

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MHA1908493**

Date In: 8/3/19-12:14	Job description	Date & Time Completed	Done by
Ref No: NA/1908493/12:14	SAS e-filing		
Veh No: 604 45694	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: TP/19-12:14	i-Motor Claim Form	M1/103289-001	8/3/19 18:58
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:

6UE-62657

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

NA1908493

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

In Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$50)

3) TP: 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:-

Q1:

*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 (N11) 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	08/07/2019 12:14
Date Of Accident	05/07/2019 19:30
Exact Location Of Accident	BOUNDARY RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH4599Y
Insured/Policyholder	
Name Of Registered Owner	O H C TRADING
Co Reg No	53086582C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67483279
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	5101180095-01
Cover Note Number	
Driver	
Name of Driver	QUAH HOCK CHUAN
NRIC No	S1506626A
Date Of Birth	11/05/1961
Occupation	OUTDOOR
Date Of Driving Pass	29/08/1978
Driving Experience	40 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91088398
Fax Number	
Contact Number	OFFICE-91088398
EMail Address	NOEMAIL

Address	BLK 166 HOUGANG AVENUE 1 #02-1580
Postcode	530166
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?	
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)	2
Passenger 1	
	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 HIT 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	SLE6765T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
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.
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.:

Boundary id.

A: 454599
B: 5LE67W

Diagram showing a memory layout with two overlapping regions, A and B, separated by a vertical line. Region A is labeled 'A' and Region B is labeled 'B'. The regions are represented by boxes with arrows pointing to the right, indicating they are contiguous blocks of memory.

[illegible]

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

Date & Time:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1506626A**

Name
QUAH HOCK CHUAN

Birth Date **11 May 1961**

Issue Date **26 Aug 2013**

002216711C

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1506626A**

Name
QUAH HOCK CHUAN

柯 福 泉

Race
CHINESE

Date of birth **11-05-1961** Sex **M**

Country of birth
SINGAPORE

S1506626A

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

	EFFECTIVE DATE
Class 2B Motorcycles \leq 200 cc	03 Jan 1976
Class 2A Motorcycles between 201 cc and 400 cc	03 Jan 1976
Class 2 Motorcycles $>$ 400 cc	03 Jan 1976
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	29 Aug 1978
Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight \leq 7500kg	08 Oct 1986

Licence No: **S1506626A**

MP 428A

For LKK/NAC Use Only

4754373

NRIC No. **S1506626A**

Date of issue
16-06-2011

Address
**APT BLK 166 HOUGANG AVENUE 1
#02-1580
SINGAPORE 530166**

For LKK/NAC Use Only

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 type="radio"/>	5101180095-01		Q H C TRADING	53086582C	GCV	Preferred Workshop Plan	GBH4599Y	GBH4599Y	11/06/2019	10/06/2020

Policy Information

Policy No.	5101180095-01	Policyholder Name	Q H C TRADING	Policyholder NRIC	53086582C
Certificate No.					
Address	BLK 166 #02-1580 HOUGANG AVENUE 1 SINGAPORE 530166				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan			Group Policy Flag	N
Policy Issue Date	15/05/2019	Effective Date	11/06/2019 00:00	Expiry Date	10/06/2020 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	BLK 166 #02-1580	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530166
Address 4		Address Type	Singapore address	Post Code	530166
Unit No.		Related Policy Number	5101180095-01		

Insured Object: GBH4599Y

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
		Continue	Cancel	

Claim Handling

Exit

Accident MT/1052389

Policy No.	S10180095-01	Vehicle No.	GBH4599Y	GST Registration No.	
Certificate No.					
Policyholder Name	Q H C TRADING			Policyholder NRIC	53086582C
Product Code	COMMERCIAL VEHICLE (NSURA)	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	67483279	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(%)	20	Private Hire	No

Accident Details

Report Date	08/07/2019 18:56	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	05/07/2019	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	BOUNDARY RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	600.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	
Additional Excess		Driver is Covered?	
Total OD Excess Applicable	600.00	Total TP Excess Applicable	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	08/07/2019 18:58:12 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 166 #02-1580	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530166
Address 4		Address Type	Singapore address	Post Code	530166
Unit No.		Related Policy Number	S10180095-01		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	11/05/1961
Unnamed Driver Name	QUAH HOCK CHUAN	Driver NRIC	S1506626A	Driving Experience	40
Register Date of Driver License	29/08/1978	Driver Age	58	Contact No.(Home)	0
Contact No.(Mobile)	91088398	Contact No.(Office)	0	Address 3	SINGAPORE 530166
Address 1	BLK 166	Address 2	HOUGANG AVENUE 1	Post Code	530166
Address 4		Address Type	Singapore address		
Unit No.	02-1580				
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	Q H C TRADING	Insured NRIC	53086582C
Contact No.(Mobile)	91088398	Contact No.(Home)		Contact No.(Office)	
Email Address		Q1 Vehicle Number	GBH4599Y	TP Vehicle Number	SLE6765T
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBH4599Y / SLE6765T ON 5 Jul 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	08/07/2019 18:58	Claim Close Date		Date Received	08/07/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1052389	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/07/2019 18:59

Path *	Category *	Confidential	Urgency *	Description *
Browse...	Please Select	<input type="radio"/>	Normal	

Browse...	Clear	Please Select	1/0	Normal
Browse...	Clear	Please Select	1/0	Normal
Browse...	Clear	Please Select	1/0	Normal
Browse...	Clear	Please Select	1/0	Normal
Browse...	Clear	Please Select	1/0	Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Map Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Jul 2019 18:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Jul 2019 18:59	SAS	Normal	SAS 2019-7-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Jul 2019 18:59	Photos	Normal	Photos 2019-7-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Jul 2019 18:59	Photos	Normal	Photos 2019-7-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Jul 2019 18:59	Photos	Normal	Photos 2019-7-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Jul 2019 18:59	Photos	Normal	Photos 2019-7-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Jul 2019 18:59	Photos	Normal	Photos 2019-7-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Jul 2019 18:59	Photos	Normal	Photos 2019-7-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Jul 2019 18:59	Photos	Normal	Photos 2019-7-8		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"/>	