

NATIONAL Assessment Centre Services.

(wef 1 Jan'05) MNA1908440

Date In: 18/1/19-12/42	Job description	Date & Time Completed	Done by
Ref No: MNA/INC 1908440/24	SAS e-filing		
Veh No: 40089440	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/1/19-09:55	i-Motor Claim Form	M7/1028523-021	18/1/19 20:39
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: SMF748C	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

MNA1908526	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
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) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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 / Tpl 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	18/01/2019 12:40
Date Of Accident	18/01/2019 09:55
Exact Location Of Accident	BLK 69 BEDOK SOUTH AVE 3 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD8944D
Insured/Policyholder	
Name Of Registered Owner	HYDRO-POOL ENGINEERING
Co Reg No	48607400E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62543880
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	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	5107074934
Cover Note Number	
Driver	
Name of Driver	PEY CHAI HUAT @PEY SOI KAU
NRIC No	S2018903G
Date Of Birth	11/09/1948
Occupation	OUTDOOR
Date Of Driving Pass	13/06/1973
Driving Experience	45 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96121828
Fax Number	
Contact Number	OFFICE-96121828
Email Address	NOEMAIL

Address	BLK 25 TOA PAYOH EAST #06-124
Postcode	310025
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	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

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

ON STATED DATE AND TIME, WHILE I WAS REVERSING MY VEHICLE ONTO THE CARPARK LOT, VEHICLE B FROM REAR PORTION OF MY VEHICLE, PURPOSELY SQUEEZE ONTO MY LANE AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

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	SMF7468C
Vehicle Make/Model/Colour	
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)	2

Passenger 1

NAME: ;

GENDER: ;

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**.
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.

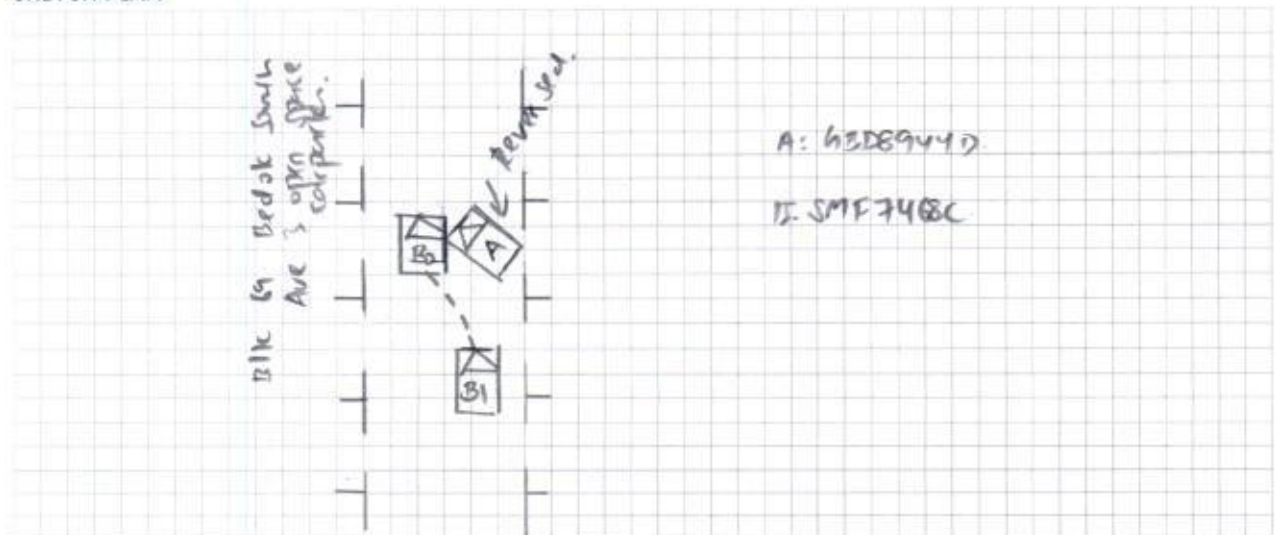


Policyholder's Signature
Date & Time:

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:

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

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S2018903G**

Name **PEY CHAI HUAT**

Birth Date **11 Sep 1948**

Issue Date **12 Mar 2004**

0011612768

REPUBLIC OF SINGAPORE

IDENTITY-CARD NO. **S2018903G**

Name **PEY CHAI HUAT**
@PEY SOI KAU
彭才发

Race **CHINESE**

Date of Birth **11-09-1948** Sex **M**

Country of Birth **JOHORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 3 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractor/vehicles <= 2500 kg

PASS DATE **13 Jan 1973**

S2018903G

S / No. 9000166786

License No: S2018903G

NP 428A

2343792

NRIC No: **S2018903G**

APR 25 2012

APT BLK 25 TOA PAYOH EAST #06-124
SINGAPORE 310025

NRIC No: **S2018903G** Date: **19/02/2012** No: **7030547**

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

Vehicle No.(For Motor) Certificate Number

[Search](#)

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107074934		HYDRO-POOL ENGINEERING	48607400E	GCV	Preferred Workshop Plan	GBD8944D	GBD8944D	17/01/2019	16/01/2020

[Continue](#)

 Policy Information

Policy No.	5107074934	Policyholder Name	HYDRO-POOL ENGINEERING	Policyholder NRIC	48607400E
Certificate No.					
Address	10 KAKI BUKIT ROAD 1 #01-01 KB INDUSTRIAL BUILDING SINGAPORE 416175				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	17/01/2019	Effective Date	17/01/2019 00:00	Expiry Date	16/01/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	1593.49		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	BIZFOLIO MOTOR TRADING	Agent Tel.	62444464	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	10 KAKI BUKIT ROAD 1	Address 2	#01-01 KB INDUSTRIAL BUILDING	Address 3	SINGAPORE 416175
Address 4		Address Type	Singapore address	Post Code	416175
Unit No.		Related Policy Number	5107074934		

 Insured Object: GBD8944D

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

• Exit

The premium on this policy has not been collected.

Accident MT/1028523

Policy No.	5107074934	Vehicle No.	GBD8944D	GST Registration No.	
Certificate No.					
Policyholder Name	HYDRO-POOL ENGINEERING			Policyholder NRIC	48607400E
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Loading	0
Contact No. (Mobile)	0	Contact No. (Office)	62543880	Contact No. (Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<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(%)	0	Private Hire	No
Accident Details					
Report Date	18/01/2019 20:37	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	18/01/2019	Time of Accident hh:mm	09:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 69 BEDOK SOUTH AVE 3 OPEN SPACE CARPARK				
Excess					
Own damage Excess	500.00	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 Status Verified	No
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	10 KAKI BUKIT ROAD 1	Address 2	#01-01 KB INDUSTRIAL BUILD	Address 3	SINGAPORE 416175
Address 4		Address Type	Singapore address	Post Code	416175
Unit No.		Related Policy Number	5107074934		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	PEY CHAI HUAT @PEY SOI KAU	Driver NRIC	S2018903G	Driver DOB	11/09/1948
Register Date of Driver License	13/06/1973	Driver Age	70	Driving Experience	45
Contact No. (Mobile)	96121828	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 25	Address 2	TOA PAYOH EAST	Address 3	KIM KEAT VILLE
Address 4	SINGAPORE 310025	Address Type	Singapore address	Post Code	310025
Unit No.	06-124				
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 OD-MX

New

Claim Type *	OD-MX	Insured Name	HYDRO-POOL ENGINEERING	Insured NRIC	48607400E
Contact No. (Mobile)	96370693	Contact No. (Home)		Contact No. (Office)	62543880
Email Address	hydropool@smgnet.com.sg	OI Vehicle Number	GBD8944D	TP Vehicle Number	SMF7468C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBD8944D / SMF7468C ON 18 Jan 2019				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	18/01/2019 20:39	Claim Close Date		Date Received	18/01/2019 20:40
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter.					
Save Submit					

Attachment

Accident No.	MT/1028523	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/01/2019 20:40
Path *			
<input type="text"/>	<input type="text"/>	Category *	Confidential
<input type="text"/>	<input type="text"/>	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>	<input type="text"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Jan 2019 20:40	NRIC/ Driving license	Normal	NRIC/ Driving License 2019-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Jan 2019 20:40	SAS	Normal	SAS 2019-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Jan 2019 20:40	Photos	Normal	Photos 2019-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Jan 2019 20:40	Photos	Normal	Photos 2019-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Jan 2019 20:40	Photos	Normal	Photos 2019-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Jan 2019 20:40	Photos	Normal	Photos 2019-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Jan 2019 20:40	Photos	Normal	Photos 2019-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Jan 2019 20:39	Photos	Normal	Photos 2019-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Jan 2019 20:39	Photos	Normal	Photos 2019-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Jan 2019 20:39	Photos	Normal	Photos 2019-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Jan 2019 20:39	Photos	Normal	Photos 2019-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Jan 2019 20:39	Photos	Normal	Photos 2019-1-18		Edit

Video List

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