

NATIONAL Assessment Centre Services.

part 1 Jan 2019

MA119045060

Done by

Date In: 8/14/19 10:05

Job description

Date & Time Completed

Ref No: MA119045060/6116164

SAS e-filing

Veh No: G00 2628 G.

E-mail (within 3hrs, AIC 2hrs)

D.O.A: 27/12/18 18:30

1-Motor Claim Form

MT/1036716-002

8/14/19 10:37

OD / TP: Reporting Only

1-Motor W/O (Within: OD 2hrs, TP 4hrs)

1-Photo Uploaded

Assessment/Survey Report

TP Insurer:

Ass'l Report by Fax / Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / GW: (

Tel:

Fax:

TP Particulars:

Veh No:

SJA 4008D

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 Refine: 6733/6616)

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

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2/3:

MA1902518

Invoice Preparation Checklist

Amount (\$)

Amount (\$)

1) AR: Accident Reporting (\$30)

30.00

2) DA: Damage Assessment (\$100)

INC (\$30)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (over 10 Jan 2005)

6) TR: Re-Inspection \$75

7) NI: Idas DA + SMCT Survey \$160

8) NTUC Additional Services:

Oil:

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Coordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

*N9: DV / Collect Excess Coordination \$20

9) NI2: Idas Mobile \$0

Invoice dated

Fax Charged

Invoice dated

Fax 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	08/04/2019 10:05
Date Of Accident	27/12/2018 18:30
Exact Location Of Accident	ALONG BUANGKOK E DR TWDS BUANGKOK DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2628G
Insured/Policyholder	
Name Of Registered Owner	THE SILVER HOME
Co Reg No	53142944W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96968558

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	AFTER 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073635565-03
Cover Note Number	-

Driver

Name of Driver	GUR CHUN EE
NRIC No	S7379479Z
Date Of Birth	14/02/1973
Occupation	INDOOR
Date Of Driving Pass	01/01/2004
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96968558
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 128B PUNGGOL FIELD WALK #10-353
Postcode	822128
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	NO COLLISION
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

I WAS TRAVELLING ALONG BUANGKOK EAST DR TWDS BUANGKOK DRIVE ON THE CENTER LANE LANE, SUDDENLY VEH B(BEARING NO SJA4008D) WHICH WAS INFRONT OF ME JAMMED BRAKE WITHOUT ANY REASON, I MANAGE TO BRAKE ON TIME. THEN I OVERTAKE HIM, WHILE APPROACHING A TRAFFIC JUNC, I STOP MY VEH DUE TO RED LIGHT, SUDDENLY VEH B DRIVER COME OUT FROM HIS VEH AND START TO CLAIMS I HIT ONTO HIS VEH, BUT MY VEH DON'T HAVE ANY CONTACT WITH HIS VEH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	OVERWRITE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJA4008D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
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) to comply with requirements under any regulations, laws or court orders.

The Silver Home
Co. Reg. No. 531429
9 Defu Lane 3. #1
Singapore
Mobile: 9799 3300
Fax: 9799 3300

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

Unable to provide sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

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

The Silver Home
Co. Reg. No. 53142944W
9 Delfi Lane 3, #01-17A
Singapore 539441
Mobile: +65 9696 8558
Fax: +65 6315 9590

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. S7379479Z



Name

GUR CHUN EE

Race

CHINESE

Date of birth

14-02-1973

Country/Place of birth

MALAYSIA

Sex

M



S7379479Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7379479Z

Name GUR CHUN EE

Birth Date 14 Feb 1973

Issue Date 29 Aug 2003

000785913A

9322079



NRIC No. S7379479Z



Nationality

MALAYSIAN

Date of issue

04-02-2014

Address

APT BLK 128B PUNGGOL FIELD WALK
#10-353
SINGAPORE 622128

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B Motorcycles not exceeding 250cc
Class 3 Motor Cars and Motor Tractors
which unladen does not exceed 2500 kilograms

PASS DATE

NP 473A



Licence no. S7379479Z

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="27/12/2018 10:03"/>
Vehicle No.(For Motor)	<input type="text" value="GBD2628G"/>	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"/>	5073635565-03		THE SILVER HOME	53142944W	GCV	Comprehensive	GBD2628G	GBD2628G	07/09/2018	24/08/2019

Claim Handling

Accident MT/1036716

Policy No.	5073635565-03	Vehicle No.	GBD2628G	GST Registration No.	
Certificate No.					
Policyholder Name	THE SILVER HOME			Policyholder NRIC	531429
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	Not available

▼ Accident Details

Report Date	20/03/2019 14:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	27/12/2018	Time of Accident hh:mm	18:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BUANGKOK EAST DRIVE				

▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
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	Yes
Modification History	21/03/2019 13:03:36 Carol Wan changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 128B #10-353	Address 2	PUNGOL FIELD WALK	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	822121
Unit No.	10-353	Related Policy Number	5073635565-03		

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	THE SILVER HOME
Contact No.(Mobile)	96968558	Contact No.(Home)	
Email Address		OI Vehicle Number	GBD2628G
Claim Description	GBD2628G / SJA4008D ON 27 Dec 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
CONSUMES No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	08/04/2019 10:36
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit



















Attachment

Accident No.	MT/1036716	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/04/2019 10:37
Path *		Category *	Please Select
Choose File	No file chosen	Confidential	NO
		Urgency *	Normal

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 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 08 Apr 2019 10:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 10:37	SAS	Normal	SAS 2019-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 10:37	Photos	Normal	Photos 2019-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 10:37	Photos	Normal	Photos 2019-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 10:36	Photos	Normal	Photos 2019-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 10:36	Photos	Normal	Photos 2019-4-8
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 10:36	Photos	Normal	Photos 2019-4-8

Video List

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