

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MND 11905046

Date In: 24/4/19 - 15:44	Job description	Date & Time Completed	Done by
Ref No: NA 111114 22 755/124	SAS e-filing		
Veh No: 4N19699E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 27/4/19 - 04:12	I-Motor Claim Form	M7/1042241 - 002	24/4/19 12:33
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: Vch 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 1923134	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) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: 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'n INC) against INC \$20		
	9) N12: Idac Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 2/3:			

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	29/04/2019 13:49
Date Of Accident	27/04/2019 04:10
Exact Location Of Accident	UPP HOKKIEN ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9699E
Insured/Policyholder	
Name Of Registered Owner	SIN KIAN CHAI FOWLS DISTRIBUTOR
Co Reg No	40100100L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96708559
Alternative Phone No	OFFICE-96708559

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB (CBU)
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	5076527097-03
Cover Note Number	

Driver

Name of Driver	NG WILLIAM
NRIC No	S1613800B
Date Of Birth	26/08/1963
Occupation	OUTDOOR
Date Of Driving Pass	02/10/1996
Driving Experience	22 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90162617
Fax Number	
Contact Number	OFFICE-90162617
EMail Address	NOEMAIL

Address	BLK 601 ANG MO KIO AVENUE 5 #03-2617
Postcode	560601
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	NO COLLISION
Weather Conditions	RAINING
Road Surface	WET

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?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190427/2027. I WISH TO STATE THAT THERE WAS ONLY ONE SINGLE LANE.

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

No sketch plan provide.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - TH2190427/2027.

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.:



SINGAPORE POLICE FORCE



T/20190427/2027

1 of 3

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20190427/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2019 05:56	Vide Report No.: A/20190427/0079	Station Diary No.: 41
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: NG WILLIAM			Address: APT BLK 601 ANG MO KIO AVENUE 5 #03-2617 SINGAPORE 560601		
ID Type / ID No.: NRIC NO / S1613800B			Contact No.: Home/Office: Mobile: 90162617		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 26/08/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: Yes	Date/Time of Accident: 27/04/2019 04:10	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 HOKKIEN STREET EU TONG SEN STREET				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit: 20 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLQ1619C	Car				Slightly Damaged	0
YN9699E	Lorry				No Damage	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL		



**SINGAPORE
POLICE FORCE**



T/20190427/2027

2 of 3

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20190427/2027

CONTINUATION OF REPORT

Driver			
Name	Lin Yujie	ID No.	S8925396I
Related Vehicle	SLQ1619C (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NG WILLIAM	ID No.	S1613800B
Related Vehicle	YN9699E (Lorry)	Contact No.	90162617
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 27th of April, I was driving my Lorry YN9699E on the left lane of Upper Hokkien street on a 2 way road. As I was driving straight, I wanted to stop my vehicle to unload items from the vehicle. I reversed my vehicle to unload my items from my vehicle. 1 other subject driving SLQ1619C approached me and told me that I had hit onto his vehicle. I told him I did not hit his vehicle. Asi was conversing with him, he smelt of alcohol. He challenged me to call the police. He requested for exchange of particulars. As I took out my hand phone to call the police, the other driver took his ID and fled the scene. That is all.



**SINGAPORE
POLICE FORCE**



T/20190427/2027

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

3 of 3

Report No. T/20190427/2027

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
A /
Staff Sgt LETCHUMANAN PUVANESWRAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476394

Authentication Stamp
NP168



Singapore Police

Signature Of Informant:

Date/Time:
27/04/2019 05:56

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S161330**

Name **NG WILLIAM**

Birth Date: **26 Aug 1963**

Issue Date: **30 Sep 2005**

001371555H



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1613800B**

Name **NG WILLIAM**

黄威廉

Race **CHINESE**

Date of birth **26-08-1963**

Country/Place of birth **SINGAPORE**

Sex **M**




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

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

PASS DATE **02 Oct 1996**

NP 426A

Licence No. **S161330001**



6071100

NRIC No. **S1613800B**

Date of issue **24-11-2018**

Address **APT BLK 601 ANG MO KIO AVENUE 5
#03-2617
SINGAPORE 560601**



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="27/04/2019 04:10"/>
Vehicle No. (For Motor)	<input type="text" value="YN9699E"/>	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"/>	5076527097-03		SIN KIAN CHAI FOWLS DISTRIBUTOR	40100100L	GCV	Comprehensive	YN9699E	YN9699E	18/12/2018	17/12/2019

Claim Handling

Exit

Accident MT/1042241

Policy No.	S076527097-03	Vehicle No.	YN9699E	GST Registration No.	M90010214P
Certificate No.					
Policyholder Name	SIN KIAN CHAI FOWLS DISTRIBUTOR			Policyholder NRIC	40100100L
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96708559	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	TE
KPI	<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	29/04/2019 17:59	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	27/04/2019	Time of Accident hh:mm	04:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP HOKKIEEN ST				

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	01/10/2005
GST Registration No.	M90010214P	GST Status Verified	Yes
Modification History	29/04/2019 18:02:17 System changed GST Registered from No to Yes 29/04/2019 18:02:17 System changed GST Registration No. from null to M90010214P 29/04/2019 18:02:17 System changed GST Registration Date from null to 01/10/2005		

Policyholder Mailing Address

Address 1	BLK 212 #11-291	Address 2	JURONG EAST STREET 21	Address 3	SINGAPORE 600212
Address 4		Address Type	Singapore address	Post Code	600212
Unit No.		Related Policy Number	S071277476-04		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NG WILLIAM	Driver NRIC	S1613800B	Driver DOB	26/08/1963
Register Date of Driver License	02/10/1996	Driver Age	55	Driving Experience	22
Contact No.(Mobile)	90162617	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 601 #03-2617	Address 2	ANG MO KIO AVENUE 5	Address 3	Y30 CHU KANG GREEN
Address 4	SINGAPORE 560601	Address Type	Singapore address	Post Code	560601
Unit No.	03-2617				
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
-------------------------------------	------	-------------	---

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	SIN KIAN CHAI FOWLS DISTRIBUTOR	Insured NRIC	40100100L
Contact No.(Mobile)	96708559	Contact No.(Home)		Contact No.(Office)	65630572
Email Address		OT Vehicle Number	YN9699E	TP Vehicle Number	
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NRIC *			
Claimant Address					
Claim Description	YN9699E ON 27 Apr 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	29/04/2019 20:33	Claim Close Date		Date Received	29/04/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1042241	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/04/2019 20:34

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...

Browse...

Clear

Clear

Please Select

Please Select

TO

TO

Normal

Normal

message 0/10

Clear

Clear

Please Select

Please Select

TO













TO

Normal

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) CES) on 29 Apr 2019 20:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Apr 2019 20:34	SAS	Normal	SAS 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Apr 2019 20:34	Photos	Normal	Photos 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Apr 2019 20:34	Photos	Normal	Photos 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Apr 2019 20:34	Photos	Normal	Photos 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Apr 2019 20:34	Photos	Normal	Photos 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Apr 2019 20:33	Photos	Normal	Photos 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Apr 2019 20:33	Photos	Normal	Photos 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Apr 2019 20:33	Photos	Normal	Photos 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Apr 2019 20:33	Photos	Normal	Photos 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Apr 2019 20:33	Photos	Normal	Photos 2019-4-29		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 29 Apr 2019 20:33	Photos	Normal	Photos 2019-4-29		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: space-around; margin-top: 5px;"> Display in New Window Scan and uploading </div>				