

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA11906393

Date In: 16/1/19-16:27	Job description	Date & Time Completed	Done by
Ref No: NA/INC19208738/24	SAS e-filing		
Veh No: 60J 4594A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/1/19-15:40	i-Motor Claim Form	M711044884-001	16/1/19 16:52
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: 60J 47382	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

NA11903692	Invoice Preparation Checklist	Am't (\$) Est 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) TP: 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)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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	16/05/2019 16:37
Date Of Accident	15/05/2019 15:40
Exact Location Of Accident	BLK 75A REDHILL RD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4594A
Insured/Policyholder	
Name Of Registered Owner	IMPERIAL DOOR PTE LTD
Co Reg No	201812358W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98556811
Alternative Phone No	OFFICE-98556811

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
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	5108964786
Cover Note Number	

Driver

Name of Driver	WANG SHANCHENG
Passport No/FIN	G8364623W
Date Of Birth	06/01/1988
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2016
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90591878
Fax Number	
Contact Number	OFFICE-90591878
Email Address	NOEMAIL

Address	71 WOODLANDS INDUSTRIAL PARK E9 #03-11A WAVE9
Postcode	757048
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

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG7778Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHUA SOON PENG
NRIC/Passport Number	S1684130G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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

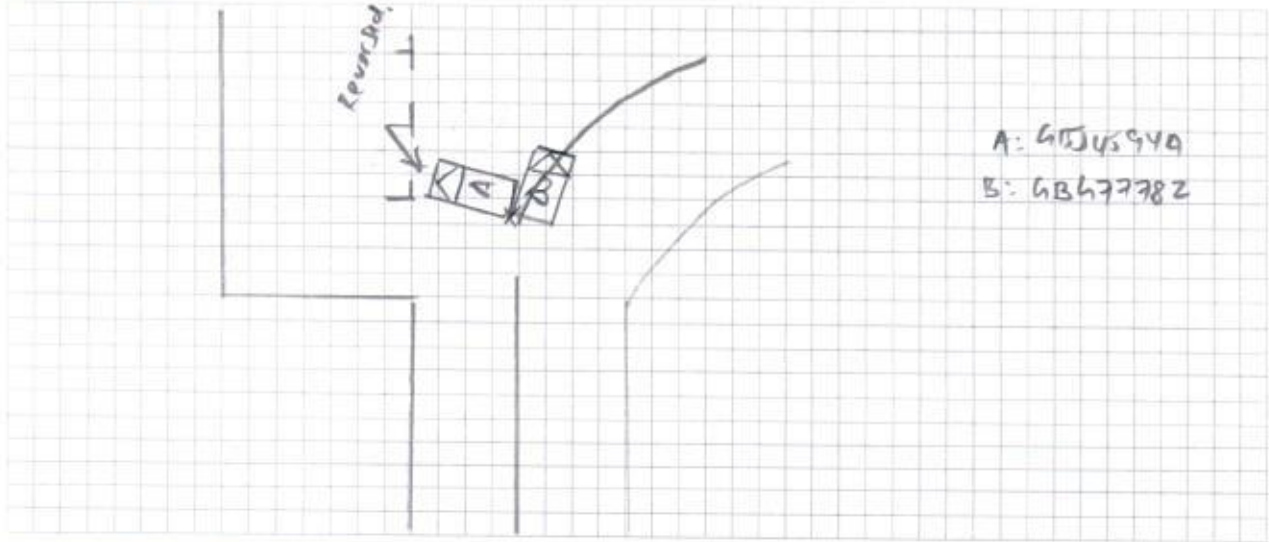


Policyholder's Signature
Date & Time:

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, I WAS REVERSING MY VEHICLE OUT OF THE CARPARK LOT. SUDDENLY VEHILCE B TRAVELLING VERY FAST IN BETWEEN OF 2 LANES. AS A RESULT, VEHICLE B REAR LEFT PORTION HIT ONTO MY VEHICLE REAR LEFT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 5 / 19) (DD/MM/YYYY). TIME: (16:00) (HH:MM)

LOCATION: Blk 75A Redhill Rd open space carpark.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 6034594
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5128904786
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 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: Imperial 2000 He Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201612358W CONTACT: 98556811
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wang Jiancheng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 68504623W CONTACT: 90591878
 c) ADDRESS: 71 Woodlands Industrial Park E9 #03-11A Wave 9. (757048)

*d) DATE OF BIRTH: (6 / 1 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 29/2/2016

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

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: 68677782 MODEL:
 b) DRIVER'S NAME: Chen Jian Ping
 c) NRIC/FIN/PASSPORT: 516841306 CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passenger
 (Including driver)
 (1)

* No of passenger
 (Including driver)
 (1)

* No of passenger
 (Including driver)
 ()


Email = doorimperial@gmail.com

fax =

VIDEO =




WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
FOOK LIM CONSTRUCTION PTE. LTD.



Name
WANG SHANCHENG

Work Permit No. Sector
0 72582632 CONSTRUCTION

K0239708

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G 8364623 W**
Normal

WANG SHANCHENG

Birth Date: **06 Jan 1988**
Issue Date: **02 Jul 2015**
Valid Till **01/07/2020**



SG 50

VISIT PASS
Immigration Regulations 04-04-2016

Name
WANG SHANCHENG

Download SGWorkPass App to check status



FIN
G8364623W

Date of Birth Sex
06-01-1988 M

Nationality
CHINESE

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.




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


		EFFECTIVE DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	02 Jul 2015
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	20 Feb 2016

G8364623W

S / No. 9000260407

NP 428A

Licence No: **G8364623W**



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 checked="" type="radio"/>	5108964786		IMPERIAL DOOR PTE LTD	201812358W	GCV	Preferred Workshop Plan	GBJ4594A	GBJ4594A	25/04/2019	24/04/2020

Policy Information

Policy No.	5108964786	Policyholder Name	IMPERIAL DOOR PTE LTD	Policyholder NRIC	201812358W
Certificate No.					
Address	71 WOODLANDS INDUSTRIAL PARK E9 #03-11A WAVE9 SINGAPORE 757048				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan			Group Policy Flag	N
Policy Issue Date	23/04/2019	Effective Date	25/04/2019 00:00	Expiry Date	24/04/2020 23:59
Excess Type	Per Accident	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	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	71 WOODLANDS INDUSTRIAL P	Address 2	#03-11A WAVE9	Address 3	SINGAPORE 757048
Address 4		Address Type	Singapore address	Post Code	757048
Unit No.	03-11A	Related Policy Number	5108964786		

Insured Object: GBJ4594A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	25/04/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 25 Apr 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: ABWIN PTE LTD CHASSIS NUMBER: JTFHT02P700249083 ENGINE NUMBER: 1KD2853373 VEHICLE REGISTRATION NUMBER: GBJ4594A ORIGINAL REGISTRATION DATE: 25 Apr 2019

Continue

Cancel

Claim Handling

Exit

Accident MT/1044884

Policy No.	5108954786	Vehicle No.	GBJ4594A	GST Registration No.	
Certificate No.					
Policyholder Name	IMPERIAL DOOR PTE LTD			Policyholder NRIC	201812358W
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Leading	0
Contact No.(Mobile)	98556811	Contact No.(Office)	0	Contact No.(Home)	0
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	No
Accident Details					
Report Date	16/05/2019 16:50	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	15/05/2019	Time of Accident hh:mm	15:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 75A REDHILL RD OPEN SPACE CARPARK				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable		Total TP Excess Applicable			

Benefits	
GST Registered Information	
GST Registered	No
GST Registration No.	
Modification History	16/05/2019 16:51:51 System changed GST Status Verified from No to Yes
GST Registration Date	
GST Status Verified	Yes

Policyholder Mailing Address					
Address 1	71 WOODLANDS INDUSTRIAL P	Address 2	#03-11A WAVE9	Address 3	SINGAPORE 757048
Address 4		Address Type	Singapore address	Post Code	757048
Unit No.	03-11A	Related Policy Number	5108954786		

OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WANG SHANCHENG	Driver NRIC	GB364623W	Driver DOB	06/01/1988
Register Date of Driver License	20/02/2016	Driver Age	31	Driving Experience	3
Contact No.(Mobile)	90591878	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	71 WOODLANDS INDUSTRIAL P	Address 2	WAVE9	Address 3	SINGAPORE 757048
Address 4		Address Type	Singapore address	Post Code	757048
Unit No.	03-11A				
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 001 New

Claim Type *	OD-MX	Insured Name	IMPERIAL DOOR PTE LTD	Insured NRIC	201812358W
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OT Vehicle Number	GBJ4594A	TP Vehicle Number	GBG7778Z
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBJ4594A / GBG7778Z ON 15 May 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	16/05/2019 16:52	Claim Close Date		Date Received	16/05/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					





Save Submit

Attachment					
Accident No.	MT/1044884	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/05/2019 16:53		
Path *		Category *		Confidential	Urgency *

Browse...	Clear	Please Select	ND	Normal
Browse...	Clear	Please Select	ND	Normal
Browse...	Clear	Please Select	ND	Normal
Browse...	Clear	Please Select	ND	Normal
Browse...	Clear	Please Select	ND	Normal

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 May 2019 16:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 May 2019 16:52	SAS	Normal	SAS 2019-5-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 May 2019 16:52	Photos	Normal	Photos 2019-5-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 May 2019 16:52	Photos	Normal	Photos 2019-5-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 May 2019 16:52	Photos	Normal	Photos 2019-5-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 May 2019 16:52	Photos	Normal	Photos 2019-5-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 May 2019 16:52	Photos	Normal	Photos 2019-5-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 May 2019 16:52	Photos	Normal	Photos 2019-5-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 May 2019 16:52	Photos	Normal	Photos 2019-5-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 May 2019 16:52	Photos	Normal	Photos 2019-5-16		Edit

Video List

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