NATIONAL Assessment Centre Services. [ver 1 Jan09] MMA 119006927

		Job description	Date & Time Completed	Done by
Date In:	15/1/19 16:00			
Ref No:	MA/INC190009121h4.	SAS e-filing		
Veh No:	YP 5412G.	E-mail (within 8hrs, AIC 2hrs)		
D.O.A:	15/1/19 13:15.	I-Motor Claim Form	MT/1027948-001	15/1/19 16:31.
OD / TP / Reporting Only		I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
		I-Photo Uploaded		
		Assessment/Survey Report		
TP Insurer:		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (Tel: Fax:)

TP Particulars: Veh No: Unknown. 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: 67898616)	Date & Time	Actions 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

MA1900413

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($)	Amt ($) Add'bill
1) AR : Accident Reporting ($30);		30.00	
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 : Idea 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 (Non INC) against INC	$20		
9) N12: Idea Mobile	30		
Invoice dated	*Fee Charged*		[redacted]
Invoice dated	*Fee Charged*	[redacted]	

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	15/01/2019 16:00
Date Of Accident	15/01/2019 13:15
Exact Location Of Accident	CAMPBELL LANE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP5412G
Insured/Policyholder	
Name Of Registered Owner	TECK KEE FRUITS LLP
Co Reg No	T09LL0068F
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67786913
Vehicle Particulars	
Manufacturer	ISUZU
Model	-
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	5087781721-01
Cover Note Number	-
Driver	
Name of Driver	WONG POH CHING
NRIC No	S1515218D
Date Of Birth	18/03/1961
Occupation	OUTDOOR
Date Of Driving Pass	05/08/1985
Driving Experience	33 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84664088
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 5 TANJONG PAGAR PLAZA #10-05
Postcode	081005
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	COLLIDED INTO PARKED VEHICLE
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	UNKNOWN
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.**
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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.

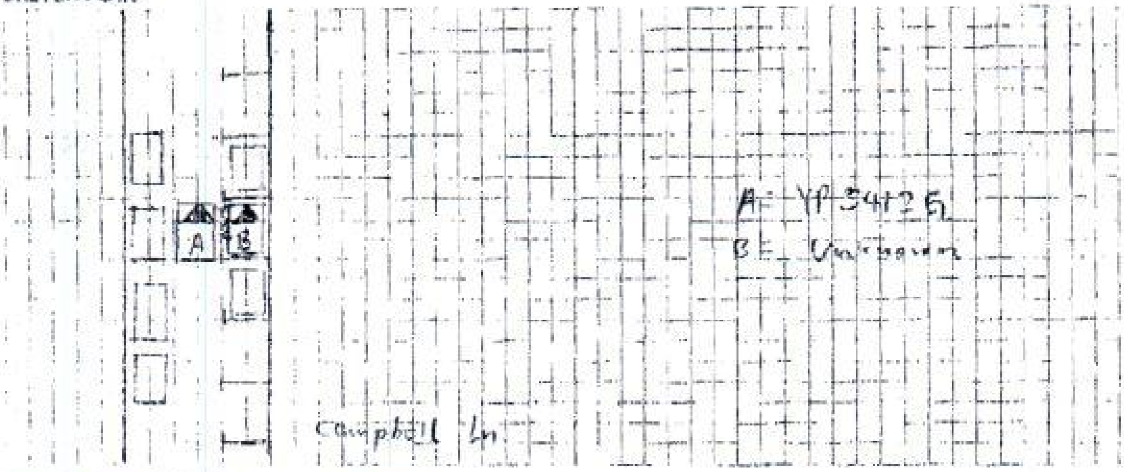
德記 TECK KEE FRUITS LLP
Blk 18, Pasir Panjang
Wholesale Centre #01-134
Singapore 110018 Tel: 6779 8913

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

While Driving at the campbell Ln. There was both side road occupy by parked vehicle. and the road was narrow. While passing by a parked veh. my lorry right side misjudged hit onto the parked veh left side mirror.

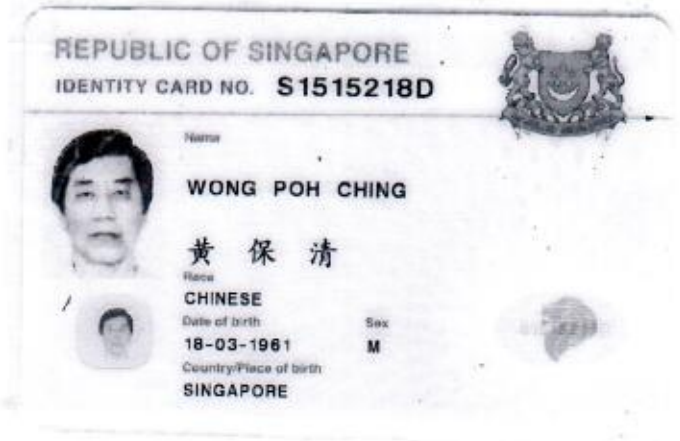
DECLARATION

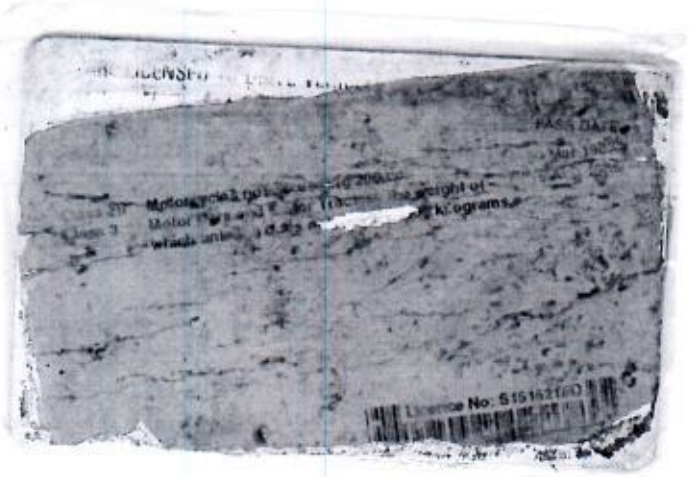
I/We declare the foregoing particulars are true in every respect.

德基 TECK KEE FRUITS LLP
Blk 18, Pasir Panjang
Wholesale Centre #01-24
Tel: 6778 6983

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.


WONG POH CHING
16 Mar 1961
15 Mar 2003


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1515218D
Name
WONG POH CHING
黄 保 清
Race
CHINESE
Date of birth
18-03-1961
Sex
M
Country/Place of birth
SINGAPORE




6078889
NRIC No. S1515218D
Date of issue
07-12-2018
Address
APT BLK 5 TANJONG PAGAR PLAZA
#10-05
SINGAPORE 081005

5/8/1985

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 15/01/2019 15:27
Vehicle No.(For Motor): YP5412G | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5087781721-01		TECK KEE FRUITS LLP	T09LL0068F	GCV	Preferred Workshop Plan	YP5412G	YP5412G	13/02/2018	12/02/2019

Continue

Claim Handling

Accident MT/1027948

Policy No.	5087781721-01	Vehicle No.	YP5412G	GST Registration No.	NA
Certificate No.					
Policyholder Name	TECK KEE FRUITS LLP			Policyholder NRIC	T09LLC
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	67786913	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	● No ○ Yes	TCA	● No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	15/01/2019 16:23	Accident Report Within 24 hrs	Yes	Accident Type	Collide
Date of Accident	15/01/2019	Time of Accident hh:mm	13:15	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	CAMPBELL LANE				

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
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	BLK 18 #01-124	Address 2	WHOLESALE CENTRE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	11001
Unit No.		Related Policy Number	5085214978-02		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WONG POH CHING	Driver NRIC	S1515218D	Driver DOB	18/03/
Register Date of Driver License	05/08/1985	Driver Age	57	Driving Experience	33
Contact No.(Mobile)	84664088	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 5 #10-05	Address 2	TANJONG PAGAR PLAZA	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	08100
Unit No.	10-05				
Does he own a Singapore Registered car?	○ Yes ● No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ● No

Modification History

Claim 001 **New**

Claim Type *		OD-MX	Insured Name: TECK KEE FRUITS LLP
Contact No.(Mobile)			Contact No. (Home):
Email Address			OI Vehicle Number: YP5412G
Claim Description		YP5412G / UNKNOWN ON 15 Jan 2019	
Preferred Workshop	0	Insured Liability: Fully at Fault	
Request No. Finalisation	Yes	Preferred Repair Option: Preferred Workshop, Name unknown	GIA report: Received
Date Registered		15/01/2019 16:30	Claim Close Date:
Report Taken By		LIEW SHAN HUI	

Print AK letter

Save Submit

Attachment

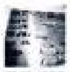
Accident No.	MT/1027948	Claim No.	001

Last Doc. Received ● Yes ○ No Upload Date 15/01/2019 16:31

Path *		Category *	Confidential	Urgency *
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jan 2019 16:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jan 2019 16:31	SAS	Normal	SAS 2019-1-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jan 2019 16:31	Photos	Normal	Photos 2019-1-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jan 2019 16:31	Photos	Normal	Photos 2019-1-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jan 2019 16:31	Photos	Normal	Photos 2019-1-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jan 2019 16:30	Photos	Normal	Photos 2019-1-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jan 2019 16:30	Photos	Normal	Photos 2019-1-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jan 2019 16:30	Photos	Normal	Photos 2019-1-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jan 2019 16:30	Photos	Normal	Photos 2019-1-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jan 2019 16:30	Photos	Normal	Photos 2019-1-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jan 2019 16:30	Photos	Normal	Photos 2019-1-15

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window Scan and uploading