

NATIONAL Assessment Centre Services

Part 1 Jan 2005

MMA 119020254

Date In: 13/2/19 15:30	Job description	Date & Time Completed	Done by
Ref No: NA11MC19002653/h4	SAS e-filing		
Veh No: GBF 4695 M.	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 412/19 12:45	I-Motor Claim Form	MT/1031564-002	13/2/19 16:17
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: SLX 78 M.	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: 0788 6616)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Actions

NA1901045

Claimant's Particulars:	Invoice Preparation Checklist	Amount (\$)	Ass't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Ref 1:	For claiming against INC Only (wef 10 Jan 2005)		
Ref 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idao 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 (Nil): TP (Non INC) against INC \$20		
	9) N12: Idao 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	13/02/2019 15:30
Date Of Accident	04/02/2019 12:45
Exact Location Of Accident	MANDAI CREMATORIUM COLUMBARIUM COMPLEX
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF4695M
Insured/Policyholder	
Name Of Registered Owner	BEST INTERNATIONAL SERVICES
Co Reg No	53205905X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91248588
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	VITO 114 CDI PANEL VAN LONG AT ABS 5DR
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	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	5095318938-01
Cover Note Number	-
Driver	
Name of Driver	NG HIAN CHUAN
NRIC No	S1373182I
Date Of Birth	16/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	02/01/1979
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91248588
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 98 LORNG 1 TOA PAYOH #10-301
Postcode	310098
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - WIFE COMPANY
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE

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

MY VAN WAS AT THE DROP OFF POINT OF MANDAI CREMATORIUM COLUMBARIUM COMPLEX, WHEN I NOTICED VEH INFRONT OF ME SUDDENLY REVERSED, I WANT TO AVOID COLLISION WITH THE SAY VEH, I REVERSING MY VAN A BIT, BUT MY VAN ACCIDENTALLY TOUCH ONTO A PARKED VEH FRONT PORTION. I WENT OUT AND CHECK ON THE VEH AND FOUND THAT WAS NO DAMAGE, I WAS WAITING HALF AN HOUR ON THE SCENE BUT THE DRIVER OF THE VEH NEVER SHOW OUT. THEN I LEAVE THE SCENE, UNTIL TODAY I RECEIVED A CLAIM LETTER FROM OTHER PARTY. I MAKE THIS REPORT FOR MY RECORD PURPOSE.

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	SLX78H
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)	

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:

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

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

mandai crematorium columbarium complex

Bik J&K Drop off point

A = GBF 4695M
B = SLX 78H.

mandai lane

Please Refer to statement

DECLARATION
I hereby declare the foregoing to be true and correct.

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

RÉPUBLIC OF SINGAPORE
IDENTITY CARD NO. S13731821



Name
NG HIAN CHUAN

黄 献 全

Race
CHINESE

Date of birth
16-05-1959

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S13731821**


Name
NG HIAN CHUAN

Birth Date **16 May 1959**


Issue Date **18 Jan 2010**




4496231



NRIC No. **S13731821**




Date of issue
20-11-2009

APT BLK 98 LORONG 1 TOA PAYOH #10-301
SINGAPORE 310098

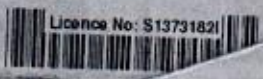
NRIC No: **S13731821** Date: **31/05/2016**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

Class 3 Motor Cars < 3600kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg **02 Jan 1979**



Licence No: S13731821



NP 42

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"/>	5095318938-01		BEST INTERNATIONAL SERVICES	53205905X	GCV	Preferred Workshop Plan	GBF4695M	GBF4695M	16/11/2018	15/11/2019

Claim Handling

Accident MT/1031564

Policy No.	5095318938-01	Vehicle No.	GBF4695M	GST Registration No.	
Certificate No.					
Policyholder Name	BEST INTERNATIONAL SERVICES			Policyholder NRIC	532051
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	NA	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(%)	0	Private Hire	No
Accident Details					
Report Date	12/02/2019 10:55	Accident Report Within 24 hrs	Yes	Accident Type	Hit and
Date of Accident	04/02/2019	Time of Accident hh:mm	12:45	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	MANDAI CREMATORIUM COLUMBARIUM COMPLEX				
Excess					
Own Damage Excess	600.00	Additional Excess		Windscreen Excess	0.00
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		Yes	
Modification History	12/02/2019 12:59:51 Karthlyn Yuen changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	37 SUNGEE KADUT STREET 1	Address 2	SUNGEE KADUT INDUSTRIAL ES	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	72934
Unit No.		Related Policy Number	5095318938-01		
OI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	BEST INTERNATIONAL SERVICE
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	GBF4695M
Claim Description	GBF4695M / SLX78H ON 4 Feb 2019		
Preferred Workshop	<input type="radio"/> Insured Liability	Partially at Fault	
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	13/02/2019 16:16
			LIEW SHAN HUI
<input type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1031564	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/02/2019 16:17
Path *			
Choose File	No file chosen	Category *	Please Select
		Confidential	NO
		Urgency *	Normal

[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](#)[Please Select](#)[NO](#)[Normal](#)[Clear](#)[Please Select](#)[NO](#)[Normal](#)[Clear](#)[Please Select](#)[NO](#)[Normal](#)[Clear](#)[Please Select](#)[NO](#)[Normal](#)[Clear](#)[Please Select](#)[NO](#)[Normal](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Feb 2019 16:17	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Feb 2019 16:17	SAS	Normal	SAS 2019-2-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Feb 2019 16:17	Photos	Normal	Photos 2019-2-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Feb 2019 16:17	Photos	Normal	Photos 2019-2-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Feb 2019 16:17	Photos	Normal	Photos 2019-2-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Feb 2019 16:17	Photos	Normal	Photos 2019-2-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Feb 2019 16:17	Photos	Normal	Photos 2019-2-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Feb 2019 16:17	Photos	Normal	Photos 2019-2-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Feb 2019 16:17	Photos	Normal	Photos 2019-2-13

Video List

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