

NATIONAL Assessment Centre Services

Date In: 13/08/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19013984/13	SAS e-filing		
Veh No: G80867X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/08/19 1625	i-Motor Claim Form	137/1051459-001	
OD TP: <u>Reporting Only</u>	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: SKZ1229E	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

NA1906059	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
Driver/Owner:	3) TF : Towing Fee \$40/\$45			
Contact No:	4) FT : Follow-Through Survey \$120			
Damaged Portion:	5) RT : Follow-Through Survey (Resurvey) \$30			
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
Auditors' Comments :-	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Cat. 1:	OD*			
Cat. 2 / 3:	*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	13/08/2019 13:01
Date Of Accident	10/08/2019 16:25
Exact Location Of Accident	PONGGOL RD SHELL PETROL KIOSK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD867X
Insured/Policyholder	
Name Of Registered Owner	DCSRIVER ENGINEERING & TRADING
Co Reg No	53137304E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92280272

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	
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	5072148643-04
Cover Note Number	

Driver

Name of Driver	KOH HAK SIO
NRIC No	S7011899H
Date Of Birth	08/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	29/01/2009
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92280272
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 128 RIVERVALE STREET #07-820
Postcode	540128
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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

I WAS TRAVELLING ALONG PUNGGOL RD GOING INTO SHELL PETROL KIOSK. SUDDENLY I FELT THE IMPACT FROM MY LEFT SIDE PORTION OF MY VEH. VEH B FROM MY RIGHT SQUEEZE IN AND COLLIDED ONTO MY VEH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILES TOO BIG, CAN'T UPLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ1239E
Vehicle Make/Model/Colour	BMW
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)	

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.

DCSRIVER ENGINEERING & TRADING

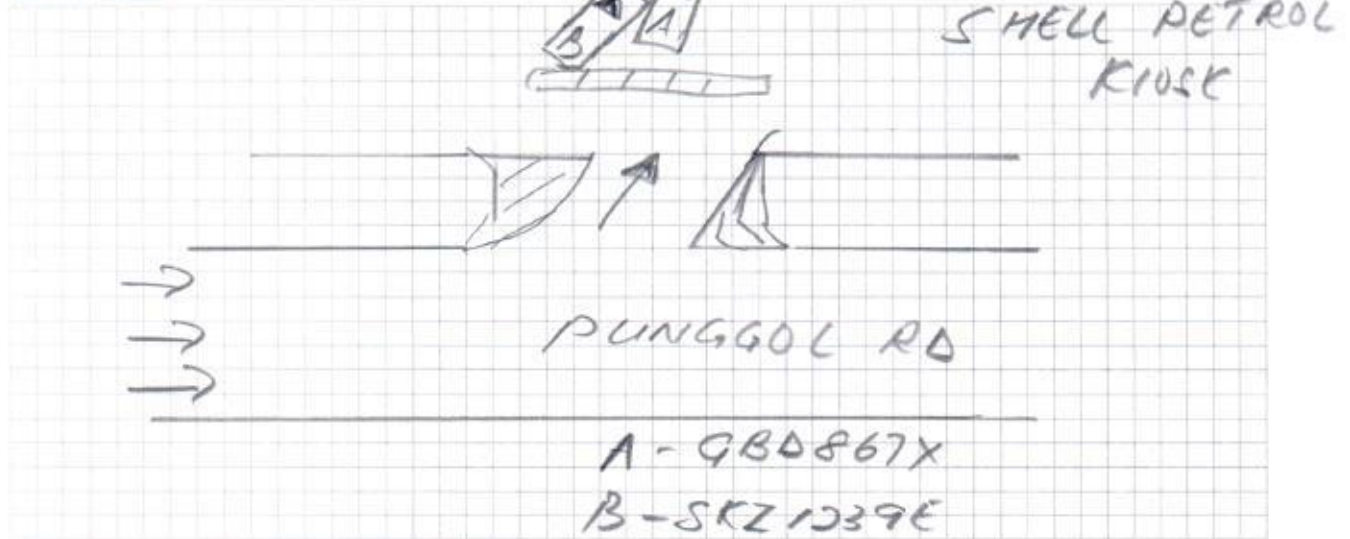
128 Rivervale Street #07-820

Policyholder Signature
Date & Time: Singapore 540128
HP: 9228 0272

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

Reporting Centre Personnel's Signature
Name: 13/08/19
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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

DC DRIVER ENGINEERING & TRADING
120 Raffles Street #07-820
Singapore 540128
HP: 9228 0272

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

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7011899H

Name: KOH HAK SIO

For LKK/NAC Use Only

Birth Date: 08 Apr 1970

Issue Date: 29 Jan 2009

0017027078

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7011899H

Name: KOH HAK SIO

For LKK/NAC Use Only

Race: CHINESE

Date of birth: 08-04-1970

Sex: M

Country of birth: SINGAPORE

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

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

PASS DATE: 29 Jan 2009

For LKK/NAC Use Only

Company: DCS

92280272

GBD 867X

426A

4417581

NRIC No: S7011899H

For LKK/NAC Use Only

Date of issue: 15-06-2009

APT BLK 128 RIVERVALE STREET #07-820

SINGAPORE 540128

S7011899H

24/07/2013

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"/>	5072148643-04		DCSRIVER ENGINEERING & TRADING	53137304E	GCV	Comprehensive	GBD867X	GBD867X	12/06/2019	11/06/2020

Claim Handling

Accident MT/1057459

Policy No.	5072148643-04	Vehicle No.	GBD867X	GST Registration No.
Certificate No.				
Policyholder Name	DCSRIVER ENGINEERING & TRADING			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	92280272	Contact No.(Office)	0	Contact No.(Home)
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

▼ Accident Details

Report Date	13/08/2019 19:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/08/2019	Time of Accident hh:mm	16:25	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PONGGOL RD SHELL PETROL KIOSK			

▼ Total Excess Applicable

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

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 128 #07-820	Address 2	RIVERVALE STREET	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-820	Related Policy Number	5072148643-04	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KOH HAK SIO	Driver NRIC	S7011899H	Driver DOB
Register Date of Driver License	29/01/2009	Driver Age	49	Driving Experience
Contact No.(Mobile)	92280272	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 128	Address 2	RIVERVALE STREET	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#07-820			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	DCSRIVER
Contact No.(Mobile)	92280272	Contact No.(Home)	NIL
Email Address		Vehicle Number	GBD867X
Claim Description	GBD867X / SKZ1239E ON 10 Aug 2019		
Preferred Workshop	Yes	Insured Liability	Not at Fault
Contact No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	13/08/2019 19:55	Received	Claim Close Date

Report Taken By














ROSILINDA

Workshop
Repairer[Print AK letter](#)[Save](#) [Submit](#)

Attachment

Accident No.	MT/1057459	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/08/2019 00:00
Path *		Category *	Confidential
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Choose File No file chosen	Clear	Please Select ▼	NO ▼
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:54	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:54	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:53	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	
			Display in New Window Scan and uploading