

NATIONAL Assessment Centre Services [wef 1 Jan 2005]			
Date In: 05/04/2019 13:28	Job description	Date & Time Completed	Done by
Ref No: NA/INC19006051/K4	SAS e-filing		
Veh No: GU 540SP	E-mail (within 8hrs, At 2hrs)		
D.O.A: 04/04/2019 12:30	i-Motor Claim Form	MT/1039053-001	6/4/19 09:15
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: WC 9478H	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

NA 1902470		Invoice Preparation Checklist		Am't (\$) In 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) TF: 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)			
Cat 1:		6) TR: Re-inspection \$75			
Cat 2/3:		7) NI: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		ON*			
		*N5: Courtesy Car / Tp 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 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	05/04/2019 13:28
Date Of Accident	04/04/2019 12:30
Exact Location Of Accident	KPE EXIT 9A TWDS JUNC OF TAMPINES ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GU5405P
Insured/Policyholder	
Name Of Registered Owner	SONG KWANG ELECTRIC SERVICE
Co Reg No	07098300C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94228779
Alternative Phone No	OFFICE-94228779
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORK
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
Fleet Policy	NO
Policy Number	0081544747-14
Cover Note Number	
Driver	
Name of Driver	CHAN WEI SIONG
Passport No/FIN	G7191946W
Date Of Birth	22/08/1979
Occupation	OUTDOOR
Date Of Driving Pass	14/11/2017
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94228779
Fax Number	
Contact Number	OTHERS-94228779
Email Address	NOEMAIL

Address	SONG KWANG ELECTRIC SERVICE
Postcode	
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?	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: : NIL 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

PLS REFER TO THE ATTACHED 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	WC9478H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SOWRIRAJULU KARUNAKARAN
NRIC/Passport Number	F8350083L
Contact Number	85157456
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.
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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.

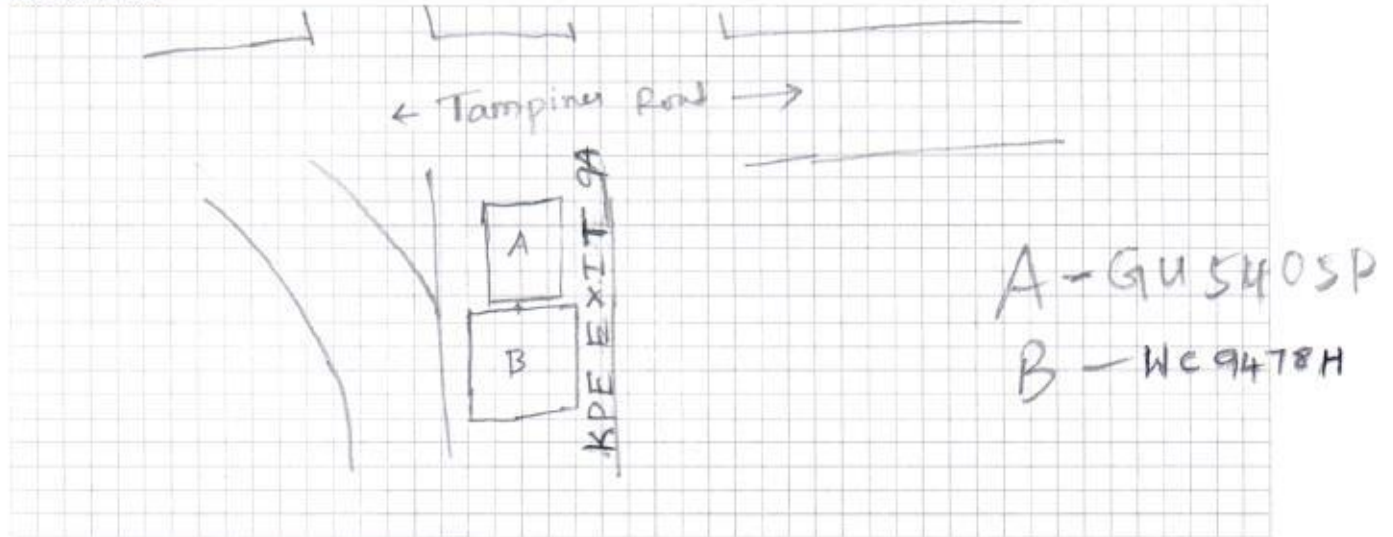
SONG KWANG ELECTRIC SERVICE

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

I am Chan wa sung, i am working in Song Kwang electric service. Yesterday (4-04-19) i was driving the company vehicle (NO - GU5405P) along the location of KPE EXIT 9A.

The vehicle 'B' (WC9478H) is ~~hitting~~ hitting back of my vehicle 'A', is ~~totally damaged~~ My vehicle back side is totally damaged.

DECLARATION

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

SONG KWANG ELECTRIC SERVICE

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.:

GU 5405P

Driver company

Song Kwang

松光電器服務
ELECTRIC SERVICE

Specialist in Repair & Sales:

TV, Video Recorders, Refrigerator, Washing Machine,
Air-Con (Air-Con Installation), Hi-Fi Stereo, TV Antenna
and Home Appliances.

修理及買賣電視，錄影機，雪櫃，洗衣機，冷氣機（包括
裝置），音響系統，裝置電視天線及家庭用品。

42 Lorong Low Koon Singapore 536452

Tel: 6282 0738 / 6284 4073 / 6383 9761 / 6383 9762

Fax: 6285 3141 Email: repair@songkwang.com

We Provide After Service Guarantee



Specialist in Repair & Sales of all Brands of : TV, Video Recorders, TV Antenna,
Refrigerator, Washing Machine, HiFi Stereo and Home Appliances.

*** SUPPLY AND INSTALL TV BRACKET ***

Working Hours: Monday - Friday 9.30am - 9.00pm • Saturday 9.30am - 6.00pm

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
SONG KWANG ELECTRIC SERVICE

Sector: SERVICE

Name
CHAN WEI SIONG

Occupation
ELECTRICAL HOUSEHOLD APPLIANCE REPAIRMAN

Work Permit No.
4 00960402

Date of Application
02-05-2013

Date of Issue
05-05-2017

Date of Expiry
05-05-2019

L7898606

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. G7191946W

CHAN WEI SIONG

Birth Date: 22 Aug 1979

Issue Date: 06 Dec 2016

Valid Till: 28/12/2021

002635893F

VISIT PASS
Immigration Regulations

Name
CHAN WEI SIONG

Date of Birth: 22-08-1979 **Sex:** M **Nationality:** MALAYSIAN

FIN: G7191946W **Date of Issue:** 05-05-2017 **Date of Expiry:** 05-05-2019

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(S):

Class	Motor Vehicle	EFFECTIVE DATE
Class 2B	Motor cycles <= 200 c.c.	25 Dec 2016
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors <= 2500 kg	14 Nov 2017

G7191946W **S / No. 9000303620**

NP 428A **License No: G7191946W**

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="04/04/2019 12:30"/>
Vehicle No.(For Motor)	<input type="text" value="GU5405P"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	0081544747-14		SONG KWANG ELECTRIC SERVICE	07098300C	GCV	Third Party	GU5405P	GU5405P	01/05/2018	30/04/2019

▼ Policy Information

Policy No.	0081544747-14	Policyholder Name	SONG KWANG ELECTRIC SERVICE	Policyholder NRIC	07098300C
Certificate No.					
Address	42 LORONG LOW KOON SINGAPORE 536452				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	10/04/2018	Effective Date	01/05/2018 00:00	Expiry Date	30/04/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	PEK CHEE KHEE LAWRENCE	Agent Tel.	67463438	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	42 LORONG LOW KOON	Address 2	SINGAPORE 536452	Address 3	
Address 4		Address Type	Singapore address	Post Code	536452
Unit No.		Related Policy Number	5017789191-12		

▶ Insured Object: GU5405P

▼ Endorsements

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

Claim Handling

Accident MT/1039053

Policy No.	0081544747-14	Vehicle No.	GU5405P	GST Registration No.
Certificate No.				
Policyholder Name	SONG KWANG ELECTRIC SERVICE			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	94228779	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	0	Private Hire

▼ Accident Details

Report Date	06/04/2019 09:10	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/04/2019	Time of Accident hh:mm	12:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	KPE EXIT 9A TWDS JUNC OF TAMPINES ROAD			

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

▼ Benefits

Coverage		Sum Insured	
PAB		99999999.99	

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/10/2012
GST Registration No.	M90370457C	GST Status Verified	Yes
Modification History	06/04/2019 09:12:55 System changed GST Registered from No to Yes 06/04/2019 09:12:55 System changed GST Registration No. from null to M90370457C 06/04/2019 09:12:55 System changed GST Registration Date from null to 01/10/2012		

▼ Policyholder Mailing Address

Address 1	42 LORONG LOW KOON	Address 2	SINGAPORE 536452	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5017789191-12	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	CHAN WEI SIONG	Driver NRIC	G7191946W	Driver DOB
Register Date of Driver License	14/11/2017	Driver Age	39	Driving Experience
Contact No.(Mobile)	94228779	Contact No.(Office)	0	Contact No.(Home)
Address 1	SONG KWANG ELECTRIC SERVICE	Address 2		Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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 OD-MX

New

Claim Type *	OD-MX	Insured Name	SONG KWANG ELECTRIC SERVICE
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OT Vehicle Number	GU5405P
Claim Description	GU5405P / WC9478H ON 4 Apr 2019		
Preferred Workshop		Insured Liability	Partially at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	06/04/2019 09:18
		Workshop Repairer	

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