 1	BLK 423 #03-256	Address 2	CHOA CHU KANG AVENUE 4	Address 3	SINGAPORE 680423
Address 4		Address Type	Singapore address	Post Code	680423
Unit No.	03-256				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Intoxalysur or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 002 New

Claim Type *	OD-MX	Injured Name	KK-AVE TRADING & TRANSPORT	Injured NRIC	201622534H
Contact No.(Mobile)	98501781	Contact No. (Home)		Contact No. (Office)	NIL
Email Address		Vehicle Number	GBA9437K	TP Vehicle Number	SL18065K
Claim Description	GBA9437K / SL18065K ON 13 Nov 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Request for finalisation	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered		Claim Close Date	13/11/2018 17:55	Date Received	13/11/2018 00:00
Report Taken By					

Print AK letter

Save Submit

Attachment

Accident No.	HT/1019614	Claim No.	002
Last Doc. Received	Yes No	Upload Date	13/11/2018 17:56
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) 0	13 Nov 2018 17:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-13		Edit

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @
13 Nov 2018 17:56

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SAS 2018-11-13

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13 Nov 2018 17:56

Photos

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File Name



Source

Action

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