

# NATIONAL Assessment Centre Services

Date In: 09/05/2019 12:53	Job description	Date & Time Completed	Done by
Ref No: NA/INC19008182 E4	SAS e-filing		
Veh No: GBB9560G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/05/2019 11:15	i-Motor Claim Form	MT/1043879-001	10/5/19 1303
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: SLK 5351D	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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

## Injury :

Date/Time	Actions

NA1903293	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
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) 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 (Non 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	09/05/2019 12:53
Date Of Accident	09/05/2019 11:15
Exact Location Of Accident	BLK 532 ANG MO KIO AVE 10 (S560532)CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB9560G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WISELY AUTOMOBILE PTE LTD
Co Reg No	201512485G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97713161
Alternative Phone No	OFFICE-97713161

### Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO CARGO 1.3MJ
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	THIRD PARTY
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	5105788319
Cover Note Number	

### Driver

Name of Driver	SIM CHEE KEONG (SHEN ZHIQIANG)
NRIC No	S7434983H
Date Of Birth	22/10/1974
Occupation	INDOOR
Date Of Driving Pass	17/08/1994
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97713161
Fax Number	
Contact Number	OTHERS-97713161
Email Address	NOEMAIL

Address	BLK 122C SENGKANG EAST WAY #08-35
Postcode	543122
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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)	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

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	SLK5351D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN KAH LIM
NRIC/Passport Number	S0545785H
Contact Number	96750285
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



SKETCH PLANIMPORTANT 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.:





REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7434983H



Name  
**SIM CHEE KEONG**  
(SHEN ZHIQIANG)  
**沈子强**

Race  
**CHINESE**

Date of birth  
**22-10-1974**

Sex  
**M**

Country of birth  
**SINGAPORE**




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7434983H**

Name  
**SIM CHEE KEONG**  
(SHEN ZHIQIANG)

Birth Date **22 Oct 1974**

Issue Date **21 May 2003**




3717591



NRIC No. **S7434983H**



Date of issue  
**24-05-2005**

APT BLK 122C SENGKANG EAST WAY #08-35  
SINGAPORE 643122

NRIC No: **S7334983H** Date: **23/12/2014**

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	30 Apr 1991
Class 2A Motorcycles between 201 cc and 400 cc	16 Jul 1992
Class 2 Motorcycles exceeding 400 cc	13 Oct 1993
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Aug 1994
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	08 Aug 1997
Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	18 Nov 1997

Licence No: **S7434983H**

NP428A



Company : Fax: 62542196

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 checked="" type="radio"/>	5105788319		WISELY AUTOMOBILE PTE LTD	201512485G	GFT	Third Party	GBB9560G	GBB9560G	02/04/2019	

## ▼ Policy Information

Policy No.	5105788319	Policyholder Name	WISELY AUTOMOBILE PTE LTD	Policyholder NRIC	201512485G
Certificate No.					
Address	237 PANDAN LOOP #07-02 WESTECH BUILDING SINGAPORE 128424				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	23/11/2018	Effective Date	23/11/2018 00:00	Expiry Date	22/11/2019 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	237 PANDAN LOOP	Address 2	#07-02 WESTECH BUILDING	Address 3	SINGAPORE 128424
Address 4		Address Type	Singapore address	Post Code	128424
Unit No.	07-02	Related Policy Number	5071590090-04		

▶ Insured Object: GBB9560G

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	23/11/2018 00:00	Basic Information Endorsement	000001287040194	Endorsement Take Effective	Memo B
2	02/04/2019 00:00	Basic Information Endorsement	000001287040271	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBB9560G 02-04-2019 \$776.33 In view of this amendment, an additional premium of \$776.33(Inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque.



## Claim Handling

Accident MT/1043879

Policy No.	5105788319	Vehicle No.	GBB9560G	GST Registration No.
Certificate No.				
Policyholder Name	WISELY AUTOMOBILE PTE LTD			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	97713161	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	10/05/2019 12:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/05/2019	Time of Accident hh:mm	11:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 532 ANG MO KIO AVE 10 (S\$60532)CARPARK			

## ▼ Excess

Own damage Excess	0.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	1,500.00	Outside Singapore TP Excess	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/06/2015
GST Registration No.	201512485G	GST Status Verified	Yes
Modification History	10/05/2019 12:56:52 System changed GST Registered from No to Yes 10/05/2019 12:56:52 System changed GST Registration No. from null to 201512485G 10/05/2019 12:56:52 System changed GST Registration Date from null to 01/06/2015		

## ▼ Policyholder Mailing Address

Address 1	237 PANDAN LOOP	Address 2	#07-02 WESTECH BUILDING	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-02	Related Policy Number	S071590090-04	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	SIM CHEE KEONG (SHEN ZHIQI)	Driver NRIC	S7434983H	Driving Experience
Register Date of Driver License	17/08/1994	Driver Age	44	Contact No.(Home)
Contact No.(Mobile)	97713161	Contact No.(Office)	0	Address 3
Address 1	BLK 122C #	Address 2	SENGKANG EAST WAY	Post Code
Address 4	SINGAPORE 543122	Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com.

## 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	WISELY
Contact No.(Mobile)	96888305	Contact No. (Home)	
Email Address		Vehicle Number	GBB9560G
Claim Description	GBB9560G / SLK5351D ON 9 May 2019		
Preferred Workshop	Preferred	Insured Liability	Partially at Fault
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	10/05/2019 13:03
Print AK letter		Workshop Repairer	

Save Submit

## Attachment



Accident No. MT/1043879 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 10/05/2019 12:58

Path \*

Choose File No file chosen

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Message Read

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Category \*

Confidential

Please Select NO

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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2019 13:03	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2019 13:01	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2019 13:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2019 13:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2019 13:01	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2019 12:58	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2019 12:58	Photos	Normal	Photos