

NATIONAL Assessment Centre Services

(NAF 13/06/19)

Date In 13/06/19	Job description	Date & Time Completed	Done by
Ref No NA/INC19010477/13	SAS e-filing		
Veh No 6BJ7800K	E-mail (within 8hrs, AIC 2hrs)		
DOA 12/06/19 1500	i-Motor Claim Form	MT/1048849 - 002	
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: SHC59016	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

NA/1904393

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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:-		
	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		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	13/06/2019 14:04
Date Of Accident	12/06/2019 15:00
Exact Location Of Accident	OPHIR RD JUNC OF BEACH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ7800K
Insured/Policyholder	
Name Of Registered Owner	HS INTERNATIONAL PTE. LTD.
Co Reg No	200909445C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86118285

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108546000
Cover Note Number	

Driver

Name of Driver	MANPREET SINGH
Passport No/FIN	G2295418R
Date Of Birth	10/05/1995
Occupation	OUTDOOR
Date Of Driving Pass	06/06/2018
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90534895
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	48 TOH GUAN RD EAST #09-138 ENTERPRISE HUB
Postcode	608586
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	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?	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	SHC5901G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.
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.

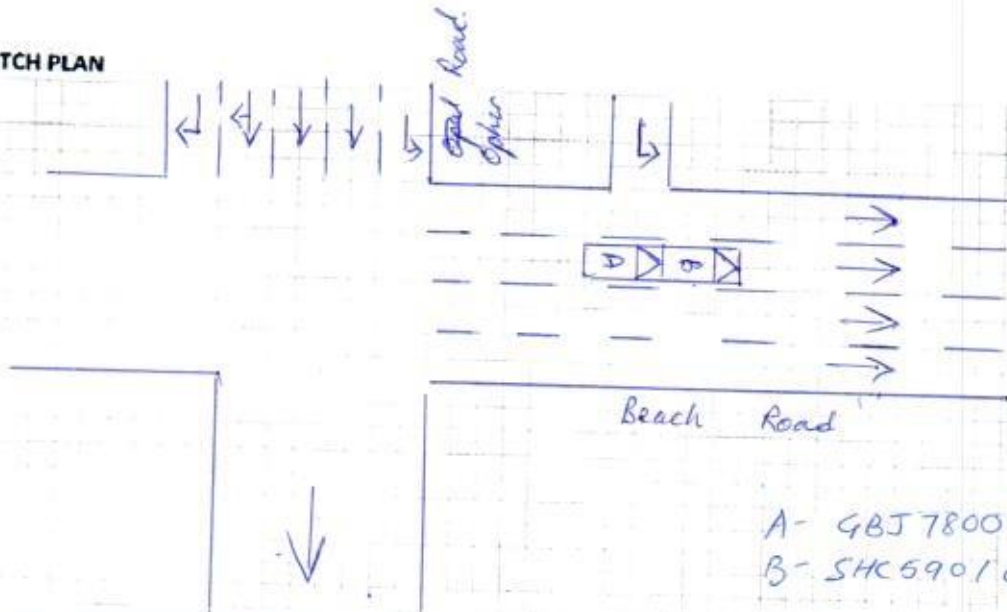


Policyholder's Signature
Date & Time:


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

 13/06/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/06/19 at @ 1500hrs, I was travelling in my vehicle (GBJ 7800K) along Ophir Road turning left into Beach Road. A taxi (SHC 5901G) in front of me suddenly stopped for no reason. As a result, I could not stop in time and collided onto the rear portion of the taxi.

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:

13/06/19

Vehicle No.	GBJ 7800 K	Model / Make	Toyota Dyna.
Date of Accident	12/06/19.		
Time of Accident	1500 HRS		
Location of Accident	Ophir Road junction Beach Road.		
Exact purpose use during accident	Commercial Used.		
Name of Owner	H.S International Pte Ltd.		
Telephone No.	H/P: 8611 8285	Home :	Office :
NRIC	200909445C.		
Address	48 Toh Guan Road East #09-138 Enterprise Hub (S) 608586		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NJUL		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5108546000		
Name of Driver	As Above If No, Manpreet Singh.		
NRIC	G 2295418R.	Any Passengers :	N-A.
Date of birth	10/05/1985		
Occupation	Outdoor / Indoor		
Driving License Pass Date	06/06/2018		
Gender	Male / Female		
Contact No.	H/P: 90584895	Home :	Office :
Address	48, Toh Guan Road East #09-138, Enterprise Hub (S) 608586		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	S/C 5901G	Any Passengers :	N-A.
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	N-A	Witness Contact :	N-A
Accident Portion	Front Portion		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP			
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON			
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales @ n51.com.sg		

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

C
C Class 2B
Class 3

Motorcycles <= 200 CC
Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

EFFECTIVE DATE

14 Mar 2018
06 Jun 2018

S / No. 9000314816

G2295418R

NP 428A



Licence No: G2295418R

For LKK/NAC Use Only

VISIT PASS
Immigration Regulations

07-06-2019

Name
MANPREET SINGH



FIN
G2295418R
Date of Birth
10-05-1995
Nationality
INDIAN

Sex
M

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.

Download SGWorkPass App to check status



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: G2295418R

Name:

MANPREET SINGH

Birth Date: 10 May 1995

Issue Date: 14 Mar 2018

Valid Till: 13/03/2023



002782987J

For LKK/NAC Use Only



WORK PERMIT

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

Employer
HS INTERNATIONAL PTE. LTD.



Name
MANPREET SINGH

Work Permit No.
0 35972536

Sector:
CONSTRUCTION



K1403780

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="12/06/2019 15:00"/>							
Vehicle No.(For Motor)	<input type="text" value="GBJ7800K"/>	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"/>	5108546000		HS INTERNATIONAL PTE. LTD.	200909445C	GCV	Preferred Workshop Plan	GBJ7800K	GBJ7800K	01/04/2019	31/03/2020
<input type="button" value="Continue"/>										

THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number : 5108546000
The Policyholder : HS INTERNATIONAL PTE. LTD.
48 TOH GUAN ROAD EAST
#09-138 ENTERPRISE HUB
SINGAPORE 608586

Period of Insurance : 01 Apr 2019 To 31 Mar 2020
Sum Insured : Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST) : S\$1,964.96

Interest Insured

Cover Type	: Preferred Workshop Plan		
Make/Model	: TOYOTA/DINA		
Capacity	: 1.78 ton(s)	Number of Seater	: 2
Registration Number	: To Be Advised	Registration Date	: 01 Apr 2019
Chassis Number	: JTFAT35Y80K212653	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 0%
Excess (Section 2)	: N/A	Loyalty Discount	: 5%
Windscreen Excess	: S\$100		
Hire Purchase Company	: DBS BANK LTD		

Memo A : N/A

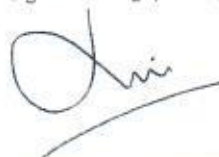
Endorsement Operative : M7

Agency : PRO-LINK INSURANCE AGENCY (00000615233)
Date of Issue : 29 Mar 2019 09:52 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Claim Handling

Accident MT/1048849

Policy No.	5108546000	Vehicle No.	GBJ7800K	GST Registration No.
Certificate No.				
Policyholder Name	HS INTERNATIONAL PTE. LTD.			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
▼ Accident Details				
Report Date	13/06/2019 11:27	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/06/2019	Time of Accident hh:mm	14:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	NA			
▼ 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	600.00	Total TP Excess Applicable	0.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	Yes	GST Registration Date	15/06/20	
GST Registration No.	200909445C	GST Status Verified	Yes	
Modification History	13/06/2019 11:28:15 System changed GST Registered from No to Yes 13/06/2019 11:28:15 System changed GST Registration No. from null to 200909445C 13/06/2019 11:28:15 System changed GST Registration Date from null to 15/06/2009			
▼ Policyholder Mailing Address				
Address 1	48 TOH GUAN ROAD EAST	Address 2	#09-138 ENTERPRISE HUB	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-138	Related Policy Number	5108926544	
▼ OI Driver Info				
Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Experience
Register Date of Driver License		Driver Age		Contact No.(Home)
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Modification History:

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	HS INTI
Contact No.(Mobile)	98731300	Contact No. (Home)	
Email Address		Vehicle Number	GBJ780
Claim Description	GBJ7800K / SHC5901G ON 12 Jun 2019		
Preferred Workshop		Insured Liability	Not at Fault
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation	Yes	GIA report	Received
Date Registered		Claim Close Date	13/06/2019 16:57
Report Taken By		Workshop Repairer	ROSLINDA
<input type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1048849 Claim No. 002
 Last Doc. Received * Yes ☐ No ☐ Upload Date 13/06/2019 00:00

Path *

Choose File No file chosen

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Choose File No file chosen

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Choose File No file chosen

Message Read

Clear

Clear

Clear

Clear

Clear

Clear

Category *

Confidential

Please Select ▼ NO

Please Select ▼ NO

Please Select ▼ NO

Please Select ▼ NO

Please Select ▼ NO

Please Select ▼ NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jun 2019 16:57	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jun 2019 16:57	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jun 2019 16:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jun 2019 16:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jun 2019 16:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jun 2019 16:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jun 2019 16:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jun 2019 16:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jun 2019 16:56	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading