

NATIONAL Assessment Centre Services. [ref 1 Jan 05] MUA 118153502

Date In: 27/11/18 10:37	Job description	Date & Time Completed	Done by
Ref No: NA11MC18021362164	SAS e-filing		
Veh No: XE 1575 R.	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/11/18 08:25	I-Motor Claim Form	MT/1021631 001	27/11/18 17:05
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: SL3 3898L	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

NA1807768	Invoice/Preparation Checklist	Amc (\$)	Amc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Ref. 1:	6) TR: Re-inspection \$75		
at 2/3:	7) N1: Idao 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: Idao Mobile \$0		
	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	27/11/2018 10:37
Date Of Accident	27/11/2018 08:25
Exact Location Of Accident	JUN OF NORTH BUONA VISTA RD & VISTA EXCHANGE GREEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE1575R
Insured/Policyholder	
Name Of Registered Owner	CHC CONSTRUCTION PTE LTD
Co Reg No	200509356R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67520886

Vehicle Particulars

Manufacturer	IVECO
Model	TRAKKER AUTO AT260T41 (MY2013, EURO V)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5077622831-02
Cover Note Number	-

Driver

Name of Driver	BOO GEOK CHAI
NRIC No	S1625145C
Date Of Birth	23/12/1963
Occupation	OUTDOOR
Date Of Driving Pass	10/08/1989
Driving Experience	29 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91461423
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 85B LOR 4 TOA PAYOH #09-338
Postcode	312085
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	
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

I WAS TRAVELLING ALONG NORTH BUONA VISTA RD WHILE APPROACHING JUNC WITH VISTA EXCHANGE GREEN, SUDDENLY VEH B (BEARING NO SLJ3898L) FROM MY LEFT LANE CUT INTO MY LANE AND HIT ONTO MY VEH LEFT FRONT PORTION. AFTER THE IMPACT, VEH B NEVER STOP AND CONTINUE TO HER JOURNEY. MY VEH CAMERA CAPTURE DOWN THE WHOLE INCIDENT HAPPENED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE FAIL TO UPLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ3898L
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)	

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.:

Vista Exchange Green.

A = XE 1575 R
B = SLJ 3898 L

North Buena Vista Rd.

B = 5LJ 3898L

North Buena Vista Rd

Please Refer to statement

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



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: S1625145C



Name
BOO GEOK CHAI
巫玉才
Race
CHINESE
Date of Birth **23-12-1963** Sex **M**
Country of Birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S1625145C**
Name
BOO GEOK CHAI
Birth Date **23 Dec 1963**
Issue Date **16 Dec 2002**




0 1 4 0 0 7 6



Pass No **S1625145C**



Blood Group Date of Issue
A+ 25-10-1991

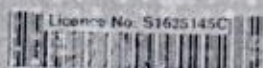
APT BLK 85B LORONG 4 TOA PAYOH #09-338
SINGAPORE 312085
NRIC No: S1625145C Date: 15-01-2001 No: 3829770

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

Class	Description	Valid Until
Class 2B	Motorcycles not exceeding 200 cc	04 Aug 1981
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 Apr 1981
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	10 Aug 1989
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7750 kilograms	09 Nov 1989

NP 428A

License No: S1625145C



Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) 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"/>	5077622831-02		CHC CONSTRUCTION PTE LTD	200509356R	GFT	Comprehensive	XE1575R	XE1575R	18/02/2018	

Policy Information

Policy No.	5077622831-02	Policyholder Name	CHC CONSTRUCTION PTE LTD	Policyholder NRIC	200509356R
Certificate No.					
Address	52 UBI AVENUE 3 #01-38 FRONTIER SINGAPORE 408867				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/02/2018	Effective Date	18/02/2018 00:00	Expiry Date	17/02/2019 23:59
Third Party Excess	0.00	Own damage Excess	1500.00	Windscreen Excess	500.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	AWG INSURANCE BROKERS PTE	Agent Tel.	62946688	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	52 UBI AVENUE 3	Address 2	#01-38 FRONTIER	Address 3	SINGAPORE 408867
Address 4		Address Type	Singapore address	Post Code	408867
Unit No.		Related Policy Number	5077622831-02		

Insured Object: XE1575R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	29/03/2018 00:00	Basic Information Endorsement	000001286786135	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. JHDFG8JR1XXX13740 03-04-2018 \$954.05 In view of this amendment, an additional premium of \$954.05 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	03/04/2018 00:00	Basic Information Endorsement	000001286792480	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 03 Apr 2018, the following policy details are amended as follows: VEHICLE REGISTRATION NUMBER: YP8400X
3	01/06/2018 00:00	Basic Information Endorsement	000001286830298	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We

Claim Handling

Accident MT/1021631

Policy No.	5077622831-02	Vehicle No.	XE1575R	GST Registration No.	200501
Certificate No.					
Policyholder Name	CHC CONSTRUCTION PTE LTD			Policyholder NRIC	200501
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	67520886	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
EPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

➤ Accident Details

Report Date	27/11/2018 16:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	27/11/2018	Time of Accident hh:mm	08:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUN OF NORTH BUONA VISTA RD & VISTA EXCHANGE GREEN				

➤ Excess

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

➤ Benefits

➤ GST Registered Information

GST Registered	Yes	GST Registration Date	01/08/2005
GST Registration No.	200509356R	GST Status Verified	Yes
Modification History			

➤ Policyholder Mailing Address

Address 1	52 UBI AVENUE 3	Address 2	#01-38 FRONTIER	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	40886
Unit No.		Related Policy Number	5077622831-02		

➤ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	BOO GEOK CHAI	Driver NRIC	S1625145C	Driver DOB	23/12/
Register Date of Driver License	10/08/1989	Driver Age	54	Driving Experience	29
Contact No.(Mobile)	91461423	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 85B #09-338	Address 2	LORONG 4 TOA PAYOH	Address 3	TOA PAYOH
Address 4	SINGAPORE 312085	Address Type	Singapore address	Post Code	312085
Unit No.	09-338				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input 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	CHC CONSTRUCTION PTE LTD
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	XE1575R
Claim Description	XE1575R / SLJ3898L ON 27 Nov 2018		
Preferred Workshop	0	Insured Liability	Not at Fault ▼
Preferred Repair Option	Yes ▼	Preferred Workshop, Name unknown ▼	GIA report
Date Registered		Received	
Report Taken By	LIEW SHAN HUI		
		Claim Close Date	

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1021631	Claim No.	001
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Last Doc. Received

• Yes • No

Upload Date

27/11/2018 17:05

Path *

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

Choose File No file chosen

Message Read

Clear

Category *

Please Select ▼

Confidential

NO ▼

Urgency *

Normal ▼

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 27 Nov 2018 17:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 17:04	SAS	Normal	SAS 2018-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 17:04	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 17:04	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 17:04	Photos	Normal	Photos 2018-11-27
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 17:03	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 17:03	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 17:03	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 17:03	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 17:03	Photos	Normal	Photos 2018-11-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Nov 2018 17:03	Photos	Normal	Photos 2018-11-27

Video List

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