NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA1903110.

Date In: 7/3/19 - 16:38	Job description	Date & Time Completed	Done by
Ref No: N/A / INC1900YW46/24	SAS e-filing		
Veh No: GX3844P.	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 6/3/19 - 08:30	i-Motor Claim Form	MM1035050-001	7/3/19 17:45.
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: GBG638x. 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

NA1901759

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) in Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
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:-			
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*		

MNA119031130 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 07/03/2019 16:38
SUBMITTED BY: Jackson Ho Zhao Tian

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 16:38
Date Of Accident	06/03/2019 08:30
Exact Location Of Accident	TAMPINES LINK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GX5844P
Insured/Policyholder	
Name Of Registered Owner	AH BEE CONTRACTOR
Co Reg No	09527100K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
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	THIRD PARTY
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	5000415800-14
Cover Note Number	
Driver	
Name of Driver	LUA MYANG CHUA
NRIC No	S1185942I
Date Of Birth	03/03/1955
Occupation	INDOOR
Date Of Driving Pass	23/11/1976
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96327833
Fax Number	
Contact Number	OFFICE-96327833
EMail Address	NOEMAIL

Address	BLK 96 BEDOK NORTH AVENUE 4 #06-1505
Postcode	460096
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
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: : ONG TSUI YEN 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

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	GBC638X
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)

DETAILS OF INJURED PERSON 1	
Name	LUA MYANG CHUA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GX5844P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	ONG TSUI YEN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GX5844P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 Purpose; 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.

亞米建築
AH BEE CONTRACTOR
26 CHANGI ROAD 5½ M/S
SINGAPORE 419830

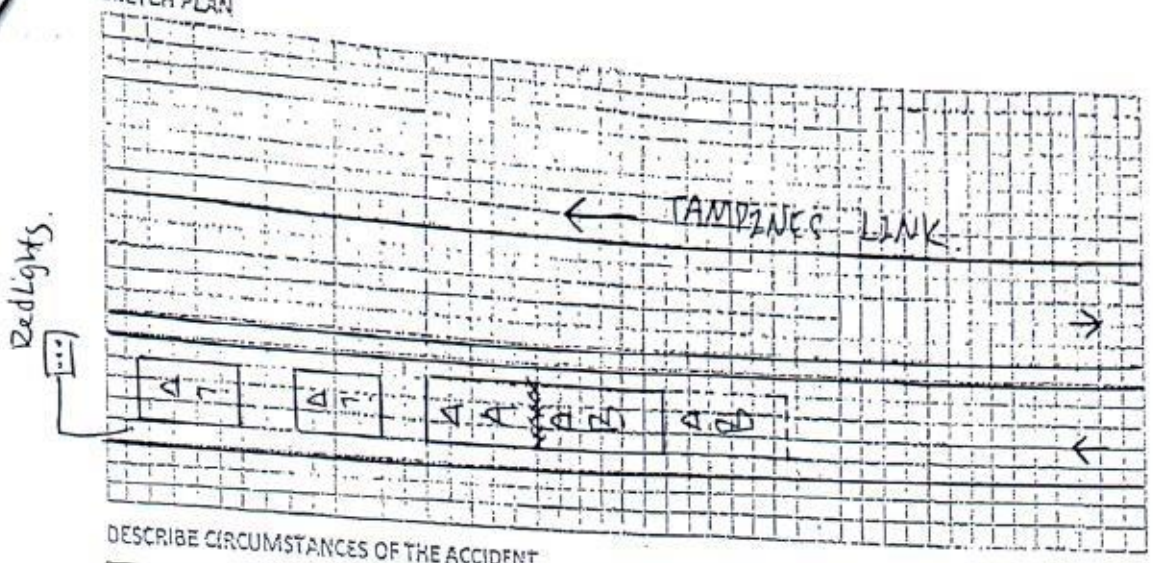
Policyholder's Signature: HB-01-0083-D
Date & Time:

亞米建築
AH BEE CONTRACTOR
26 CHANGI ROAD 5½ M/S
SINGAPORE 419830

Driver's Signature: HB-01-0083-D
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,
I was driving my lorry (veh A: GX5C44P) along Tampines Link. Towards Tampines Ave 10. The traffic was heavy and the traffic lights turned red. Thus I stopped suddenly. I felt an great impact from my rear and realised a van (veh B: GBL638X) had collided into my rear.

1 Driver
1 Passenger: ONG TSUI YEN S7013994D (FEMALE)

DECLARATION

I/We declare the foregoing particulars are true to the best of my/our knowledge.

刘炳泉

Policyholder's Signature
Date & Time:

AH BEE CONTRACTOR
97 CHANGI ROAD 5½ M/S
SINGAPORE 419836
HB-01-0083-D

刘炳泉

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

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

AH BEE CONTRACTOR
97 CHANGI ROAD 5½ M/S
SINGAPORE 419836
HB-01-0083-D

Date of Accident : 06/03/2019 Accident Time: 0830 (24-HR-Format)

Accident Place : TAMPINES LINK.

Vehicle Reg. No. (Car Plate No.) : GX 5844 P

Vehicle Make/Model : NISSAN CABSTAR

Insurance Company : NTUC Policy No.

Owner or Company Name /IC No. : AH BEE CONTRACTOR

Owner or Company Contact No. : 09527100K Owner's Hp Company Tel

DRIVER'S Name / IC No. : LUA MYANG CHUA S1185942Z

DRIVER'S Date Of Birth : 03/03/1955 DRIVER'S License Pass Date 23/11/1976.

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others:

DRIVER'S Address : BLK 96 BEDOK NORTH AVE 4 #06-1505

DRIVER'S Contact No./ Alt No. :1) 96327833 2)

DRIVER'S Occupation (INDOOR) \ OUTDOOR (e.g. working inside or outside office)

Email Address : ADMIN@MYCAR.SG

Weather & Road Surface (CLEAR & DRY) \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ (Claim Other Party) \ Claim Own Insurance

Number of Passengers (Including Driver): 02

Was there any video Captured by car camera: YES \ (NO)

Exact purpose for which vehicle was being used at the time of accident: (Private use) \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: GBC 638X

Vehicle Make\Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add:

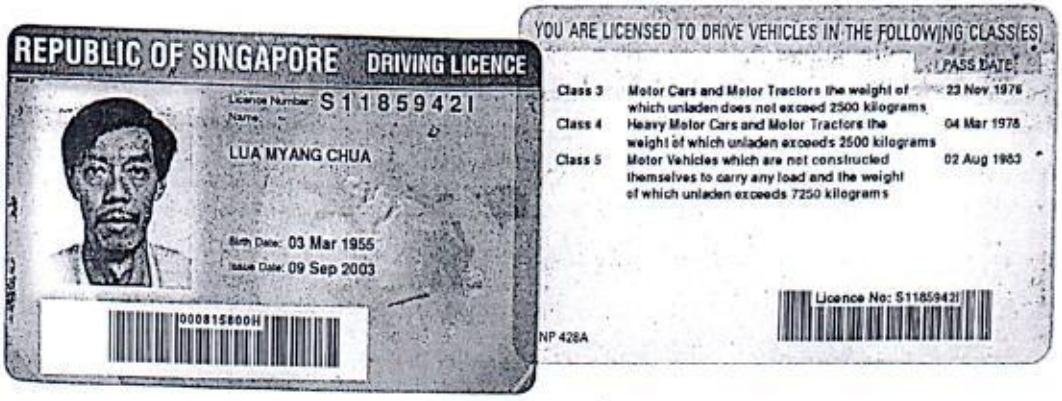
Vehicle Reg. No:

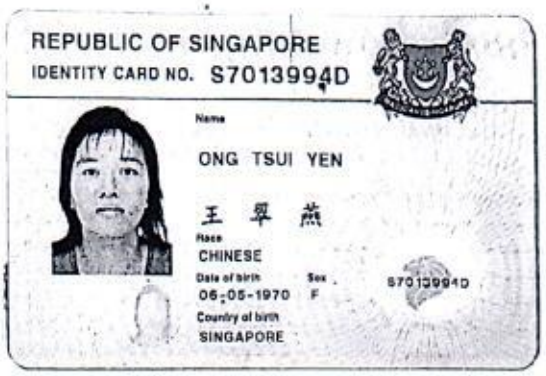
Vehicle Make\Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add:




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7013994D

Name
ONG TSUI YEN
王翠燕
Race
CHINESE
Date of birth
06-05-1970
Sex
F
Country of birth
SINGAPORE
S7013994D


3956057
NRIC No. S7013994D
Date of issue
19-10-2006
APT BLK 39 CIRCUIT ROAD #05-583
SINGAPORE 370039
NRIC No: S7013994D Date: 16/04/2012 No: 7073104

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) GX5844P

Date of Accident 06/03/2019 08:30

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5000415800-14		AH BEE CONTRACTOR	09527100K	GCV	Third Party, Fire & Theft	GX5844P	GX5844P	12/07/2018	11/07/2019

Continue

Policy Information

Policy No.	5000415800-14	Policyholder Name	AH BEE CONTRACTOR	Policyholder NRIC	09527100K
Certificate No.					
Address	387 CHANGI ROAD SINGAPORE 419836				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy Issue Date	29/06/2018	Effective Date	12/07/2018 00:00	Expiry Date	11/07/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0.0	Own damage Excess	0.0	Windscreen Excess	0.0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	INCOME-CUSTOMER DEPT	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	387 CHANGI ROAD	Address 2	SINGAPORE 419836	Address 3	
Address 4		Address Type	Singapore address	Post Code	419836
Unit No.		Related Policy Number	5000415800-14		

Insured Object: GX5844P

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Exit

Accident MT/1035050

Policy No.	5000415800-14	Vehicle No.	GX5844P	GST Registration No.	
Certificate No.					
Policyholder Name	AH BEE CONTRACTOR			Policyholder NRIC	09527100K
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	(•) No ( ) Yes	TCA	(•) No ( ) Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	07/03/2019 17:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/03/2019	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES LINK				

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	387 CHANGI ROAD	Address 2	SINGAPORE 419836	Address 3	
Address 4		Address Type	Singapore address	Post Code	419836
Unit No.		Related Policy Number	5000415800-14		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LUA MYANG CHUA	Driver NRIC	S1185942I	Driver DOB	03/03/1955
Register Date of Driver License	23/11/1976	Driver Age	64	Driving Experience	42
Contact No.(Mobile)	96327833	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 96	Address 2	BEDOK NORTH AVENUE 4	Address 3	SINGAPORE 460096
Address 4		Address Type	Singapore address	Post Code	460096
Unit No.	06-1505				
Does he own a Singapore Registered car?	( ) Yes (•) No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	(•) Yes ( ) No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	AH BEE CONTRACTOR	Insured NRIC	09527100K
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67457108
Email Address		OI Vehicle Number	GX5844P	TP Vehicle Number	GBC638X
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	GX5844P / GBC638X ON 6 Mar 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/03/2019 17:45	Claim Close Date		Date Received	07/03/2019 00:00
Report Taken By	Jackson				

[x] Print AK letter

Save Submit

Attachment

Accident No.	MT/1035050	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	07/03/2019 17:49

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

Browse... Clear Please Select NO Normal

Browse... Clear Please Select NO Normal

Send Message Upload

▽ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 17:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 17:49	SAS	Normal	SAS 2019-3-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 17:48	Photos	Normal	Photos 2019-3-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 17:48	Photos	Normal	Photos 2019-3-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 17:48	Photos	Normal	Photos 2019-3-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 17:48	Photos	Normal	Photos 2019-3-7		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 17:45	Photos	Normal	Photos 2019-3-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 17:45	Photos	Normal	Photos 2019-3-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2019 17:45	Photos	Normal	Photos 2019-3-7		Edit

▽ Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window Scan and uploading