

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA1905196

Date In: 21/1/05 12:07	Job description	Date & Time Completed	Done by
Ref No: NA/NC/1905024/24	SAS e-filing		
Veh No: YP38263	E-mail (within 3hrs, AIC 2hrs)		
D.O.A 21/1/05 - 12:15	i-Motor Claim Form	M71038324-002	21/1/05 12:22
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:

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

NA 1902437

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Est. Bill

Am't (\$)

Adj. 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) RT: 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:-

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-in 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	22/04/2019 12:07
Date Of Accident	21/01/2019 12:15
Exact Location Of Accident	20 AMK IND PARK 2A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP3826J
Insured/Policyholder	
Name Of Registered Owner	SINTECH PLASTIC BLOWING PTE LTD
Co Reg No	199001755Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62441675

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FECX1HR4SDED
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102939627
Cover Note Number	

Driver

Name of Driver	NG PHUAY KIA
NRIC No	S1383588H
Date Of Birth	19/07/1959
Occupation	OUTDOOR
Date Of Driving Pass	22/01/1980
Driving Experience	38 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91441131
Fax Number	
Contact Number	OFFICE-91441131
Email Address	NOEMAIL

Address	BLK 848A TAMPINES STREET 81 #06-778
Postcode	521898
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	COLLIDED INTO PROPERTY
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	1
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: : - 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

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

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.

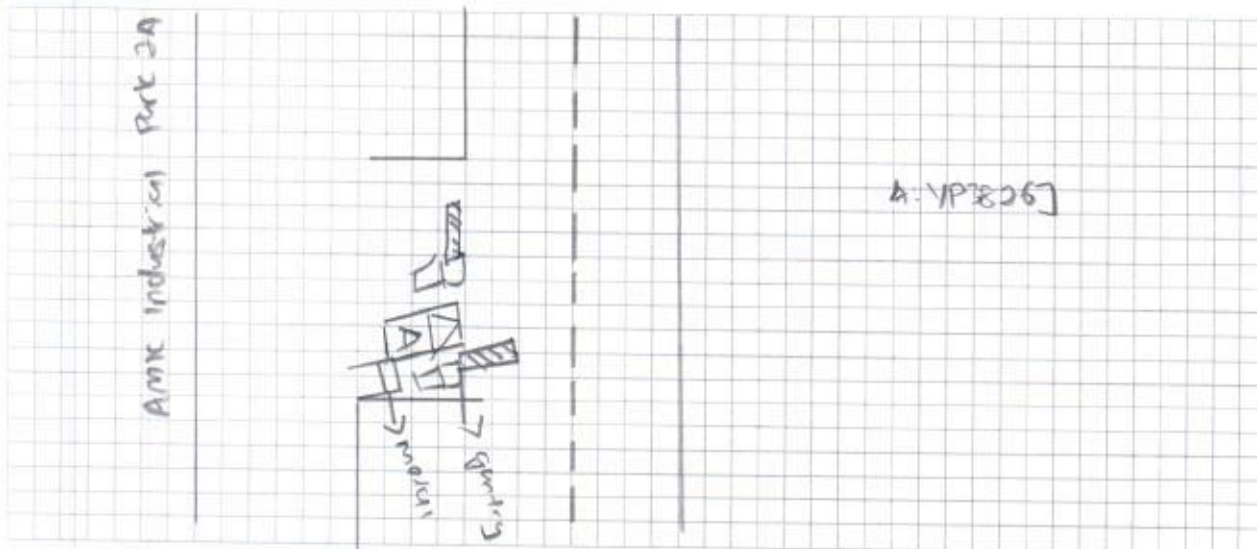


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.:

ON STATED DATE AND TIME, WHILE I WAS MAKING A RIGHT TURN AND MY VEHICLE ACCIDENTALLY SLIGHTLY GRAZED ONTO THE METAL.

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 1 / 19) (DD/MM/YYYY), TIME: (12 : 15) (HH:MM)

LOCATION: 20 Amk Ind Park 2A

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 4P3826J
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5102939627
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: 0
 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: Sintech Plastic Blowing Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 1990013532 CONTACT: 62441675
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ng Pheng Ison (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 91441131
 c) ADDRESS: Blk 8424 Tampines HDB 906-778 (521898)

*d) DATE OF BIRTH: (19 / 7 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21/1/1980

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

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: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
 (2)
 1 male.

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

Email =

fax =

video =

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1383588H**

Name: **NG PHUAY KIA**

Birth Date: **19 Jul 1959**

Issue Date: **17 May 2003**

1000489575C



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1383588H**

Name: **NG PHUAY KIA**

黄培加

Race: **CHINESE**

Date of Birth: **19-07-1959** Sex: **M**

Country of Birth: **SINGAPORE**




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	12 Mar 1977
Class 2A	Motorcycles between 201 cc and 400 cc	12 Mar 1977
Class 2	Motorcycles exceeding 400 cc	12 Mar 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	03 Sep 1960
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	22 Jan 1980
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7500 kilograms	20 Feb 1980

License No. **S1383588H**

RENEWED

1520581

S1383588H

APR 2004 TAMPAW STREET #01-002 780

SINGAPORE 121850

APC No: **S1383588H** Date: **06-06-1998** No: **2532607**

Class Group: **A+** Date of issue: **18-12-1993**



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 NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102939627		SINTECH PLASTIC BLOWING PTE LTD	199001755Z	GCV	Comprehensive	YP3826J	YP3826J	01/09/2018	31/08/2019

Claim Handling

Exit

Accident MT/1038324

Policy No.	S102939627	Vehicle No.	YP38263	GST Registration No.	M200925017
Certificate No.					
Policyholder Name	SINTECH PLASTIC BLOWING PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	1990017552
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available
Accident Details					
Report Date	01/04/2019 17:21	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	21/01/2019	Time of Accident hh:mm	12:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	20 Ang Mo Kio Industrial Park 2A				
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					
Coverage		Sum Insured	2500		
Accessory					
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/04/1994		
GST Registration No.	M200925017	GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address					
Address 1	S14 CHAI CHEE LANE	Address 2	#01-05	Address 3	SINGAPORE 469029
Address 4		Address Type	Singapore address	Post Code	469029
Unit No.		Related Policy Number	S102939627		
OT 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 type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002 New

Claim Type *	CD-HX	Insured Name	SINTECH PLASTIC BLOWING PT	Insured NRIC	1990017552
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	62441679
Email Address		OT Vehicle Number	YP38263	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	YP38263 ON 21 Jan 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/04/2019 12:20	Claim Close Date		Date Received	22/04/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1038324	Claim No.	002																														
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/04/2019 12:21																														
<table border="1"> <thead> <tr> <th>Path *</th> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> </tbody> </table>				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	
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																														

Upload Photo

Browse...
Clear
Please Select
1/0
Normal

☐ Send Message
 Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Apr 2019 12:21	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Apr 2019 12:21	SAS	Normal	SAS 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Apr 2019 12:21	Photos	Normal	Photos 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Apr 2019 12:21	Photos	Normal	Photos 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Apr 2019 12:21	Photos	Normal	Photos 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Apr 2019 12:20	Photos	Normal	Photos 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Apr 2019 12:20	Photos	Normal	Photos 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Apr 2019 12:20	Photos	Normal	Photos 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Apr 2019 12:20	Photos	Normal	Photos 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Apr 2019 12:20	Photos	Normal	Photos 2019-4-22		Edit

Video List

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