

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MHA19052427

Date In: 23/4/19 - 13:05	Job description	Date & Time Completed	Done by
Ref No: NA/INC1905102124	SAS e-filing		
Veh No: GBE14715	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 21/4/19 - 14:00	i-Motor Claim Form	M71041349-001	23/4/19 14:47
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: JM307D

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 1902960

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

Add Bill

Claimant's Particulars:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

Driver/Owner:

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

4) FT: Follow-Through Survey \$120

Contact No:

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

For claiming against INC Only (wef 10 Jan 2005)

Damaged Portion:

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QC Checked by (Engr-In-Charge):

OP*

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

Auditors' Comments:-

TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile 30

Cat 1:

Cat 2 / 3:

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	23/04/2019 13:05
Date Of Accident	21/04/2019 14:00
Exact Location Of Accident	TERMINAL 1 DEPARTURE HALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1471S
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Insured/Policyholder

Name Of Registered Owner	WONDERFUL (M&E) ENGINEERING PTE LTD
Co Reg No	201231179D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CITAN 109 CDI VAN EXTRA-LONG - 2 SEATERS
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	5084199972-02
Cover Note Number	

Driver

Name of Driver	HE GUANGCHUN
NRIC No	S2728067F
Date Of Birth	01/05/1964
Occupation	OUTDOOR
Date Of Driving Pass	21/08/1997
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98236795
Fax Number	
Contact Number	OFFICE-98236795
EMail Address	NOEMAIL

Address	BLK 146 PASIR RIS STREET 11 #11-59
Postcode	510146
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	SIDE SWIPE
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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ALONG THE STATED VENUE WHILE MY VEHICLE LEFT DOOR WAS OPENED. SUDDENLY VEHICLE B SIDE SWIPED MY VEHICLE DOOR AREA.

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	SMJ817D
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)	1

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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.

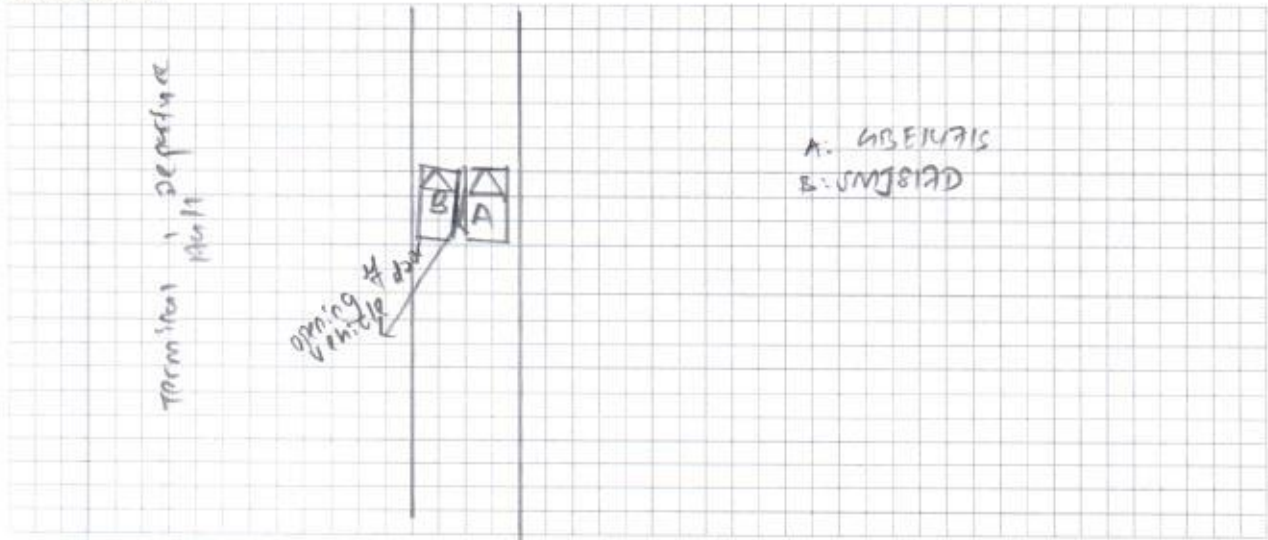


Policyholder's Signature
Date & Time:

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2728067F



Name
HE GUANGCHUN
何光春

Race
CHINESE

Date of birth
01-05-1964

Country/Place of birth
CHINA

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S2728067F
Name
HE GUANGCHUN

Birth Date: 01 May 1964
Issue Date: 02 Dec 2004



9420481



C No S2728067F



Nationality
CHINESE

Date of issue
19-09-2016


Address
APT BLK 146 PASIR RIS STREET 11
#11-59
SINGAPORE 510146

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

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors / vehicles \leq 2500 kg

PASS DATE
21 Aug 1997

NP 428A



Licence No: S2728067F

eBaoTech

GeneralClaim

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="21/04/2019 14:00"/>
Vehicle No. (For Motor)	<input type="text" value="GBE1471S"/>	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"/>	5084199972-02		WONDERFUL (M&E) ENGINEERING PTE LTD	201231179D	GCV	Comprehensive	GBE1471S	GBE1471S	25/09/2018	20/09/2019

Policy Information

Policy No.	5084199972-02	Policyholder Name	WONDERFUL (M&E) ENGINEERING	Policyholder NRIC	201231179D
Certificate No.					
Address	5 MANDAI LINK #09-03 MANDAI FOODLINK SINGAPORE 728654				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	25/09/2018	Effective Date	25/09/2018 00:00	Expiry Date	20/09/2019 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	VICOM LTD	Agent Tel.	66975221	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	5 MANDAI LINK	Address 2	#09-03 MANDAI FOODLINK	Address 3	SINGAPORE 728654
Address 4		Address Type	Singapore address	Post Code	728654
Unit No.		Related Policy Number	5084199972-02		

Insured Object: GBE14715

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	25/09/2018 00:00	NCD Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We would like to inform you that from 25 Sep 2018, you are entitled to 20% NCD under your policy. In view of your NCD entitlement, a cheque refund of \$179.57 (inclusive of GST) will be mailed to you.

Continue

Cancel

Claim Handling

Exit

Accident MT/1041349

Policy No.	5084199972-02	Vehicle No.	GBE1471S	GST Registration No.	201231179D
Certificate No.					
Policyholder Name	WONDERFUL (M&E) ENGINEERING PTE LTD			Policyholder NRIC	201231179D
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address				eCode	
KPI	<input checked="" type="radio"/> No <input type="radio"/> Yes	Special Remark		eCode Reason	
NCD Protection	No	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	Private Hire	No
		NCD Entitlement(%)	20		

Accident Details

Report Date	23/04/2019 14:16	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	21/04/2019	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre				ICM No.	
Accident Location	TERMINAL 1 DEPARTURE HALL				

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	Yes	GST Registration Date	11/04/2013
GST Registration No.	201231179D	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	5 MANDAI LINK	Address 2	#09-03 MANDAI FOODLINK	Address 3	SINGAPORE 728654
Address 4		Address Type	Singapore address	Post Code	728654
Unit No.		Related Policy Number	5084199972-02		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/05/1964
Unnamed driver Name	HE GUANGCHUN	Driver NRIC	S2720067F	Driving Experience	21
Register Date of Driver License	21/08/1997	Driver Age	54	Contact No.(Home)	0
Contact No.(Mobile)	98236795	Contact No.(Office)	0	Address 3	SINGAPORE S10146
Address 1	BLK 146	Address 2	PASIR RIS STREET 11	Post Code	S10146
Address 4		Address Type	Singapore address		
Unit No.	11-59				
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	WONDERFUL (M&E) ENGINEERING	Insured NRIC	201231179D
Contact No.(Mobile)	98809314	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBE1471S	TP Vehicle Number	SM0817D
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBE1471S / SM0817D ON 21 Apr 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	23/04/2019 14:47	Claim Close Date		Date Received	23/04/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

MT/1041349

Accident No.


Last Doc. Received ☒ Yes ☐ No

Claim No. 001

Upload Date 23/04/2019 14:50

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	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Apr 2019 14:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Apr 2019 14:47	SAS	Normal	SAS 2019-4-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Apr 2019 14:47	Photos	Normal	Photos 2019-4-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Apr 2019 14:47	Photos	Normal	Photos 2019-4-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Apr 2019 14:47	Photos	Normal	Photos 2019-4-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Apr 2019 14:47	Photos	Normal	Photos 2019-4-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Apr 2019 14:47	Photos	Normal	Photos 2019-4-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Apr 2019 14:47	Photos	Normal	Photos 2019-4-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Apr 2019 14:47	Photos	Normal	Photos 2019-4-23		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"/>				