

NATIONAL Assessment Centre Services

(wef 1 Jan 2015) **HA190547**

Date In: 2/2/19-12:56	Job description	Date & Time Completed	Done by
Ref No: NA/INC 150/1823/24	SAS e-filing		
Veh No: 5N66840	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 14/2/19 B.Y.	i-Motor Claim Form	17/1054273-201	2/2/19 14:48
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: **5N66840**

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

HA190547	Invoice Preparation Checklist		Am't (\$) Inc 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) TF: Towing Fee \$40/\$45			
Damaged Portion:	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:-			
	QD:			
	*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 (N-in INC) against INC \$20			
	9) N12: Idac Mobile 30			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		
Auditors' Comments:-				
Dat. 1:				
Dat. 2 / 3:				

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	20/07/2019 12:56
Date Of Accident	19/07/2019 18:45
Exact Location Of Accident	JUNC SIMS AVE & LOR 23 GEYLANG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJN6684U
Insured/Policyholder	
Name Of Registered Owner	BLAZIKER SERVICES
Co Reg No	53327215K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	5098332725-01
Cover Note Number	
Driver	
Name of Driver	CHIAM MONG HOCK
NRIC No	S1495691C
Date Of Birth	03/06/1961
Occupation	OUTDOOR
Date Of Driving Pass	25/08/1981
Driving Experience	37 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94477575
Fax Number	
Contact Number	OFFICE-94477575
Email Address	NOEMAIL

Address	63 PUNGGOL CENTRAL #07-05
Postcode	828841
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	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

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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX8356C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SZE HWEE
NRIC/Passport Number	S7728610A
Contact Number	96912158
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:

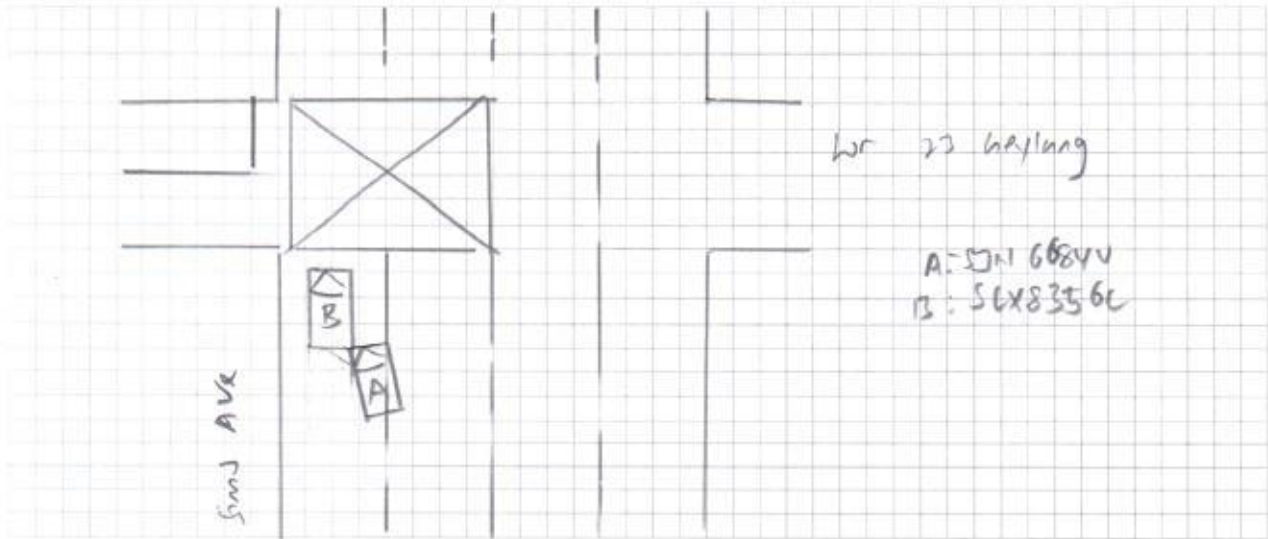
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.:

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.:

Our Ref : ACRA1002B
Date : 21 November 2018



620-1465

KOH NGIAK KEE
520 SIMS AVENUE
#03-08
SINGAPORE 387580

Dear Sir/Madam

YOUR BUSINESS NAME REGISTRATION IS DUE FOR RENEWAL

NAME OF BUSINESS : BLAZIKER SERVICES

REGISTRATION NO : 53327215K
EXPIRY DATE : 18/01/2019

The renewal fee for business name registration is \$30 per year. The registration can be renewed for 1 year (\$30) or 3 years (\$90).

2 You may choose to renew online via www.bizfile.gov.sg using your CorpPass account. For more information on CorpPass, you may refer to www.corppass.gov.sg or via your mobile device through our new ACRA on the Go app.

3 Please ignore this notice if you have already renewed your business name registration.

4 To ensure that you receive ACRA's updates, please inform us of your latest mobile phone number and email address. Please visit www.bizfile.gov.sg > **About BizFile** > **eService Guides** > **Select eService Type** > **Change in particulars** for a guide to update your contact information.

Registry Services Department
Accounting and Corporate Regulatory Authority
[This is computer-generated, hence it bears no signature.]

Action Needed:

Ways to Renew your
Business Name Registration

- Online via www.bizfile.gov.sg
- Use ACRA on the Go app. Available in IOS or Android.

If you do not intend to carry
on business

File a Notice of Cessation of
Business

[Entity Profile](#)[Associated Officers](#)[Lodgements](#)[Corporate Service Provider](#)[Group Of Companies](#)

Entity Information

UEN	Entity Name
53327215K	BLAZIKER SERVICES
Entity Type	Entity Status
BUSINESS (SOLE PROPRIETOR OR PARTNERSHIP)	Live
Status Date	Registration/Incorporation Date
21/01/2019	19/01/2016
Commencement Date	Constitution Type
19/01/2016	Partnership
Constitution Date	Expiry Date
21/01/2016	18/01/2020
Date Address last updated	Renewal Date
14/09/2018	21/01/2019

Individual

Identification No.	Identification Type	Name	Position Held	Appointment Date	Withdrawal Date
51373881E	NRIC (Citizen)	KOH NGIAK KEE	Owner	19/01/2016	
51495691C	NRIC (Citizen)	CHIAM MONG HOCK	Owner	21/01/2016	
51495691C	NRIC (Citizen)	CHIAM MONG HOCK	Authorised Representative	19/01/2016	21/01/2016

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1495691C



Name

CHIAM MONG HOCK

唐茂福

Race

CHINESE

Date of birth

03-06-1961

Country/Place of birth

SINGAPORE

Sex

M



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1495691C

Name

CHIAM MONG HOCK

Birth Date 03 Jun 1961

Issue Date 29 Sep 2003



6012846



NRIC No. S1495691C



Date of issue

31-08-2018

Address

520 SIMS AVENUE
#03-08
SINGAPORE 387580

For LKK/NAC Use Only

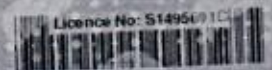
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

PASS DATE

25 Aug 1961

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms



Licence No: S1495691C

NP 478A

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="19/07/2019 18:45"/>
Vehicle No. (For Motor)	<input type="text" value="SJN6684U"/>	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"/>	5098332725-01		BLAZIKER SERVICES	53327215K	GCV	Comprehensive	SJN6684U	SJN6684U	25/02/2019	24/02/2020

Policy Information

Policy No.	5098332725-01	Policyholder Name	BLAZIKER SERVICES	Policyholder NRIC	53327215K
Certificate No.					
Address	520 SIMS AVENUE #03-08 SINGAPORE 387580				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan			Group Policy Flag	N
Policy Issue Date	18/02/2019	Effective Date	25/02/2019 00:00	Expiry Date	24/02/2020 23:59
Excess Type	All Claims Excess				
Third Party Excess	2000	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	OS Premium 0				
Outside Singapore OD Excess	Outside Singapore TP Excess				
Agent	GRABCAR PTE. LTD.	Agent Tel.	65703925	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Young/Inexperience Driver Excess

Policyholder Mailing Address

Address 1	520 SIMS AVENUE	Address 2	#03-08	Address 3	SINGAPORE 387580
Address 4		Address Type	Singapore address	Post Code	387580
Unit No.	03-08	Related Policy Number	5098332725-01		

Insured Object: SJN6684U

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Exit

Accident MT/1054277

Policy No.	5098332725-01	Vehicle No.	SIN6684U	GST Registration No.	
Certificate No.					
Policyholder Name	BLAZIKER SERVICES			Policyholder NRIC	S3327215K
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TGA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Yes

Accident Details

Report Date	20/07/2019 14:46	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	19/07/2019	Time of Accident hh:mm	18:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC SIMS AVE & LOR 23 GEYLANG				

Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	20/07/2019 14:48:05 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	520 SIMS AVENUE	Address 2	#03-08	Address 3	SINGAPORE 387580
Address 4		Address Type	Singapore address	Post Code	387580
Unit No.	03-08	Related Policy Number	5098332725-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHIAN MONG HOCK	Driver NRIC	S1495691C	Driver DOB	03/06/1961
Register Date of Driver License	25/08/1981	Driver Age	58	Driving Experience	37
Contact No.(Mobile)	94477575	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	63 PUNGGOL CENTRAL	Address 2	WATERTOWN	Address 3	SINGAPORE 828841
Address 4		Address Type	Singapore address	Post Code	828841
Unit No.	07-05				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	BLAZIKER SERVICES	Insured NRIC	S3327215K
Contact No.(Mobile)	94477575	Contact No.(Home)		Contact No.(Office)	+
Email Address	chiam6561@gmail.com	OI Vehicle Number	SIN6684U	TP Vehicle Number	SLX8356C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SIN6684U / SLX8356C ON 19 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	20/07/2019 14:48	Claim Close Date		Date Received	20/07/2019 00:00
Report Taken By	Jackson				

☒ Print AX letter

Save Submit

Attachment

Accident No.	MT/1054277	Claim No.	001
Last Doc Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/07/2019 14:49













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	

Please Select

Please Select

Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 20 Jul 2019 14:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 20 Jul 2019 14:49	SAS	Normal	SAS 2019-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 20 Jul 2019 14:49	Photos	Normal	Photos 2019-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 20 Jul 2019 14:49	Photos	Normal	Photos 2019-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 20 Jul 2019 14:49	Photos	Normal	Photos 2019-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 20 Jul 2019 14:49	Photos	Normal	Photos 2019-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 20 Jul 2019 14:48	Photos	Normal	Photos 2019-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 20 Jul 2019 14:48	Photos	Normal	Photos 2019-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 20 Jul 2019 14:48	Photos	Normal	Photos 2019-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 20 Jul 2019 14:48	Photos	Normal	Photos 2019-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 20 Jul 2019 14:48	Photos	Normal	Photos 2019-7-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 20 Jul 2019 14:48	Photos	Normal	Photos 2019-7-20		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"/>				