

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) MVA 119 107619

Date In: 11/19-16/19	Job description	Date & Time Completed	Done by
Ref No: 10/11/15/14213692/114	SAS e-filing		
Veh No: PA 5 MLC	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 01/19-13/15	i-Motor Claim Form	11/10/15/155-01	11/19 20:16
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: 10B 2878E

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

## Invoice Preparation Checklist

Amr (\$)

Amr (\$)

for Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat 1:

Lat 2 / 3:

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 / 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

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	05/08/2019 16:39
Date Of Accident	05/08/2019 13:55
Exact Location Of Accident	TELOK KURAU RD ROUNDABOUT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PA5121G
Insured/Policyholder	
Name Of Registered Owner	CHAN TRANSPORT SERVICE
Co Reg No	50498900J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96618718
Alternative Phone No	OFFICE-96618718
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN 3.0 M
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	THIRD PARTY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5070144147-04
Cover Note Number	
Driver	
Name of Driver	HENG THEE KUN
NRIC No	S1211799Z
Date Of Birth	19/09/1955
Occupation	OUTDOOR
Date Of Driving Pass	20/04/2012
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96221738
Fax Number	
Contact Number	OFFICE-96221738
EEmail Address	NOEMAIL

Address	BLK 511 SERANGOON NORTH AVENUE 4 #04-324
Postcode	550511
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 - ROUNDABOUT
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)	5

#### 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 CUT ONTO MY LANE FROM MY RIGHT SIDE. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT 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	SKB2878E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHOW JIAHUI, RACHEL
NRIC/Passport Number	S9134176Z
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.

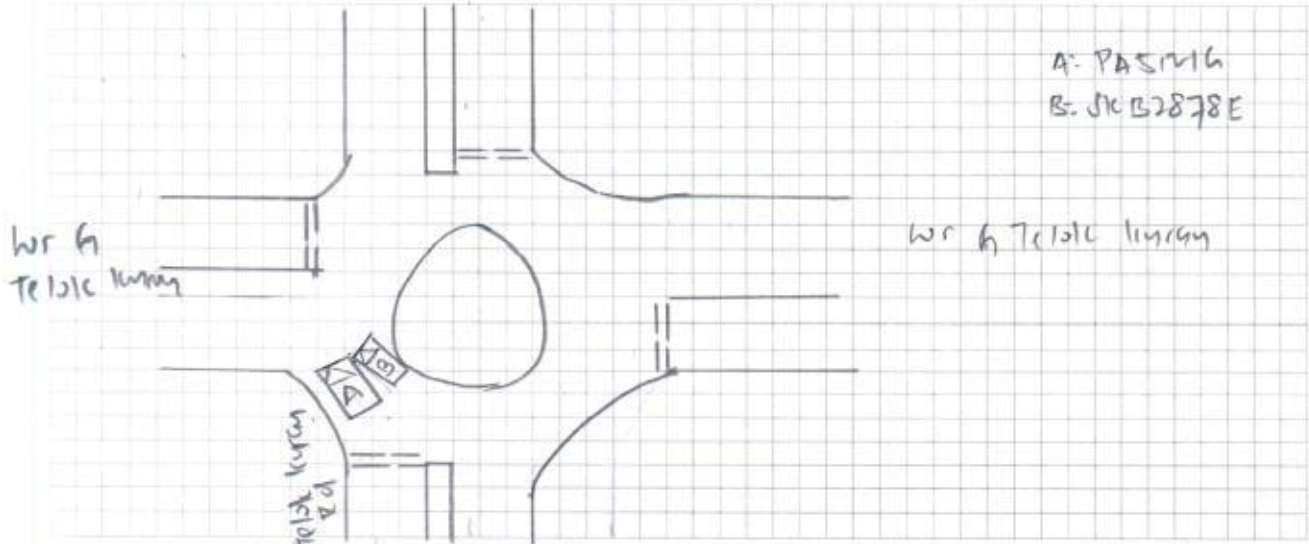


Policyholder's Signature  
Date & Time:

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

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

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  
IDENTITY CARD NO. S1211799Z



Name

HENG THEE KUN

王仕羣

Race

CHINESE

Date of birth

19-09-1955

Country/Place of birth

SINGAPORE

Sex

M

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1211799Z

Name

HENG THEE KUN

Birth Date 19 Sep 1955

Issue Date 15 Nov 2003



001003805K

Land Transport Authority

VOCATIONAL LICENCE

Licence No. S1211799Z

Name HENG THEE KUN

Issue Date 20/4/2012

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



For LKK/NAC Use Only



6083391

NRIC No. S1211799Z



Date of issue

15-12-2018

Address

APT BLK 511 SERANGOON NORTH AVENUE 4  
#04-324  
SINGAPORE 550511

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

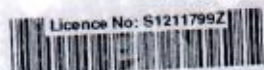
PASS DATE

Class 3

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

13 Dec 1976

For LKK/NAC Use Only



Licence No. S1211799Z

NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	20/04/2012
04	BUS ATTENDANT	20/04/2012



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="05/08/2019 13:55"/>							
Vehicle No.(For Motor)	<input type="text" value="PA5121G"/>	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"/>	5070144147-04		CHAN TRANSPORT SERVICE	504989003	GFT	Third Party, Fire & Theft	PA5121G	PA5121G	17/02/2019	
<input type="button" value="Continue"/>										

## Policy Information

Policy No.	5070144147-04	Policyholder Name	CHAN TRANSPORT SERVICE	Policyholder NRIC	50498900J
Certificate No.					
Address	BLK 35 #24-329 LORONG 5 TOA PAYOH SINGAPORE 310035				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	20/02/2019	Effective Date	17/02/2019 00:00	Expiry Date	16/02/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	65673612	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 35 #24-329	Address 2	LORONG 5 TOA PAYOH	Address 3	SINGAPORE 310035
Address 4		Address Type	Singapore address	Post Code	310035
Unit No.		Related Policy Number	5070144147-04		

## Insured Object: PA5121G

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	17/02/2019 00:00	Basic Information Endorsement	000001287025813	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. PA5084E 12-03-2019 \$1,778.55 In view of this amendment, a refund of \$1,778.55 (inclusive of GST) will be adjusted against the outstanding premium.

Continue

Cancel



## Claim Handling

Exit

## Accident MT/1056555

Policy No.	5070144147-04	Vehicle No.	PA5121G	GST Registration No.	
Certificate No.					
Policyholder Name	CHAN TRANSPORT SERVICE	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	504989001
Product Code	FLEET INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	96618718	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="N"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	05/08/2019 20:14	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	05/08/2019	Time of Accident hh:mm	13:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TELOK KURAU RD ROUNDABOUT				

**Excess**

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	05/08/2019 20:16:04 System changed GST Status Verified from No to Yes		

## Policyholder Mailing Address

Address 1	BLK 35 #24-329	Address 2	LORONG 5 TOA PAYOH	Address 3	SINGAPORE 310035
Address 4		Address Type	Singapore address	Post Code	310035
Unit No.		Related Policy Number	5070144147-04		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/09/1955
Unnamed driver Name	HENG THEE KUN	Driver NRIC	S12117992	Driving Experience	7
Register Date of Driver License	20/04/2012	Driver Age	63	Contact No. (Home)	0
Contact No. (Mobile)	96221738	Contact No. (Office)	0	Address 3	SINGAPORE 550511
Address 1	BLK 511	Address 2	SERANGDON NORTH AVENUE 4	Post Code	550511
Address 4		Address Type	Singapore address		
Unit No.	04-324				
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
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Modification History

## Claim 001 New

Claim Type *	OD-MK	Insured Name	CHAN TRANSPORT SERVICE	Insured NRIC	504989001	
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	96792086	
Email Address		OI Vehicle Number	PA5121G	TP Vehicle Number	SKB2878E	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	PA5121G / SKB2878E ON 5 Aug 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	05/08/2019 20:16	Claim Close Date		Date Received	05/08/2019 00:00	
Report Taken By	Jackson					

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1056555	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/08/2019 20:17

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Browse...		Browse...		Clear	Please Select	RI1	Normal	
Browse...		Browse...		Clear	Please Select	RI2	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 05 Aug 2019 20:17	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Aug 2019 20:17	SAS	Normal	SAS 2019-8-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Aug 2019 20:17	Photos	Normal	Photos 2019-8-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Aug 2019 20:17	Photos	Normal	Photos 2019-8-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Aug 2019 20:17	Photos	Normal	Photos 2019-8-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Aug 2019 20:17	Photos	Normal	Photos 2019-8-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Aug 2019 20:17	Photos	Normal	Photos 2019-8-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Aug 2019 20:17	Photos	Normal	Photos 2019-8-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Aug 2019 20:17	Photos	Normal	Photos 2019-8-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Aug 2019 20:17	Photos	Normal	Photos 2019-8-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Aug 2019 20:17	Photos	Normal	Photos 2019-8-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Aug 2019 20:17	Photos	Normal	Photos 2019-8-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Aug 2019 20:17	Photos	Normal	Photos 2019-8-5		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 05 Aug 2019 20:17	Photos	Normal	Photos 2019-8-5		<a href="#">Edit</a>

**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"/>				