

NATIONAL Assessment Centre Services

Wef 1 Jan 05 MNA 118151375

Date In: 22/11/18 14:00	Job description	Date & Time Completed	Done by
Ref No: NA/INC 802182/24	SAS e-filing		
Veh No: 6W4104D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/11/18 12:00	i-Motor Claim Form	M7/1020875-000	22/11/18 18:16
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: 6W4104D

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% F: 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

NA1807631

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 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:-

QJ*

*N5: Courtesy Car / Tpl 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	22/11/2018 14:02
Date Of Accident	21/11/2018 12:00
Exact Location Of Accident	TAMPINES AVE 7 BEFORE JUNC TAMPINES AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW4104D
Insured/Policyholder	
Name Of Registered Owner	GEK HO PTE LTD
Co Reg No	201224357R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63423239

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D
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	5090660955-01
Cover Note Number	

Driver

Name of Driver	XIAO SILIANG
Passport No/FIN	G5037750X
Date Of Birth	20/09/1977
Occupation	OUTDOOR
Date Of Driving Pass	11/08/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94519758
Fax Number	
Contact Number	OFFICE-94519758
EMail Address	NOEMAIL

Address	3016 UBI ROAD 1 #02-147 KAMPONG UBI INDUSTRIAL ESTATE
Postcode	408706
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	WET

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 STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO MY VEHICLE REAR 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	SGN4692U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM ZHEN JIE EDDY
NRIC/Passport Number	S8402855Z
Contact Number	82002185
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.

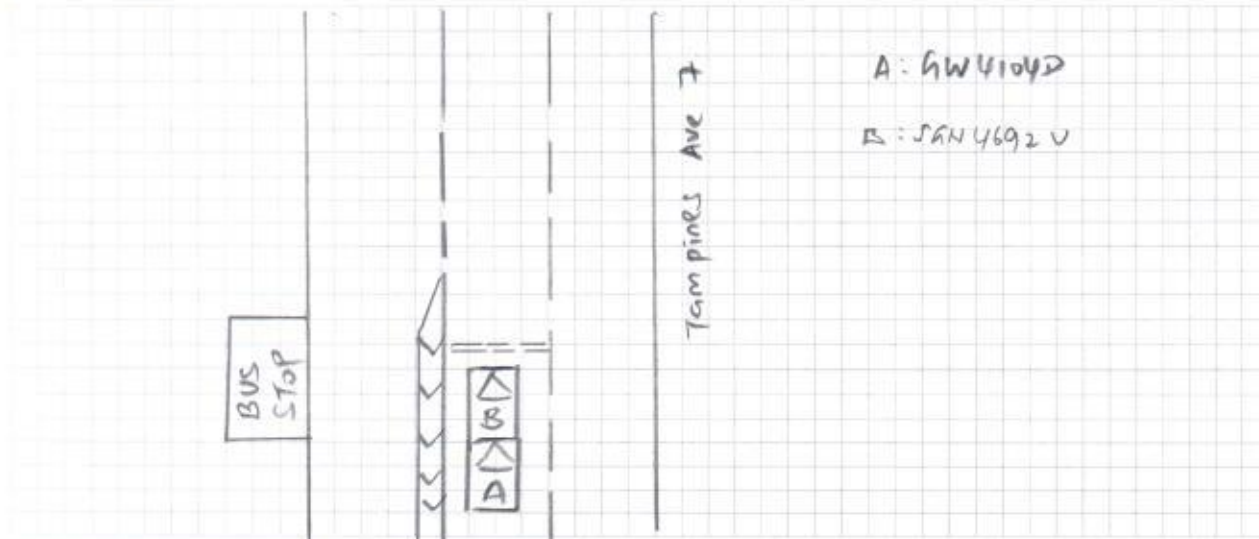


Policyholder's Signature
Date & Time:


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 DRIVING LICENCE

License Number: **G5037750X**

Name: **XIAO SILIANG**

Birth Date: **20 Sep 1977**

Issue Date: **05 Nov 2015**

Valid Till: **04/11/2020**

002490409J

SG 50

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **LIN SHENG EXPRESS**

Name: **XIAO SILIANG**

S Pass No.: **0 74058531**

Sector: **SERVICE**

K0391102

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

Class	Description	Effective Date
31 Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	11 Aug 2017

G5037750X

S / No.9000301839

Licence No:G5037750X

NP 429A

VISIT PASS
Immigration Regulations

17 05 2018

Name: **XIAO SILIANG**

File: **G5037750X**

Date of Birth: **20-09-1977**

Sex: **M**

Nationality: **CHINESE**

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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="21/11/2018 12:00"/>							
Vehicle No. (For Motor)	<input type="text" value="GW4104D"/>	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"/>	5090660955-01		GEK HO PTE LTD	201224357R	GCV	Third Party, Fire & Theft	GW4104D	GW4104D	01/05/2018	30/04/2019
<input type="button" value="Continue"/>										

Claim Handling

Exit

Accident MT/1020875

Policy No.	S090650955-01	Vehicle No.	GW4104D	GST Registration No.	
Certificate No.					
Policyholder Name	GEK HO PTE LTD	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	201224357R
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No. (Office)		Loading	0
Contact No. (Mobile)	NA	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFC	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	22/11/2018 10:13	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	21/11/2018	Time of Accident hh:mm	12:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TAMPINES AVE 7				
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	BLK 3016 #02-147	Address 2	UBI ROAD 1	Address 3	SINGAPORE 408706
Address 4		Address Type	Singapore address	Post Code	408706
Unit No.	02-147	Related Policy Number	S100995080		

D1 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered Car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-Mix	Insured Name	GEK HO PTE LTD	Insured NRIC	201224357R
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		D1 Vehicle Number	GW4104D	TP Vehicle Number	SGN4692U
Claimant Type/Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GW4104D / SGN4692U ON 21 Nov 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	22/11/2018 16:16	Claim Close Date		Date Received	22/11/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1020875	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/11/2018 16:18
Path *		Category *	
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> Urgency <input type="checkbox"/>
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> Urgency <input type="checkbox"/>
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> Urgency <input type="checkbox"/>
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> Urgency <input type="checkbox"/>
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> Urgency <input type="checkbox"/>
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> Urgency <input type="checkbox"/>

☐ Send Message

Attachment List							
Attachment	Uploaded By/Date	Category	Urgency	Description	Mug Sent? (CD)	Action	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Nov 2018 18:18	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-22		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Nov 2018 18:17	SAS	Normal	SAS 2018-11-22		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Nov 2018 18:17	Photos	Normal	Photos 2018-11-22		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Nov 2018 18:17	Photos	Normal	Photos 2018-11-22		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Nov 2018 18:17	Photos	Normal	Photos 2018-11-22		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Nov 2018 18:17	Photos	Normal	Photos 2018-11-22		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Nov 2018 18:17	Photos	Normal	Photos 2018-11-22		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Nov 2018 18:17	Photos	Normal	Photos 2018-11-22		Edit	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Nov 2018 18:17	Photos	Normal	Photos 2018-11-22		Edit	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Nov 2018 18:17	Photos	Normal	Photos 2018-11-22		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Nov 2018 18:17	Photos	Normal	Photos 2018-11-22		Edit	

Video List					
Uploaded By/Date	Folder Date	File Name	Source	Action	
<div> <div>Display in New Window</div> <div>Scan and uploading</div> </div>					