NATIONAL Assessment Centre Services (ref: Inf.) MMAY19075583

Date In: 10/06/2019 17:15	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/19010/91/4	SAS e-filing		
Veh No: SKB 3322K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/06/2019 10:40	i-Motor Claim Form	MI/1048365-001	10/06/2019 17:30
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: XD84887. 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

NA1904303

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) 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 : Idea DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
QIII*			
*N3: 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: Idea Mobile	30		
Invoice dated	Fee Charged		[redacted]
Invoice dated	Fee Charged	[redacted]	

P. 1/1

07-MAY-2019 16:39

MNA419075583 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 10/06/2019 17:15
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 witholding 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 17:15
Date Of Accident	08/06/2019 10:40
Exact Location Of Accident	15 SPRINGSIDE WALK S'PORE 786614
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB3322K
Insured/Policyholder	
Name Of Registered Owner	FULL HOUSE BUILDING CONSTRUCTION PTE. LTD.
Co Reg No	199404640C
Email Address	HONGCHIAN.TAN@FULLHSE.COM.SG
Mobile Phone No	(LOCAL) +65-83238811
Alternative Phone No	OFFICE-64834440
Vehicle Particulars	
Manufacturer	BMW
Model	520I
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	5108360911
Cover Note Number	
Driver	
Name of Driver	TAN HONG CHIAN
NRIC No	S1665968A
Date Of Birth	13/07/1964
Occupation	INDOOR
Date Of Driving Pass	14/08/1987
Driving Experience	31 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83238811
Fax Number	
Contact Number	OFFICE-64834440
EMail Address	HONGCHIAN.TAN@FULLHSE.COM.SG

Address	28 SPRINGSIDE WALK
Postcode	786478
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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

PLEASE REFER TO SKETCH PLAN

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	XD8488T
Vehicle Make/Model/Colour	VOLVO
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

HOUSE BUILDING CONSTRUCTION PTE LTD ★ FULL

Policyholder's Signature
Date & Time: 10/6/19 11am

Driver's Signature
(If driver is not the policyholder)
Date & Time:

10/06/2019

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/6/19 I had parked my car SKB 3322K temporarily between house no. 15 & 17 as I was expecting a bulky delivery.

Before I left my car, I ensured that I would not become a hazard & block any ongoing traffic.

At approximately 10.40am my neighbour informed me that a garbage truck XD 8488T had scratched my car.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 10/6/19 11am	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

FUEL HOUSE BUILDING CONSTRUCTION PTE LTD

10/06/2019

Claim Handling

The premium on this policy has not been collected.

Accident MT/1048365

Policy No.	0108360911	Vehicle No.	SK833224	GST Registration No.	
Certificate No.					
Policyholder Name	FULL HOUSE BUILDING CONSTRUCTION PTE. LTD.			Policyholder NRIC	199404640C
Product Code	PRIVATE CAR INSURANCE	Cover Type	Direct PREMIUM	Loading	0
Contact No.(Mobile)	83238811	Contact No.(Office)	64834440	Contact No.(Home)	
Email Address		Special Remark		eCoda	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	10/06/2019 17:18	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	08/06/2019	Time of Accident hh:mm	10:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No	
Accident Location	17 SPRINGDALE WALK S'PORE 786414				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIEO OD Excess	0.00	YIEO TP Excess	0.00	Driver is Covered?	Not Applicable
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/12/1999
GST Registration No.	M2012571BX	GST Status Verified	Yes

Modification History

10/06/2019 17:24:32 System changed: GST Registered from No to Yes
10/06/2019 17:24:32 System changed: GST Registration No. from null to M2012571BX
10/06/2019 17:24:32 System changed: GST Registration Date from null to 01/12/1999

Policyholder Mailing Address

Address 1	BLK 5040 #01-447	Address 2	ANG MO KIO INDUSTRIAL PARK	Address 3	SINGAPORE 569543
Address 4		Address Type	Singapore address	Post Code	569543
Unit No.		Related Policy Number	0108360911		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN HONG CHUAN	Driver NRIC	S1565986A	Driver DOB	12/07/1964
Register Date of Driver License	14/06/1987	Driver Age	54	Driving Experience	31
Contact No.(Mobile)	83238811	Contact No.(Office)	64834440	Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	760478
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SK833224	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	FULL HOUSE BUILDING CONSTR	Insured NRIC	199404640C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	64834440
Email Address	hdfher@singnet.com.sg	OI Vehicle Number	SK833224	TP Vehicle Number	XD8488T
Claim Description	SK833224 / XD8488T On 8 Jun 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Renewal No. Finalization	Yes	Registered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/06/2019 17:28	Claim Close Date		Date Received	10/06/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AR letter

Save Submit

Attachment

Accident No.	MT/1048365	Claim No.	001
Last Doc. Received	Yes No	Upload Date	10/06/2019 17:30

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Head Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jun 2019 17:30	Photos	Normal	Photos 2019-6-10	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Jun 2019 17:30	Photos	Normal	Photos 2019-6-10	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jun 2019 17:30	Photos	Normal	Photos 2019-6-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jun 2019 17:30	Photos	Normal	Photos 2019-6-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jun 2019 17:30	Photos	Normal	Photos 2019-6-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jun 2019 17:30	Photos	Normal	Photos 2019-6-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jun 2019 17:29	Photos	Normal	Photos 2019-6-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jun 2019 17:29	Photos	Normal	Photos 2019-6-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jun 2019 17:29	Photos	Normal	Photos 2019-6-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jun 2019 17:29	Photos	Normal	Photos 2019-6-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jun 2019 17:29	SAS	Normal	SAS 2019-6-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 10 Jun 2019 17:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-10

Video List

Uploaded By/Date	Folder Data	File Name	?	Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (8 / 6 / '19) (DD/MM/YYYY), TIME: (10 : 40) (HH:MM)

LOCATION: 15 Springside Walk, Spore 786614

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKB 3322K
   b) INSURANCE COMPANY: MTuC
   c) POLICY NUMBER: 510836091I
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: BMW 520 I
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Working Use
   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: Full House Building Construction P/L (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: 199404640C CONTACT: 64834480
   c) ADDRESS: Blk 5040, #01-447 Ang Mo Kio 2nd. Park 2 Singapore 569343
   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) (0)

DRIVER
   a) NAME: Tan Hong Chian (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S1665968A CONTACT: 82238811
   c) ADDRESS: 28 Springside Walk, Spore 786478
   *d) DATE OF BIRTH: (13 / 7 / 1964) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 14.8.1987
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner
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

* No of passenger (including driver) ( )

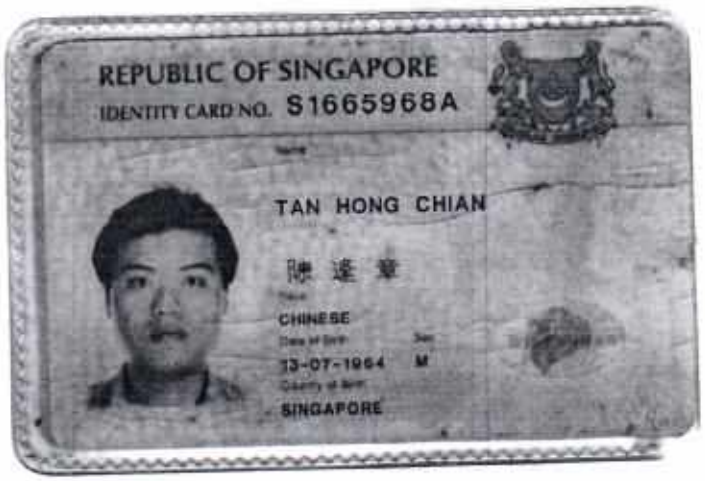
   a) VEHICLE NUMBER: XD 8458T MODEL: Volvo Rubbish Truck
   b) DRIVER'S NAME: _____
   c) NRIC/FIN/PASSPORT: _____ CONTACT: _____
9. THIRD PARTY VEHICLE

* No of passenger (including driver) ( )

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

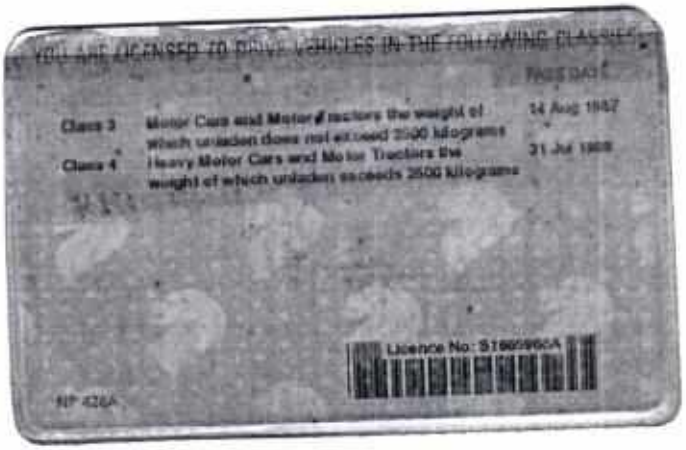
email = hongchian.tan@fullhse.com.sg

VIDEO


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1665968A
TAN HONG CHIAN
陳逢章
CHINESE
13-07-1964
M
SINGAPORE


13 Jul 1964
11 Jul 2003


S1665968A
A+
07-09-1992
26 SPRINGSIDE WALK
SINGAPORE 786478
S1665968A
25-08-2004


Class 3
Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms
14 Aug 1987
Class 4
Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 3500 kilograms
31 Jul 1989

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SKB3322K

Date of Accident 08/06/2019 17:14

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	S108360911		FULL HOUSE BUILDING CONSTRUCTION PTE. LTD.	199404640C	GPC	drivo PREMIUM	SKB3322K	SKB3322K	10/04/2019	09/04/2020

Continue