

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA18159215

Date In: 10/12/18 - 15:05	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1802235/24	SAS e-filing		
Veh No: 6X6164L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 9/12/18 - 18:05	i-Motor Claim Form	M/1023303-001	10/12/18 21:08
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: 6U7851M

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

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

Est Bill

Add Bill

NA1808077

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) RT: 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:-
- QD*
- *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

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	10/12/2018 15:05
Date Of Accident	09/12/2018 18:05
Exact Location Of Accident	MOUNTBATTEN RD OPP SING HOE HOTEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX6164L
Insured/Policyholder	
Name Of Registered Owner	LATCO ENTERPRISES PTE LTD
Co Reg No	197700076M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63583262

Vehicle Particulars

Manufacturer	NISSAN
Model	P/UP D/CAB
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5069819311-03
Cover Note Number	

Driver

Name of Driver	NG KWEE CHIN
NRIC No	S6826212G
Date Of Birth	14/07/1968
Occupation	OUTDOOR
Date Of Driving Pass	16/01/1991
Driving Experience	27 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97600566
Fax Number	
Contact Number	OFFICE-97600566
EMail Address	NOEMAIL

Address	150L EAST COAST ROAD
Postcode	428847
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

REFER TO 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	SLT851M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA CHIA CHOI
NRIC/Passport Number	S2564725D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: ;
	GENDER: ;

SKETCH PLAN

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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**.
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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.

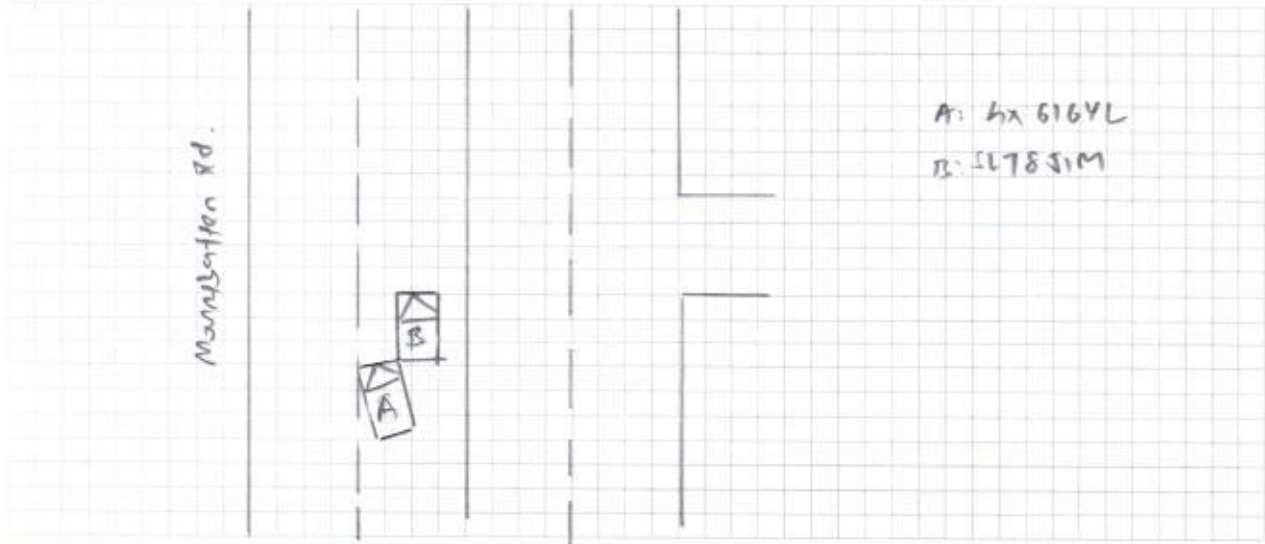


Policyholder's Signature
Date & Time:

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:

Li

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

[Signature]

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG STATED VENUE.
VEHICLE B WAS STATIONARY STOPPED ALONG 1ST LANE AND DID NOT TURN
ON HIS VEHICLE INDICATOR LIGHT, SO I FILTER FROM 1ST LANE TWDS 2ND LANE.
AS I FILTERING THE LANE AND SLIGHTLY GRAZED ONTO VEHICLE B REAR LEFT
PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (9 / 12 / 18) (DD/MM/YYYY), TIME: (18:05) (HH:MM)

LOCATION: Mountbatten Rd Opp Sing Hoe Hotel.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 6X6164L
 b) INSURANCE COMPANY: 5069819311.03
 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: private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Intco Enterprises Pte Ltd. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 197760076M CONTACT: 6358 3262
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ng Kwee Chin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 568262126 CONTACT: 97600566
 c) ADDRESS: KOL East Coast Road (428847)

*d) DATE OF BIRTH: (14 / 7 / 1965) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16.1.1991

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: 5U7851M MODEL: _____
 b) DRIVER'S NAME: Chng Chia Chai
 c) NRIC/FIN/PASSPORT: 52564725D CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
(2)

* No of passenger
 (including driver)
()

Email = kwee chinn@Yahoo-com.sg

fax =

video =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6826212G



Name
NG KWEE CHIN

黄桂珍

Race
CHINESE

Date of Birth
14-07-1968

Sex
F

Country of Birth
SINGAPORE

S6826212G

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. S6826212G

NG KWEE CHIN

Birth Date: 14 Jul 1968

Issue Date: 27 Nov 2016

002674973G

1129000



NRIC No. S6826212G



Blood Group: O+ Date of issue: 21-07-1993

1501 EAST COAST ROAD
SINGAPORE 428847

NRIC No: S6826212G Date: 15/11/2017

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

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3500\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	16 Jan 1991
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$ Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	14 Sep 1994

NP 428A

Licence No: S6826212G



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="09/12/2018 18:05"/>							
Vehicle No. (For Motor)	<input type="text" value="GX6164L"/>	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"/>	5069819311-03		LATCO ENTERPRISES PTE LTD	197700076M	GCV	Third Party, Fire & Theft	GX6164L	GX6164L	30/01/2018	29/01/2019
<input type="button" value="Continue"/>										

Policy Information					
Policy No.	5069819311-03	Policyholder Name	LATCO ENTERPRISES PTE LTD	Policyholder NRIC	197700076M
Certificate No.					
Address	150L EAST COAST ROAD SINGAPORE 428847				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan	Group Policy Flag	N		
Policy issue Date	14/12/2017	Effective Date	30/01/2018 00:00	Expiry Date	29/01/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess	OS Premium 0				
Outside Singapore OD Excess	Outside Singapore TP Excess				
					Young/Inexperience Driver Excess
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyholder Mailing Address					
Address 1	150L EAST COAST ROAD	Address 2	SINGAPORE 428847	Address 3	
Address 4		Address Type	Singapore address	Post Code	428847
Unit No.		Related Policy Number	5073601194-03		
Insured Object: GX6164L					
Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content	
<div>Continue Cancel</div>					

Claim Handling

• Exit

Accident MT/1023303

Policy No.	S069819311-03	Vehicle No.	GX6164L	GST Registration No.	NA
Certificate No.					
Policyholder Name	LATCO ENTERPRISES PTE LTD	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	197700076M
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No. (Office)	63503262	Loading	0
Contact No. (Mobile)	0	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Endorsement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	10/12/2018 22:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	09/12/2018	Time of Accident hh:mm	18:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MOUNTBATTEN RD OPP SING HOE HOTEL				
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	Yes	GST Registration Date	01/01/2015		
GST Registration No.	NA	GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	150L EAST COAST ROAD	Address 2	SINGAPORE 428847	Address 3	
Address 4		Address Type	Singapore address	Post Code	428847
Unit No.		Related Policy Number	S073601194-03		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NG KWEE CHIN	Driver NRIC	S6826212G	Driver DOB	14/07/1968
Register Date of Driver License	16/01/1991	Driver Age	50	Driving Experience	27
Contact No. (Mobile)	97600566	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	150L EAST COAST ROAD	Address 2	SINGAPORE 428847	Address 3	
Address 4		Address Type	Singapore address	Post Code	428847
Unit No.					
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		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LATCO ENTERPRISES PTE LTD	Insured NRIC	197700076M
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		01 Vehicle Number	GX6164L	TP Vehicle Number	SLT851M
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GX6164L / SLT851M ON 9 Dec 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	10/12/2018 22:08	Claim Close Date		Date Received	10/12/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1023303	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/12/2018 22:09
Path *		Category *	
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO

Browse...

Clear

Please Select

1/0

Normal

Browse...

Clear

Please Select

1/0

Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Dec 2018 22:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Dec 2018 22:09	SAS	Normal	SAS 2018-12-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Dec 2018 22:08	Photos	Normal	Photos 2018-12-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Dec 2018 22:08	Photos	Normal	Photos 2018-12-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Dec 2018 22:08	Photos	Normal	Photos 2018-12-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Dec 2018 22:08	Photos	Normal	Photos 2018-12-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Dec 2018 22:08	Photos	Normal	Photos 2018-12-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Dec 2018 22:08	Photos	Normal	Photos 2018-12-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Dec 2018 22:08	Photos	Normal	Photos 2018-12-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Dec 2018 22:08	Photos	Normal	Photos 2018-12-10		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div><input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/></div>				