

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 18/01/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19001188/13	SAS e-filing		
Veh No: 98885200	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/01/19 0745	i-Motor Claim Form	MT/1028885-001	
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: (HUP 500N Tel: Fax:)

TP Particulars: Veh No: GBE1757T 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

NA1900648	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	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:-		
	OD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
Auditors' Comments :-	TP (N11): TP (Non INC) against INC	\$20	
	9) N12: Idac Mobile	\$30	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	18/01/2019 16:59
Date Of Accident	16/01/2019 07:45
Exact Location Of Accident	NPPK BUILDING LOADING & UNLOADING BAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB8520D
Insured/Policyholder	
Name Of Registered Owner	9'S FOOD SUPPLY PTE. LTD.
Co Reg No	201332234M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96888258
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
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	THIRD PARTY
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	5101394848
Cover Note Number	
Driver	
Name of Driver	LEE HAN KIANG(LI HANQIANG)
NRIC No	S7731727I
Date Of Birth	19/10/1977
Occupation	OUTDOOR
Date Of Driving Pass	26/02/1998
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94319231
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 27 BALAM RD #15-35
Postcode	370027
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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)	0

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

PLS REFER TO THE 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	GBE1757T
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

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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:

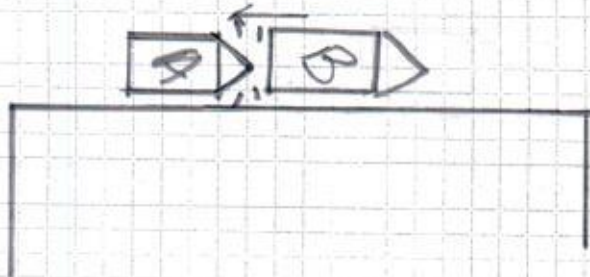
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

HPDK BUILDING

A. GIBB8500D
B. GIBET157T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEH WAS PARKED BEHIND THE TRUCK GIBET157T
SUDDENLY THE TRUCK REVERSED AND HIT ONTO MY VEH
FRONT PORTION.

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.:



Shym 18/01/19



HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: 61RB8520D

MAKE/MODEL: KIASSA K1200

DATE OF ACCIDENT

16/01/2019
DAY/MONTH/YEAR

TIME

09 HR

MIN

45

AM PM

LOCATION OF ACCIDENT

NPPK BUILDING LOADING UNLOADING BAY.

EXACT PURPOSE USE DURING ACCIDENT

WORKING

CAR OWNER

NAME OF CAR OWNER

Q'S FOOD SUPPLY PTE LTD

CONTACT NO

96888258

NRIC

201332234M

CLAIM TYPE

☐ OD

☒ THIRD PARTY

☐ REPORTING ONLY

INSURANCE COMPANY

N7UC

TYPE OF COVERAGE

☐ COMPREHENSIVE

☐ THIRD PARTY

☐ THIRD PARTY FIRE & THEFT

POLICY NO

5101394848

ACCIDENT DRIVER

☐ AS ABOVE

☐ IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER

LEE HAN KIAN

NRIC

871317211

NO OF PASSENGER/S

0

DATE OF BIRTH

19-10-1977

OCCUPATION

☒ OUTDOOR

☐ INDOOR

DATE OF DRIVING PASS

26 FEB 1998

GENDER

☒ MALE

☐ FEMALE

CONTACT NO

94319231

ADDRESS

1010 ADJUNIED AVE 4 #01-18 & PORE 389911

DRIVER OWN ANY VEHIC

NO/ IF YES- REGISTRATION NO

RELATIONSHIP

EMPLOYEE/

IF NOT:

OWNER

WEATHER CONDITION

☒ CLEAR

RAINING

OTHER:

ROAD SURFACE

☒ DRY

WET

OTHER:

ANY INJURIES

NO/ IF YES- NAME:

CONTACT NO

POLICE REPORT

NO/ IF YES- LOCATION:

VIDEO FOOTAGE

NO/ YES

3RD PARTY INFO

VEHICLE B NO

61BE175TT

NO OF PASSENGER/S

NAME

CONTACT NO

VEHICLE C NO

NO OF PASSENGER/S

VEHICLE D NO

NO OF PASSENGER/S

VEHICLE E NO

NO OF PASSENGER/S

VEHICLE F NO

NO OF PASSENGER/S

ANY WITNESS

WITNESS CONTACT NO

REPUBLIC OF SINGAPORE DRIVING LICENCE

77317271

LEE HAN KIANG (LI HANQIANG)

Birth Date: 19 Oct 1977

Issue Date: 02 Jan 2005

10000812055

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S77317271



Name

LEE HAN KIANG
(LI HANQIANG)

李 汉 强

Race

CHINESE

Date of birth

19-10-1977

Country of birth

SINGAPORE

Sex

M

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 100 cc	07 Jan 1997
Class 2A	Motorcycles between 201 cc and 400 cc	23 Jun 1999
Class 1	Motor Cars and Motor Tractors the weight of which (with load) does not exceed 2500 kilograms	26 Feb 1998

NP 428A

Licence No: S77317271

4126638



NRIC No. S77317271



Date of issue

07-11-2007

Address

APT BLK 27 BALAM ROAD
#15-35
SINGAPORE 370027

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="16/01/2019 07:45"/>
Vehicle No.(For Motor)	<input type="text" value="GBB8520D"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5101394848		9'S FOOD SUPPLY PTE. LTD.	201332234M	GCV	Comprehensive	GBB8520D	GBB8520D	18/06/2018	17/06/2019

Continue

Claim Handling

Task Transfer Exit

LOS SAL SUB

Accident MT/1028885

Policy No.	5101394848	Vehicle No.	GBB8520D	GST Registration No.	
Certificate No.					
Policyholder Name	9'S FOOD SUPPLY PTE. LTD.			Policyholder NRIC	201332234M
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96888258	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	21/01/2019 19:56	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	16/01/2019	Time of Accident hh:mm	07:45	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	NPPK BUILDING LOADING & UNLOADING BAY				

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	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 1010 #01-18	Address 2	ALJUNIED AVENUE 4	Address 3	ALJUNIED INDUSTRIAL ESTATE
Address 4	SINGAPORE 389911	Address Type	Singapore address	Post Code	389911
Unit No.	04-123	Related Policy Number	5101394848		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE HAN KIANG(LI HANQIANG)	Driver NRIC	S7731727I	Driver DOB	19/10/1977
Register Date of Driver License	26/02/1998	Driver Age	41	Driving Experience	20
Contact No.(Mobile)	94319231	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 27	Address 2	BALAM ROAD	Address 3	BALAM GARDENS
Address 4	SINGAPORE 370027	Address Type	Singapore address	Post Code	370027
Unit No.	#15-35				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Modification History			

Investigation

Claim 001 OD-MX

New

Claim Case Officer

Claim Type	OD-MX	Insured Name	9'S FOOD SUPPLY PTE. LTD.	Insured NRIC	201332234M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	641176
Email Address		O1 Vehicle Number	GBB8520D	TP Vehicle Number	GBE176
Claim Description	GBB8520D / GBE1757T ON 16 Jan 2019			Name of Preferred Workshop	HUP SC
Preferred Workshop Repair Option	<input checked="" type="radio"/> Yes <input type="radio"/> No	Insured Liability report	Not at Fault		
Date Registered	21/01/2019 20:14	Claim Close Date		Date Received	21/01/
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
<input type="checkbox"/> Print AK letter					
Modification History					

Special Claim Creation Approval

Approval

Reason

Remarks

Attachment

Accident No. MT/1028885

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 21/01/2019 20:14

Path *

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

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NO

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NO

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Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 21 Jan 2019 20:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 21 Jan 2019 20:14	SAS	Normal	SAS 2019-1-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 21 Jan 2019 20:13	Photos	Normal	Photos 2019-1-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 21 Jan 2019 20:13	Photos	Normal	Photos 2019-1-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 21 Jan 2019 20:13	Photos	Normal	Photos 2019-1-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 21 Jan 2019 20:13	Photos	Normal	Photos 2019-1-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 21 Jan 2019 20:13	Photos	Normal	Photos 2019-1-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 21 Jan 2019 20:13	Photos	Normal	Photos 2019-1-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 21 Jan 2019 20:13	Photos	Normal	Photos 2019-1-21

Video List

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