

NATIONAL Assessment Centre Services

Date In: 19/12/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18032779/13	SAS e-filing		
Veh No: 9B65254R	E-mail (within 8hrs, AIC 2hrs)		
DOA: 19/12/18 1500	i-Motor Claim Form	19/12/18 1508 - 001	
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: 526 6883A	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

NA180826	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	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:-		
	OD:		
	*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 (N-on INC) against INC \$20		
	9) N12: Idac Mobile \$0		
Auditors' Comments:-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			

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	19/12/2018 16:21
Date Of Accident	19/12/2018 15:00
Exact Location Of Accident	PETAIN RD TURNING RIGHT INTO SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5254R
Insured/Policyholder	
Name Of Registered Owner	LHC COATINGS PTE LTD
Co Reg No	201607492N
Email Address	BEN@LHCCOATINGS.COM
Mobile Phone No	
Alternative Phone No	OFFICE-85889987

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	5093709628-01
Cover Note Number	

Driver

Name of Driver	BOEY HIN CHUEN,BENJAMIN(MEI XINGQUAN)
NRIC No	S8726011I
Date Of Birth	31/08/1987
Occupation	OUTDOOR
Date Of Driving Pass	16/05/2011
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85889987
Fax Number	
Contact Number	
EMail Address	BEN@LHCCOATINGS.COM

Address	BLK 118 BEDOK NORTH STREET 2 #16-192
Postcode	460118
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DIRECTOR
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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 FROM PETAIN ROAD TURNING RIGHT TWDS SERANGOON RD ON THE LEFT LANE OF A2-LANES RD. WHILE MAKING A RIGHT TURN, SUDDENLY VEH(B) BEARING REG NO SLG6883A FROM MY RIGHT LANE ENCROACHED INTO MY LANE AND GRAZED ONTO MY RIGHT SIDE PORTION OF MY VEH WHEN MAKING A RIGHT TURN.

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	SLG6883A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD NIZAM BIN ABDUL AZIZ
NRIC/Passport Number	S8505957B
Contact Number	92224881
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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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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:

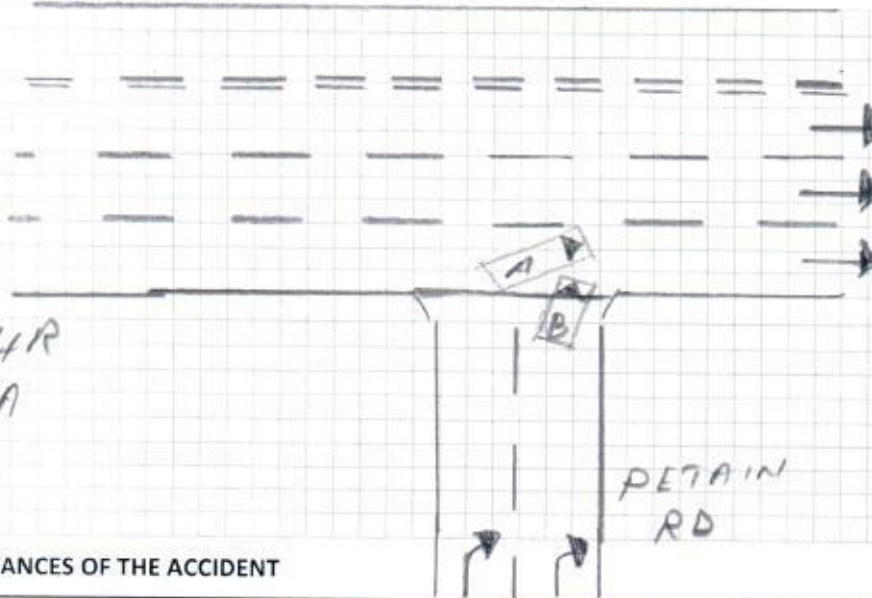
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

SERANGOON RD

A-GBG5254R

B-SLG8883A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the 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.:

2/Jan 19/12/18

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S87260111**

Name **BOEY HIN CHUEN, BENJAMIN**
(MEI XINGQUAN)

Birth Date **31 Aug 1987**

Issue Date **04 Dec 2006**

001463677F



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S87260111**



Name **BOEY HIN CHUEN, BENJAMIN**
(MEI XINGQUAN)
梅 兴 泉

Race **CHINESE**

Date of birth **31-08-1987**

Country/Place of birth **SINGAPORE**

Sex **M**




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

Class	Description	Pass Date
Class 2B	Motorcycles <= 200 CC	04 Dec 2006
Class 2A	Motorcycles between 201 CC and 400 CC	30 Sep 2008
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	16 May 2011

S87260111

S / No. 9000140747

2/3 4/8A

License No. S87260111

5744351



NRIC No. **S87260111**



Date of issue **20-05-2017**

Address
APT BLK 118 BEDOK NORTH STREET 2
#16-192
SINGAPORE 460118

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="19/12/2018 15:00"/>							
Vehicle No.(For Motor)	<input type="text" value="GBG5254R"/>	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"/>	5093709628-01		LHC COATINGS PTE LTD	201607492N	GCV	Comprehensive	GBG5254R	GBG5254R	25/08/2018	24/08/2019
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1024508

Policy No.	5093709628-01	Vehicle No.	GBG5254R	GST Registration No.
Certificate No.				
Policyholder Name	LHC COATINGS PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	85889987	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire
➤ Accident Details				
Report Date	19/12/2018 17:59	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/12/2018	Time of Accident hh:mm	15:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PETAIN RD TURNING RIGHT INTO SERANGOON RD			
➤ Excess				
Own damage Excess	500.00	Additional Excess		Windscreen Excess
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	81 UBI AVENUE 4	Address 2	#09-13 UB. ONE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-13	Related Policy Number	5104906966	
➤ O1 Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	BOEY HIN CHUEN,BENJAMIN(ME	Driver NRIC	S87260111	Driver DOB
Register Date of Driver License	16/05/2011	Driver Age	31	Driving Experience
Contact No.(Mobile)	85889987	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 118	Address 2	BEDOK NORTH STREET 2	Address 3
Address 4	SINGAPORE 460118	Address Type	Singapore address	Post Code
Unit No.	#16-192			
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	LHC CO
Contact No.(Mobile)	92250015	Contact No. (Home)	
Email Address		O1 Vehicle Number	GBG5254R
Claim Description	GBG5254R / SLG6883A ON 19 Dec 2018		
Preferred Workshop		Insured Liability	Partially at Fault
Benefit No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation		GIA report	Received
Date Registered	19/12/2018 18:05	Claim Close Date	
Report Taken By	ROSALINDA	Workshop Repairer	

Print AK letter

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1024508	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/12/2018 00:00
Path *		Category *	Confidential
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 18:04	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 18:04	SAS	Normal	SAS 2(
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 18:04	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 18:03	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 18:03	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 18:03	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 18:03	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 18:03	Photos	Normal	Photos :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 18:03	Photos	Normal	Photos :

Video List

Uploaded By/Date	Folder Date	File Name
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