

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MHA1907094

Date In: 10/6/19-12:05	Job description	Date & Time Completed	Done by
Ref No: HA/INC1907094/24	SAS e-filing		
Veh No: JKP29864	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 10/6/19 21:00	i-Motor Claim Form	M7/1048232-201	10/6/19 12:24
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: SX0570A

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:-

(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

HA1904431

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est. Bill

Add. 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) 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 / Tpl 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	10/06/2019 12:05
Date Of Accident	08/06/2019 21:00
Exact Location Of Accident	HOUGANG AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT2986G
Insured/Policyholder	
Name Of Registered Owner	U.T. HARDWARE TRADING
Co Reg No	51245500K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96193133
Alternative Phone No	OFFICE-96193133

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 200CGI
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5085097860-02
Cover Note Number	

Driver

Name of Driver	SEOW LYE CHUAN
NRIC No	S1195388C
Date Of Birth	14/09/1956
Occupation	OUTDOOR
Date Of Driving Pass	13/09/1974
Driving Experience	44 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96193133
Fax Number	
Contact Number	OFFICE-96193133
EMail Address	NOEMAIL

Address	BLK 45 LORONG 5 TOA PAYOH #04-143
Postcode	310045
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

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, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY GRAZED ONTO VEHICLE B REAR PORTION.

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	SLX8570A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ENG SU CHEN (WENG SHUZHEN)
NRIC/Passport Number	S8016768G
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

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.

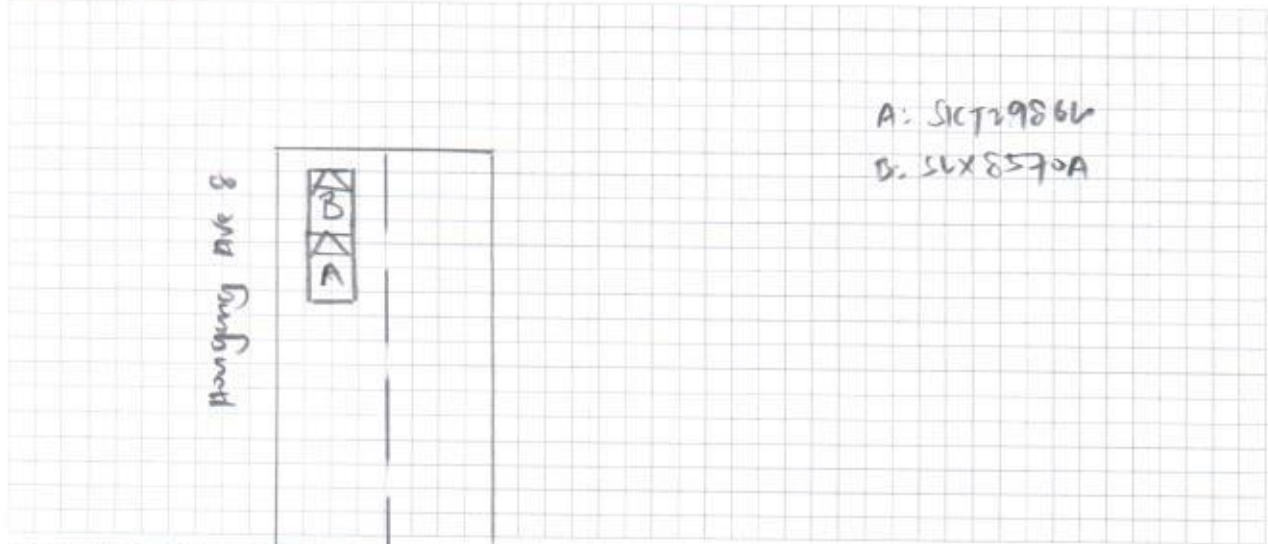


Policyholder's Signature
Date & Time:

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: S1195388C
 Name: SEOW LYE CHUAN
 Birth Date: 14 Sep 1956
 Issue Date: 19 Aug 2003

1000756394F

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE


 IDENTITY CARD NO. S1195388C
 Name: SEOW LYE CHUAN
 蕭來泉
 Race: CHINESE
 Date of Birth: 14-09-1956
 Sex: M
 Country of Birth: SINGAPORE

For LKK/NAC Use Only

For LKK/NAC Use Only

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms
 PASS DATE: 12 Sep 1974

NP 428A

Licence No: S1195388C

For LKK/NAC Use Only

0929859


 NRIC No: S1195388C

 Blood Group: O+ Date of issue: 03-05-1993
 Address: APT BLK 45 LORONG 5 TOA PAYOH #04-143 SINGAPORE 310045
 NRIC No: S1195388C Date: 12-01-2006 No: 5298463

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="08/06/2019 19:00"/>
Vehicle No.(For Motor)	<input type="text" value="SKT2986G"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5085097860-02		U.T. HARDWARE TRADING	51245500K	GPC	drive CLASSIC	SKT2986G	SKT2986G	01/10/2018	30/09/2019

▼ Policy Information

Policy No.	5085097860-02	Policyholder Name	U.T. HARDWARE TRADING	Policyholder NRIC	S1245500K
Certificate No.					
Address	105 SIMS AVENUE #10-06 CHANCERLODGE COMPLEX SINGAPORE 387429				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	19/09/2018	Effective Date	01/10/2018 00:00	Expiry Date	30/09/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	INDEX AGENCY PTE LTD	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	105 SIMS AVENUE	Address 2	#10-06 CHANCERLODGE COMPL	Address 3	SINGAPORE 387429
Address 4		Address Type	Singapore address	Post Code	387429
Unit No.	10-06	Related Policy Number	5085097860-02		

▶ Insured Object: SKT2986G

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1046232

[Exit](#)

Policy No.	S085097860-02	Vehicle No.	SKT2986G	GST Registration No.	S1245500K
Certificate No.					
Policyholder Name	U.T. HARDWARE TRADING			Policyholder NRIC	S1245500K
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96193133	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	11
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details					
Report Date	10/06/2019 12:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/06/2019	Time of Accident (H:mm)	21:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOUKANG AVE 8				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	10/06/2019 12:28:29 System changed GST Registered from Yes to No 10/06/2019 12:28:29 System changed GST Registration No. from S1245500K to null 10/06/2019 12:28:29 System changed GST Registration Date from 11/05/1994 to null				
Policyholder Mailing Address					
Address 1	105 SIMS AVENUE	Address 2	#10-06 CHANCER LODGE COMM	Address 3	SINGAPORE 287429
Address 4		Address Type	Singapore address	Post Code	387429
Unit No.	10-06	Related Policy Number	S085097860-02		
DI Driver Info					
Driver Name	SEOW LYE CHUAN	Driver Type	Main Driver	Driver DOB	14/09/1956
Unnamed driver Name		Driver NRIC	S1195388C	Driving Experience	44
Register Date of Driver License	13/09/1974	Driver Age	62	Contact No.(Home)	0
Contact No.(Mobile)	96193133	Contact No.(Office)	0	Address 3	EAST PAYOH SPRING
Address 1	BLK 45	Address 2	LORONG S TOA PAYOH	Post Code	310045
Address 4	SINGAPORE 310045	Address Type	Singapore address		
Unit No.	04-143				
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 mp	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	U.T. HARDWARE TRADING	Insured NRIC	S1245500K
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	SKT2986G	TP Vehicle Number	SLX8570A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKT2986G / SLX8570A ON 8 Jun 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	10/06/2019 12:29	Claim Close Date		Date Received	10/06/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AX letter					

Save Submit

Attachment

Accident No.	MT/1046232	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/06/2019 12:30		
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	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 12:30	NKIC/ Driving License	Normal	NKIC/ Driving License 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 12:30	SAS	Normal	SAS 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 12:30	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 12:30	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 12:29	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 12:29	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 12:29	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 12:29	Photos	Normal	Photos 2019-6-10		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 12:29	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 12:29	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 12:29	Photos	Normal	Photos 2019-6-10		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 10 Jun 2019 12:29	Photos	Normal	Photos 2019-6-10		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"/>				