

NATIONAL Assessment Centre Services

Part 1 JAN05

MWA 11816452

Date In: 22/12/18 10:36	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18022951/64	SAS e-filing		
Veh No: SJD 3406 D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/12/18 20:45	I-Motor Claim Form	M7/1024973-001	24/12/18 13:56
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: XE 4098 G	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

<p>NA1808459</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref: 1:</p> <p>at 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30); INC (\$50)</p> <p>2) DA: Damage Assessment (\$100); INC (\$50)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idan DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>OD:</p> <p>*N5: Courtesy Car / Tpt Allowance \$3</p> <p>*N6: Repair Coordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$3</p> <p>TP (N11): TP (N11) INC against INC \$20</p> <p>9) N12: Idan Mobile \$0</p> <p>Invoice dated</p> <p>Invoice dated</p> <p>Fee Charged</p> <p>Fee Charged</p>	<p>Amo (\$)</p> <p>30.00</p> <p>Amo (\$)</p> <p>Add Bill</p>
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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	22/12/2018 10:36
Date Of Accident	21/12/2018 20:45
Exact Location Of Accident	JUNC OF TUAS SOUTH AVE 3 & TUAS SOUTH AVE 4
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJD3406D
Insured/Policyholder	
Name Of Registered Owner	CON-BILT PRIVATE LIMITED
Co Reg No	197802032N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81272117
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098816637
Cover Note Number	-
Driver	
Name of Driver	HAN LEONG SIEW
NRIC No	S2016637A
Date Of Birth	15/08/1954
Occupation	INDOOR
Date Of Driving Pass	25/08/1972
Driving Experience	46 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81272117
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 784 CHOA CHU KANG DR #10-209
Postcode	680784
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SECRETARY
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 (including own vehicle) 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

PLEASE REFER TO ATTACHED 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	XE4098G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.
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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**.
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: 22/12/2018
10.00 a.m

Driver's Signature

(If driver is not the policyholder)

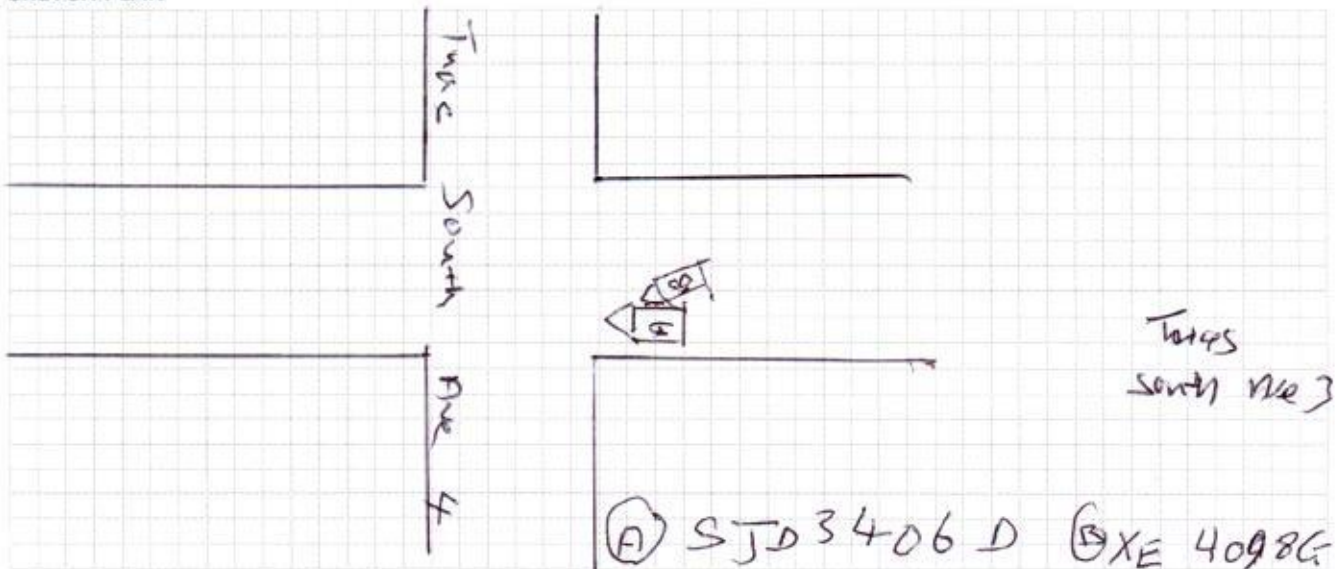
Date & Time: 22/12/2018
10.00 a.m

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/12/2018, at around 8.45 p.m I was travelling towards Tuas Boulevard.

Upon while travelling on Tuas South Ave 3, I stop at junction of Tuas South Ave 3 / Ave 4.

Suddenly a Truck (XE 4098G) turn towards my right front side without noticing my vehicle. (SJD 3406 D)

DECLARATION

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

Policyholder's Signature

Date & Time: 22/12/2018

10.00 a.m

WARMC Sketch Plan Form V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 22/12/2018

10.00 a.m.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S2016637A**




Name
HAN LEONG SIEW
韓龍時

Race
CHINESE

Date of birth
15-08-1954

Country/Place of birth
MALAYSIA

Sex
M



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S2016637A**

Name
HAN LEONG SIEW

Birth Date: **15 Aug 1954**

Issue Date: **11 Aug 2004**




1001272411K

5376608



NRIC No. **S2016637A**



Date of Issue
31-10-2014

Address
**APT BLK 784 CHOA CHU KANG DRIVE
#10-209
SINGAPORE 680784**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

PASS DATE
25 Aug 1972

NP 428A

Licence No: **S2016637A**



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"/>	5098816637		CON-BILT PRIVATE LIMITED	197802032N	GPC	drivo CLASSIC	SJD3406D	SJD3406D	18/03/2018	17/03/2019

Claim Handling

Accident MT/1024973

Policy No.	5098816637	Vehicle No.	SJD3406D	GST Registration No.	NA
Certificate No.					
Policyholder Name	CON-BILT PRIVATE LIMITED			Policyholder NRIC	19780
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81272117	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	No
Accident Details					
Report Date	24/12/2018 13:46	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	21/12/2018	Time of Accident hh:mm	20:45	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF TUAS SOUTH AVE 3 & TUAS SOUTH AVE 4				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
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	30 MANDAI ESTATE	Address 2	#04-08	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	729931
Unit No.	04-08	Related Policy Number	5098816637		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	HAN LEONG SIEW	Driver NRIC	S2016637A	Driver DOB	15/08/
Register Date of Driver License	25/08/1972	Driver Age	64	Driving Experience	46
Contact No.(Mobile)	81272117	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 784 #10-209	Address 2	CHOA CHU KANG DRIVE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	68078
Unit No.	10-209				
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 type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CON-BILT PRIVATE LIMITED
Contact No.(Mobile)	81272117	Contact No. (Home)	
Email Address		OI Vehicle Number	SJD3406D
Claim Description	SJD3406D / XE4098G ON 21 Dec 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	24/12/2018 13:55
			LIEW SHAN HUI

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1024973	Claim No.	001
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Last Doc. Received

* Yes ☐ No ☐

Upload Date

24/12/2018 13:56

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

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NO

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NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

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Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 13:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 13:56	SAS	Normal	SAS 2018-12-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 13:55	Photos	Normal	Photos 2018-12-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 13:55	Photos	Normal	Photos 2018-12-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 13:55	Photos	Normal	Photos 2018-12-24
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 13:55	Photos	Normal	Photos 2018-12-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 13:55	Photos	Normal	Photos 2018-12-24

Video List

Uploaded By/Date	Folder Date	File Name	Source
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