

NATIONAL Assessment Centre Services. [ver 1 Jan 09] MNA 119031044

Date In: 7/13/19 15:09	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1900 4212/64	SAS e-filing		
Veh No: G2 1842K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 6/13/19 16:20	I-Motor Claim Form	M7/1035021-001	7/13/19 15:49
OD / TP / Repair 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: SJV 2648J	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

MNA 1901756

Client's Particulars:	Invoice Preparation Checklist	Amo (\$)	Amo (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
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		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao 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 (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	07/03/2019 15:09
Date Of Accident	06/03/2019 16:20
Exact Location Of Accident	LORNIE RD SLIP RD INTO THOMSON RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GZ1842K
Insured/Policyholder	
Name Of Registered Owner	MOBILE WORKFORCE SOLUTION PTE. LTD.
Co Reg No	201007706E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62712752
Vehicle Particulars	
Manufacturer	SSANGYONG
Model	MUSSO PICKUP
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5077233674-03
Cover Note Number	-
Driver	
Name of Driver	CHANG HING LOON
NRIC No	S7780342D
Date Of Birth	06/08/1977
Occupation	OUTDOOR
Date Of Driving Pass	23/12/2002
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96455552
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 306C ANCHORVALE LINK #11-81
Postcode	543306
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : UNKNOWN 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

I WAS TRAVELLING ALONG LORNIE RD AT THE SLIP RD INTO THOMSON RD, SUDDENLY VEH B (BEARING NO SJV2648J) WHICH WAS IN FRONT OF ME JAMMED BRAKE, I MANAGE TO STOP BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO THE VEH 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	SJV2648J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH CHUAN SHEN MARCUS
NRIC/Passport Number	S9633340D
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.:

SKETCH PLAN

Please Refer to Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

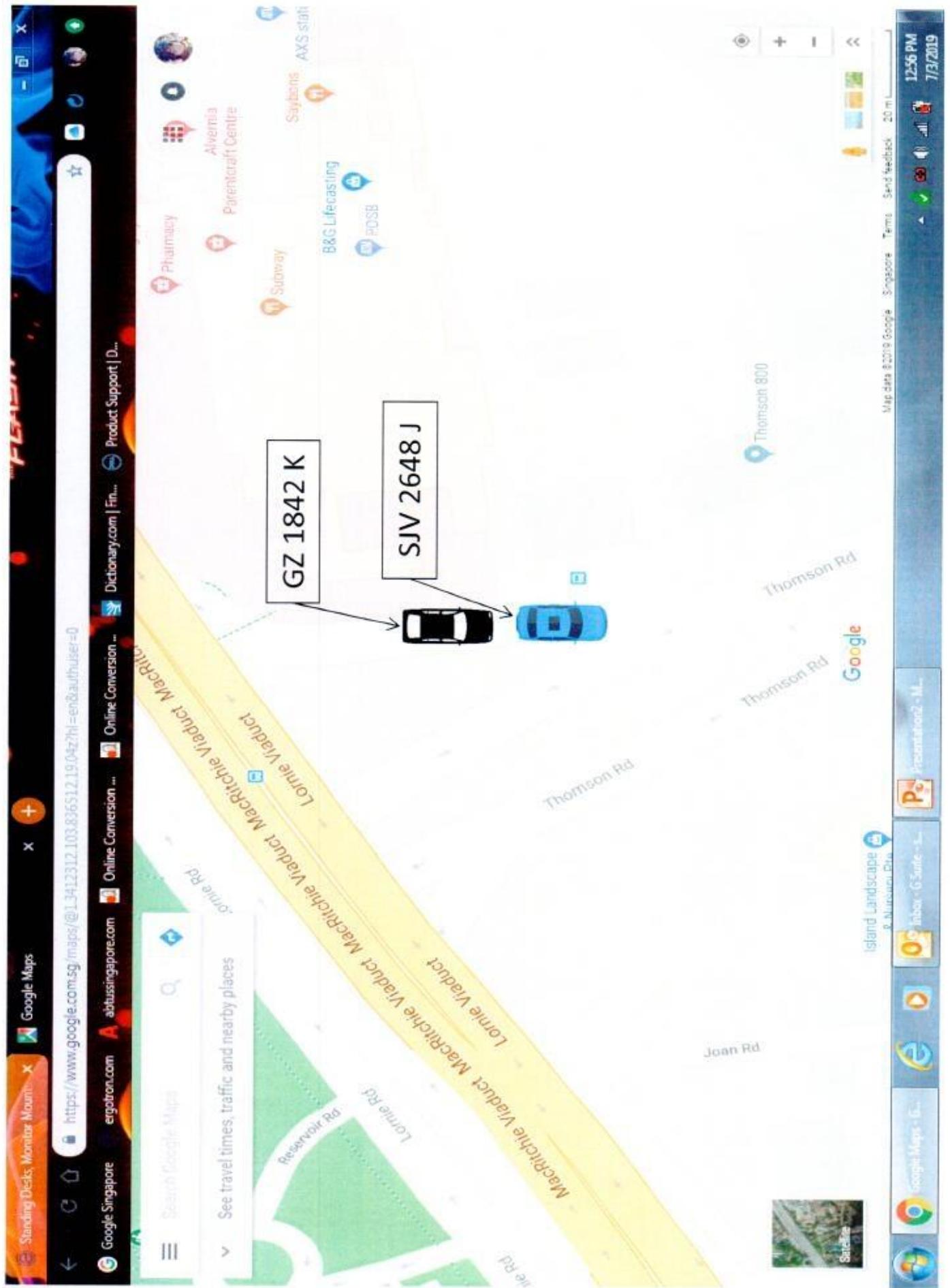
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

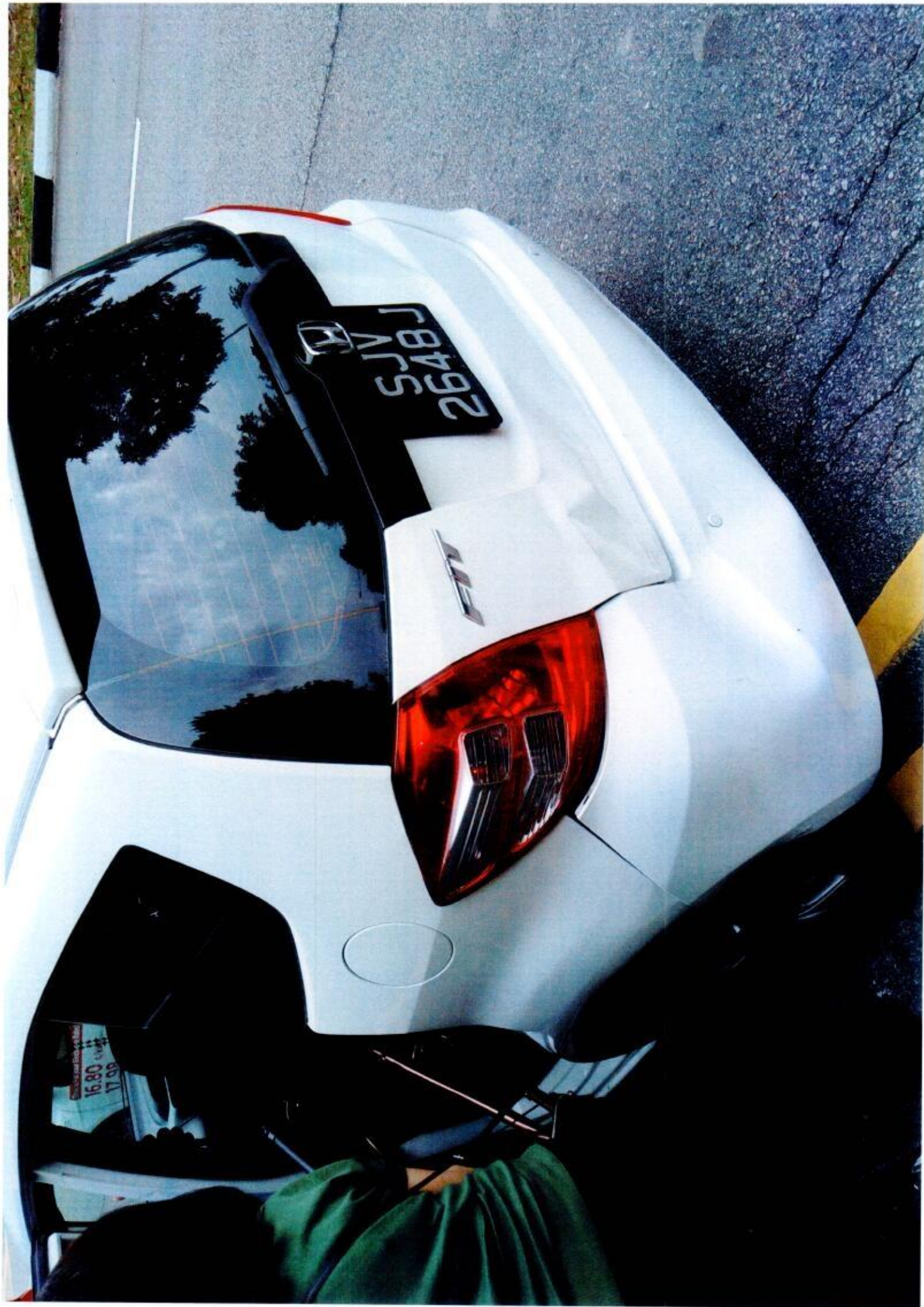


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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







REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7780342D



Name
CHANG HING LOON
曾 庆 麟
Race
CHINESE
Date of Birth
06-08-1977 Sex
M
Country of Birth
MALAYSIA

S7780342D

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **S7780342D**
Name
CHANG HING LOON
Birth Date **06 Aug 1977**
Issue Date **01 Oct 2007**

001532315F

8513230



NRIC No. **S7780342D**



Nationality
MALAYSIAN
Blood Group Date of Issue
08-05-2003


APT BLK 306C ANCHORVALE LINK #11-81
SINGAPORE 543306
NRIC No: **S7780342D** Date: **09-04-2006** No: **5552072**

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

Class	Description	Pass Date
Class 2B	Motorcycles \leq 200 cc	28 Dec 2002
Class 2A	Motorcycles between 201 cc and 400 cc	13 Sep 2005
Class 3	Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	29 Dec 2002

NP 426A

Licence No: S7780342D



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="06/03/2019 15:05"/>
Vehicle No.(For Motor)	<input type="text" value="GZ1842K"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5077233674-03		MOBILE WORKFORCE SOLUTION PTE. LTD.	201007706E	GCV	Third Party, Fire & Theft	GZ1842K	GZ1842K	21/01/2019	20/01/2020

Claim Handling

Accident MT/1035021

Policy No.	5077233674-03	Vehicle No.	GZ1842K	GST Registration No.	
Certificate No.					
Policyholder Name	MOBILE WORKFORCE SOLUTION PTE. LTD.			Policyholder NRIC	201001
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	62712752	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	07/03/2019 15:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	06/03/2019	Time of Accident hh:mm	16:20	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	LORNIE RD SLIP RD INTO THOMSON RD				
Excess					
Own damage Excess	0.00	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		No	
Modification History					
Policyholder Mailing Address					
Address 1	61 UBI ROAD 1	Address 2	#04-02 OXLEY BIZHUB	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	408721
Unit No.	04-02	Related Policy Number	5077233674-03		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHANG HENG LOON	Driver NRIC	S7780342D	Driver DOB	06/08/
Register Date of Driver License	23/12/2002	Driver Age	41	Driving Experience	16
Contact No.(Mobile)	96455552	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 306C #11-81	Address 2	ANCHORVALE LINK	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	543301
Unit No.	11-81				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	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 **New**

Claim Type *	OD-MX	Insured Name	MOBILE WORKFORCE SOLUTION
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	GZ1842K
Claim Description	GZ1842K / SJV2648J ON 6 Mar 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received
Report Taken By			
<input checked="" type="checkbox"/> Print AK letter		Claim Close Date	

Save Submit

Attachment

Accident No. MT/1035021

Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

07/03/2019 15:49

Path *

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

Choose File No file chosen

Message Read

Clear

Category *

Please Select

Confidential

Urgency *

NO

Normal

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 07 Mar 2019 15:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Mar 2019 15:49	SAS	Normal	SAS 2019-3-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Mar 2019 15:49	Photos	Normal	Photos 2019-3-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Mar 2019 15:49	Photos	Normal	Photos 2019-3-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Mar 2019 15:49	Photos	Normal	Photos 2019-3-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Mar 2019 15:49	Photos	Normal	Photos 2019-3-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Mar 2019 15:48	Photos	Normal	Photos 2019-3-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Mar 2019 15:48	Photos	Normal	Photos 2019-3-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Mar 2019 15:48	Photos	Normal	Photos 2019-3-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Mar 2019 15:48	Photos	Normal	Photos 2019-3-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Mar 2019 15:48	Photos	Normal	Photos 2019-3-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Mar 2019 15:48	Photos	Normal	Photos 2019-3-7

Video List

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