

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA11903267

Date In: 11/1/19-16:33	Job description	Date & Time Completed	Done by
Ref No: NA/INC19004411/24	SAS e-filing		
Veh No: 6BC5357	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 10/3/19 - 11:50	i-Motor Claim Form	M7/1035462-001	11/2/19 20:26
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: 5DC1884	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

NA190827	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Lat 1:	6) TR : Re-inspection \$75		
Lat 2/3:	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-on 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	11/03/2019 16:33
Date Of Accident	10/03/2019 11:50
Exact Location Of Accident	AMBER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC5393T
Insured/Policyholder	
Name Of Registered Owner	ERICOOL AIRCON & ENGINEERING PTE LTD
Co Reg No	199702086H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63520338

Vehicle Particulars

Manufacturer	CITROEN
Model	DISPATCH 2.0L FT10 MT ABS AB 2WD 6DR
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	THIRD PARTY
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	5096551473-01
Cover Note Number	

Driver

Name of Driver	TAY SIOW PHONG
NRIC No	S1684299J
Date Of Birth	23/04/1965
Occupation	OUTDOOR
Date Of Driving Pass	27/06/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91899478
Fax Number	
Contact Number	OFFICE-91899478
EMail Address	NOEMAIL

Address	BLK 866 TAMPINES STREET 83 #07-299
Postcode	520866
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	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	SDK1878Y
Vehicle Make/Model/Colour	VOLVO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	POH GEOK HEE
NRIC/Passport Number	S1581408Z
Contact Number	97874137
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.
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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.
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.

ERICCOOLAIR CON & ENGINEERING PTE LTD

10 Ubi Crescent #03-62

Ubi TechPark, Lobby D

Singapore 408504

Tel: 6352 0338 Fax: 6352 1918

Email: sales@ericcoolaircon.com

Website: www.ericcoolaircon.com

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

Amber Rd

A: 4BC1397T
B: SDK 18784

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

ERICOOOL DECLARATION

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

Ubi TechPark, Lobby D

Singapore 408564

Tel: 6352 0336 Fax: 6352 1918

Email: sales@ericoolaircon.com

Website: www.ericoolaircon.com

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, AS I WAS APPROACHING ROUNDABOUT, I WAS ABOUT TO STOP MY VEHICLE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 3 / 19) (DD/MM/YYYY), TIME: (11 : 50) (HH:MM)

LOCATION: Amber Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 68CJ3937
b) INSURANCE COMPANY: NTC
c) POLICY NUMBER:
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: Ericool Aircon & Engineering Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 9722866 CONTACT: 6352018
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tay Jiew Pheng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 516842997 CONTACT: 91899498
c) ADDRESS: 866 Tampines Street 83 #07-229 (52086)

*d) DATE OF BIRTH: (23 / 4 / 1965) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 22/6/2017

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

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: SDK18784 MODEL: W160
b) DRIVER'S NAME: Poh Heok Hee
c) NRIC/FIN/PASSPORT: 515814082 CONTACT: 97874137

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)
(1)

* No of passenger
(Including driver)
(1)

Email = SALES@ERICOLAIRCON.COM.SG

fax =

VIDEO =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1684299J**

Name **TAY SIOW PHONG**

Birth Date **23 Apr 1965**

Issue Date **27 Jun 2017**

002697854J

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1684299J**

Name **TAY SIOW PHONG**

郑绍鹏

Race **CHINESE**

Date of birth **23-04-1965**

Country/Place of birth **SINGAPORE**

Sex **M**

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 27 Jun 2017

NP 428A



5622825

NRIC No **S1684299J**

Date of issue **15-07-2016**

Address **APT BLK 866 TAMPINES STREET 83
#07-229
SINGAPORE 520866**

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 NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096551473-01		ERICOOOL AIRCON & ENGINEERING PTE LTD	199702086H	GCV	Comprehensive	GBC5393T	GBC5393T	13/12/2018	12/12/2019

Policy Information

Policy No.	5096551473-01	Policyholder Name	ERICOOL AIRCON & ENGINEERING	Policyholder NRIC	199702086H
Certificate No.					
Address	10 UBI CRESCENT #03-62 UBI TECHPARK SINGAPORE 408564				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	06/12/2018	Effective Date	13/12/2018 00:00	Expiry Date	12/12/2019 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			Young/Inexperience Driver Excess
Agent	TELESALES-DIRECT MARKETING	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	10 UBI CRESCENT	Address 2	#03-62 UBI TECHPARK	Address 3	SINGAPORE 408564
Address 4		Address Type	Singapore address	Post Code	408564
Unit No.		Related Policy Number	5096551473-01		

Insured Object: GBC5393T

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue Cancel</div>				

Claim Handling

Exit

Accident MT/1035467

Policy No.	5096551473-01	Vehicle No.	GBC5393T	GST Registration No.	
Certificate No.					
Policyholder Name	ERICCOOL AIRCON & ENGINEERING PTE LTD			Policyholder NRIC	199702086H
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	63520338	Contact No.(Home)	0
Email Address		Special Remark		eCode	TV
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

Accident Details

Report Date	11/03/2019 20:24	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	10/03/2019	Time of Accident hh:mm	11:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AMBER RD				

Excess

Own damage Excess	500.00	Additional Excess		Windscreen Excess	100.00
Uninsured 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	10 UBI CRESCENT	Address 2	#03-62 UBI TECHPARK	Address 3	SINGAPORE 408564
Address 4		Address Type	Singapore address	Post Code	408564
Unit No.		Related Policy Number	5096551473-01		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	23/04/1965
Unnamed driver Name	TAY SIOW PHONG	Driver NRIC	S1684299J	Driving Experience	1
Register Date of Driver License	27/05/2017	Driver Age	53	Contact No.(Home)	0
Contact No.(Mobile)	91899478	Contact No.(Office)	0	Address 3	TAMPINES VISTA
Address 1	BLK 866	Address 2	TAMPINES STREET 83	Post Code	520866
Address 4	SINGAPORE 520866	Address Type	Singapore address		
Unit No.	07-299				
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	ERICCOOL AIRCON & ENGINEERING	Insured NRIC	199702086H
Contact No.(Mobile)	NIL	Contact No.(Home)	NIL	Contact No.(Office)	63520338
Email Address	sales@ericcoolaircon.com	DI Vehicle Number	GBC5393T	TP Vehicle Number	SDK1878Y
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBC5393T / SDK1878Y ON 10 Mar 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	11/03/2019 20:26	Claim Close Date		Date Received	11/03/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1035467	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/03/2019 20:27

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	

<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" value=""/>
<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" value=""/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Mar 2019 20:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Mar 2019 20:27	SAS	Normal	SAS 2019-3-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Mar 2019 20:27	Photos	Normal	Photos 2019-3-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Mar 2019 20:27	Photos	Normal	Photos 2019-3-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Mar 2019 20:27	Photos	Normal	Photos 2019-3-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Mar 2019 20:27	Photos	Normal	Photos 2019-3-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Mar 2019 20:27	Photos	Normal	Photos 2019-3-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Mar 2019 20:27	Photos	Normal	Photos 2019-3-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Mar 2019 20:27	Photos	Normal	Photos 2019-3-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Mar 2019 20:27	Photos	Normal	Photos 2019-3-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Mar 2019 20:27	Photos	Normal	Photos 2019-3-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Mar 2019 20:27	Photos	Normal	Photos 2019-3-11		Edit

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"/>	