

NATIONAL Assessment Centre Services

[wef 1 Jan'05] NA19020354

Date In: <u>12/19-15:15</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NA/NC19002654/24</u>	SAS e-filing		
Veh No: <u>XD985YM</u>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <u>12/19-11:20</u>	i-Motor Claim Form	<u>M711031896-001</u>	<u>13/2/19 17:18</u>
OD / TP: <u>Reporting Only</u>	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: JLW985YM 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:	Date & Time Completed	Done by
(INC hotline: 6788 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

Claimant's Particulars :-	Invoice Preparation Checklist	
	Am't (\$) for Bill	Am't (\$) 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	
Pat. 1:	For claiming against INC Only (wef 10 Jan 2005)	
Pat. 2 / 3:	6) TR: Re-inspection \$75	
	7) N1: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON*	
	*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 (N-in 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	13/02/2019 16:53
Date Of Accident	12/02/2019 11:00
Exact Location Of Accident	NORTHLINK BUILDING MULTISTORY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD9854M
Insured/Policyholder	
Name Of Registered Owner	YUEN MAI GLASS MERCHANT PTE LTD
Co Reg No	199102519D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67455162

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FV51SS3VDEA
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	5104806407
Cover Note Number	

Driver

Name of Driver	SHI FENGGUO
Passport No/FIN	G5109967U
Date Of Birth	25/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	24/02/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90930578
Fax Number	
Contact Number	OFFICE-90930578
Email Address	NOEMAIL

Address	4 LOYANG STREET
Postcode	508839
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	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)	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

REFER TO 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	SLW9854M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AW YING HUI
NRIC/Passport Number	S8834688B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	0

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.
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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.

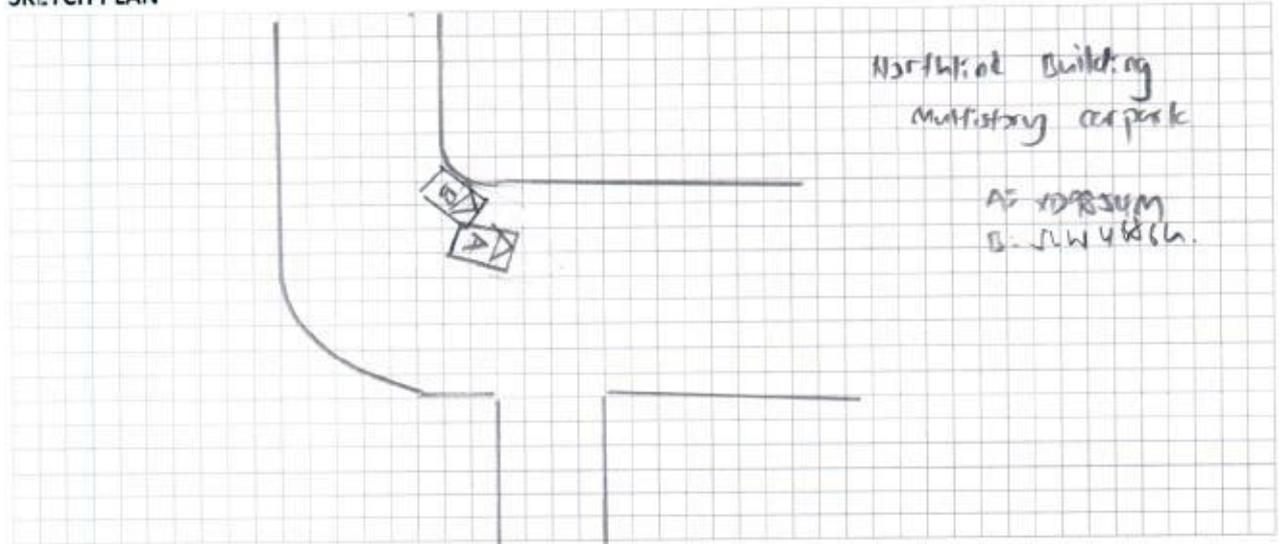


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



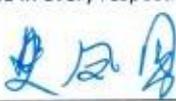
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE
AND ACCIDENTALLY GRAZED ONTO VEHICLE B FRONT RIGHT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 2 / 19) (DD/MM/YYYY), TIME: (11 : 00) (HH:MM)

LOCATION: Northlink Building Multi-story office

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XD 985YM
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 510480642
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Yuen Mai Glass Merchant Pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 199 1025197 CONTACT: 67455162
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Shi Pengqun (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G31049670 CONTACT: 9093 0578
c) ADDRESS: 4 Wuyang Street (505839)

*d) DATE OF BIRTH: (25 / 4 / 1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21/2/2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JDW98YM MODEL: _____
b) DRIVER'S NAME: Aw Ying Shi
c) NRIC/FIN/PASSPORT: J6834688B CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(0)

* No of passenger
(including driver)
()

Email = sales@yuenmaiglass.com

fax =

video =

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

Employer
YUEN MAI GLASS MERCHANT PTE LTD

Sector: **MANUFACTURING**

Name
SHI FENGGUO

Occupation
DRIVER

S Pass No.
O 74320147

Date of Application
11-09-2017

Date of Issue
05-10-2017

Date of Expiry
14-10-2019

 **L8364418**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No: **G5109967U**

Name
SHI FENGGUO

Birth Date: **25 Apr 1981**

Issue Date: **24 Feb 2016**

Valid till **22/05/2021**

 **002540834D**

VISIT PASS
Immigration Regulations

Name
SHI FENGGUO

Date of Birth: **25-04-1981** Sex: **M** Nationality: **CHINESE**

FIN: **G5109967U** Date of Issue: **05-10-2017** Date of Expiry: **14-10-2019**

MULTIPLE JOURNEY VISA ISSUED

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



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

Class	Description	Effective Date
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	23 May 2011
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg or passengers and the unladen weight \leq 2500kg	24 Feb 2016

Licence No: **G5109967U**

NP 428A

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"/>	5104806407		YUEN MAI GLASS MERCHANT PTE LTD	199102519D	GCV	Comprehensive	XD9854M	XD9854M	05/11/2018	04/11/2019

Continue

Policy Information

Policy No.	5104806407	Policyholder Name	YUEN MAI GLASS MERCHANT PT	Policyholder NRIC	199102519D
Certificate No.					
Address	4 LOYANG STREET SINGAPORE 508839				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	30/10/2018	Effective Date	05/11/2018 00:00	Expiry Date	04/11/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	1500	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	4 LOYANG STREET	Address 2	SINGAPORE 508839	Address 3	
Address 4		Address Type	Singapore address	Post Code	508839
Unit No.		Related Policy Number	5104806407		

Insured Object: XD9854M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

[Exit](#)

Accident MT/1031896

Policy No.	5104806407	Vehicle No.	XD9854M	GST Registration No.	
Certificate No.					
Policyholder Name	YUEN MAI GLASS MERCHANT PTE LTD	Policyholder NRIC	1991025190		
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	67455162	Contact No.(Home)	0
Email Address		Special Remark		eCode	TI
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(%)	10	Private Hire	No

Accident Details

Report Date	13/02/2019 17:16	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	12/02/2019	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	NORTHLINK BUILDING MULTISTORY CARPARK				

Excess

Own damage Excess	1,500.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

Coverage		Sum Insured	99999999.99
Third Party Working Risk			

GST Registered Information

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

Policyholder Mailing Address

Address 1	4 LOYANG STREET	Address 2	SINGAPORE 508839	Address 3	
Address 4		Address Type	Singapore address	Post Code	508839
Unit No.		Related Policy Number	5104806407		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/04/1981
Unnamed driver Name	SHI FENGGUO	Driver NRIC	G5109967U	Driving Experience	2
Register Date of Driver License	24/02/2016	Driver Age	37	Contact No.(Home)	0
Contact No.(Mobile)	90930578	Contact No.(Office)	0	Address 3	
Address 1	4 LOYANG STREET	Address 2	SINGAPORE 508839	Post Code	508839
Address 4		Address Type	Singapore address		
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 **New**

Claim Type *	OD-MX	Insured Name	YUEN MAI GLASS MERCHANT P	Insured NRIC	1991025190
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67455162
Email Address		O1 Vehicle Number	XD9854M	TP Vehicle Number	SLW9854M
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	XD9854M / SLW9854M ON 12 Feb 2019	Name of Preferred Workshop			
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	13/02/2019 17:18	Claim Close Date		Date Received	13/02/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

⊕

Accident No.	MT/1031896	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/02/2019 17:18

Path *	Category *	Confidential	Urgency *	Description *
<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="NO"/>	<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="NO"/>	<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="NO"/>	<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="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>

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 13 Feb 2019 17:18	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Feb 2019 17:18	SAS	Normal	SAS 2019-2-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Feb 2019 17:18	Photos	Normal	Photos 2019-2-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Feb 2019 17:18	Photos	Normal	Photos 2019-2-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Feb 2019 17:18	Photos	Normal	Photos 2019-2-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Feb 2019 17:18	Photos	Normal	Photos 2019-2-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Feb 2019 17:18	Photos	Normal	Photos 2019-2-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Feb 2019 17:18	Photos	Normal	Photos 2019-2-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Feb 2019 17:18	Photos	Normal	Photos 2019-2-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Feb 2019 17:18	Photos	Normal	Photos 2019-2-13		Edit

Video List

Uploaded By/Date	Folder/Date	File Name	Source	Action