

**NATIONAL Assessment Centre Services** [wef 1 Jan 05] **MNA119 011005**

Date In: <b>23/1/19 - 14:16</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA1 INC 1900 1502/24</b>	SAS e-filing		
Veh No: <b>YN69793</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>23/1/19 - 09:00</b>	i-Motor Claim Form	<b>M71029203-001</b>	<b>23/1/19 14:18</b>
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Vch No: **NA36362** 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

Claimant's Particulars:-	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
		for Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Est. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Est. 2 / 3:	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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	23/01/2019 12:16
Date Of Accident	23/01/2019 09:00
Exact Location Of Accident	BARTLEY RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6979S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOON HOCK SPRINKLER SYSTEM PTE LTD
Co Reg No	201434665R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67480716

### Vehicle Particulars

Manufacturer	ISUZU
Model	NPR85UH5A
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	5070493467-03
Cover Note Number	

### Driver

Name of Driver	RONY
Passport No/FIN	G8432256W
Date Of Birth	29/03/1986
Occupation	OUTDOOR
Date Of Driving Pass	24/08/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82774838
Fax Number	
Contact Number	OFFICE-82774838
EEmail Address	NOEMAIL

Address 71 KAKI BUKIT INDUSTRIAL TERRACE  
 Postcode 416151  
 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 CHAIN COLLISION  
 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 3  
 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) 8  
 Passenger 1 NAME: : -  
 GENDER: : MALE  
 Passenger 2 NAME: : -  
 GENDER: : MALE  
 Passenger 3 NAME: : -  
 GENDER: : MALE  
 Passenger 4 NAME: : -  
 GENDER: : MALE  
 Passenger 5 NAME: : -  
 GENDER: : MALE  
 Passenger 6 NAME: : -  
 GENDER: : MALE  
 Passenger 7 NAME: : -  
 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**

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. AS FRONT VEHICLE HAVE AN ACCIDENT. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR 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 SLA3636Z  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver NG KER SHIN LYN  
NRIC/Passport Number S8007935D  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number GW474L  
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) 1

## 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**.
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:

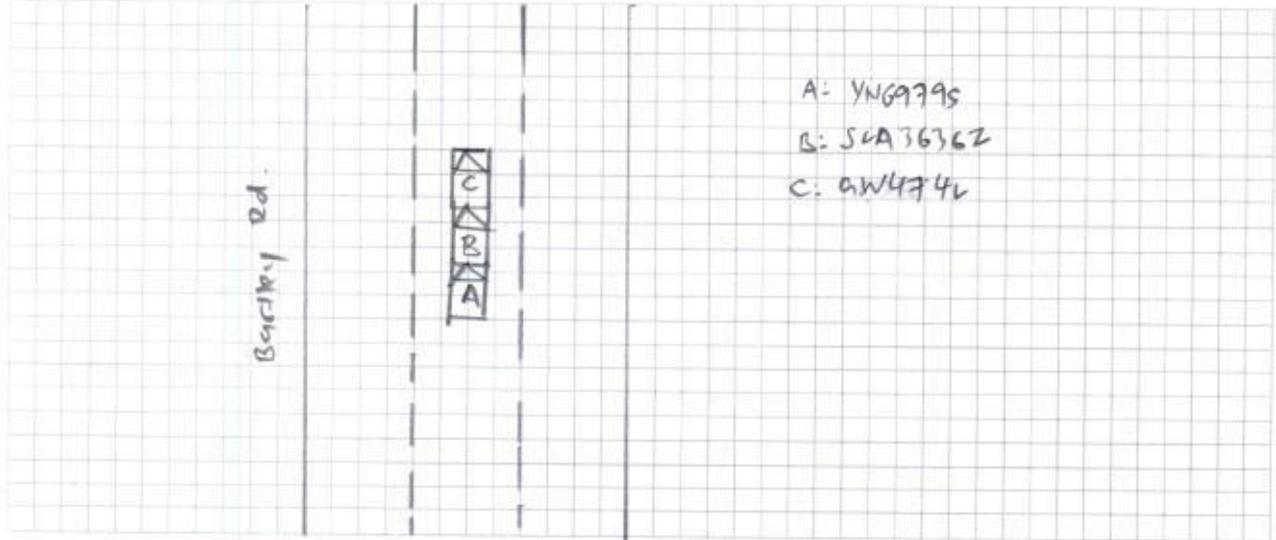
Rony 

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:

Rony

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

**S PASS**  
 Employment of Foreign Manpower Act (Chapter 91A)  
 Republic of Singapore

Employer  
**SOON HOCK SPRINKLER SYSTEM PTE. LTD.**



Name  
**RONY**

S Pass No.  
**0 63002275**

Sector  
**CONSTRUCTION**




**K1049495**



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

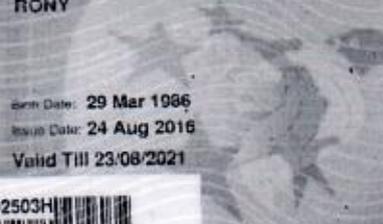
Licence Number **G 8 4 3 2 2 5 6 W**

Name  
**RONY**

Birth Date: **29 Mar 1986**

Issue Date: **24 Aug 2016**

Valid Till **23/08/2021**

**002602503H**



**VISIT PASS**  
 Immigration Regulations 24-12-2018

Name  
**RONY**

FIN  
**G8432256W**

Date of Birth **29-03-1986** Sex **M**

Nationality  
**BANGLADESHI**

**MULTIPLE JOURNEY VISA ISSUED**

Download SGWorkPass App to check status



**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



**YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

EFFECTIVE DATE

**Class 3** Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  **24 Aug 2016**

NP 428A

Licence No: **G8432256W**



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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5070493467-03		SOON HOCK SPRINKLER SYSTEM PTE LTD	201434665R	GCV	Comprehensive	YN6979S	YN6979S	26/05/2018	25/05/2019

Policy Information

Policy No.	5070493467-03	Policyholder Name	SOON HOCK SPRINKLER SYSTEI	Policyholder NRIC	201434665R
Certificate No.					
Address	71 KAKI BUKIT INDUSTRIAL TERRACE SINGAPORE 416151				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy issue Date	27/04/2018	Effective Date	26/05/2018 00:00	Expiry Date	25/05/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	OS Premium 0				
Outside Singapore OD Excess	Outside Singapore TP Excess <b>Young/Inexperience Driver Excess</b>				
Agent	TOH SOON HUAT CO PTE LTD	Agent Tel.	62910088	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	71 KAKI BUKIT INDUSTRIAL TEI	Address 2	SINGAPORE 416151	Address 3	
Address 4		Address Type	Singapore address	Post Code	416151
Unit No.		Related Policy Number	5070493583-03		

Insured Object: YN69795

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

EXIT

Accident MT/1029203

Policy No.	5070493467-03	Vehicle No.	YN6979S	GST Registration No.	201434665R
Certificate No.					
Policyholder Name	SOON HOCK SPRINKLER SYSTEM PTE LTD			Policyholder NRIC	201434665R
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	67480716	Contact No.(Home)	0
Email Address		Special Remark		eCode	71
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
<b>Accident Details</b>					
Report Date	23/01/2019 14:16	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	23/01/2019	Time of Accident(hh:mm)	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BARTLEY RD				
<b>Excess</b>					
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			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	20/11/2014		
GST Registration No.	201434665R	GST Status Verified	No		
Modification History					

Policyholder Mailing Address

Address 1	71 KAKI BUKIT INDUSTRIAL TER	Address 2	SINGAPORE 416151	Address 3	
Address 4		Address Type	Singapore address	Post Code	416151
Unit No.		Related Policy Number	S070493583-03		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	RONY	Driver NRIC	G8432256W	Driver DOB	29/03/1988
Register Date of Driver License	24/08/2016	Driver Age	32	Driving Experience	2
Contact No.(Mobile)	82774838	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	71 KAKI BUKIT INDUSTRIAL TER	Address 2	SINGAPORE 416151	Address 3	
Address 4		Address Type	Singapore address	Post Code	416151
Unit No.					
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
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	SOON HOCK SPRINKLER SYSTEM	Insured NRIC	201434665R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	62910088
Email Address		OI Vehicle Number	YN6979S	TP Vehicle Number	SLA3636Z
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	YN6979S / SLA3636Z ON 23 Jan 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	23/01/2019 14:18	Claim Close Date		Date Received	23/01/2019 14:20
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	

Attachment

Accident No.	MT/1029203	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/01/2019 14:20

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Browse...

Clear

Please Select

1:0

Normal

Browse...

Clear

Please Select

1:0

Normal

Send Message

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Jan 2019 14:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-23		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Jan 2019 14:19	SAS	Normal	SAS 2019-1-23		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Jan 2019 14:19	Photos	Normal	Photos 2019-1-23		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Jan 2019 14:19	Photos	Normal	Photos 2019-1-23		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Jan 2019 14:19	Photos	Normal	Photos 2019-1-23		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Jan 2019 14:19	Photos	Normal	Photos 2019-1-23		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Jan 2019 14:19	Photos	Normal	Photos 2019-1-23		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Jan 2019 14:19	Photos	Normal	Photos 2019-1-23		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Jan 2019 14:19	Photos	Normal	Photos 2019-1-23		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Jan 2019 14:19	Photos	Normal	Photos 2019-1-23		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Jan 2019 14:19	Photos	Normal	Photos 2019-1-23		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Jan 2019 14:19	Photos	Normal	Photos 2019-1-23		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Jan 2019 14:19	Photos	Normal	Photos 2019-1-23		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Jan 2019 14:19	Photos	Normal	Photos 2019-1-23		<a href="#">Edit</a>

**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"/>				

https://gicclaim.income.com.sg/gcs/icm/eclaim/icmmyTaskForward.do?taskInstanceId=213... 23/1/2019