

# NATIONAL Assessment Centre Services

[ver 1 Jan'03]

MWA 119109479

Date In: 2018/19 16:04	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19014540164	E-mail (within 2hrs, AIC 2hrs)		
Veh No: GBC 6555L	I-Motor Claim Form	MT/1058613 001	2018/19 16:27
DDA: 1918/19 15:05	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP: Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars:	Veh No: SME 5280U	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 repolier.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time	Actions

NA1906109

Claimants Particulars:	Invoice Item	Amount (\$)	Amount (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$80)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120	
	5) PT: Follow-Through Survey (Resurvey)	\$30	
	For claiming against INC Only (ver 10 Jan 2003)		
	6) TR: Re-inspection	\$75	
	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	OP:		
	*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 INC) against INC	\$20	
	9) N12: Idao Mobile	\$0	
	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	20/08/2019 16:04
Date Of Accident	19/08/2019 15:05
Exact Location Of Accident	JUNC OF CHIN SWEE RD & OUTRAM RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC6555L
Insured/Policyholder	
Name Of Registered Owner	CHUAN HOE TRADING CO PTE LTD
Co Reg No	197803265K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68488555
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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	5093083996-02
Cover Note Number	-
Driver	
Name of Driver	LIM LEE HUAT
NRIC No	S1335196A
Date Of Birth	08/10/1958
Occupation	OUTDOOR
Date Of Driving Pass	15/01/1985
Driving Experience	34 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90186419
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 101 RIVERVALE WALK #02-30
Postcode	540101
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)	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 CHIN SWEE RD WHILE APPROACHING JUNC WITH OUTRAM RD. SUDDENLY VEH B STOP, I MANAGE TO STOP AND SWERVED TO LEFT BUT STILL COLLIDED ONTO VEH B REAR LEFT 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	SME5280U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHIN CHYE
NRIC/Passport Number	S7326781A
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.
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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.



泉和貿易私人有限公司  
CHUAN HOE TRADING CO. PTE LTD  
CO. REG. NO. 197803265K  
22 NEW INDUSTRIAL ROAD  
#05-13 PRIMAX SINGAPORE 536208  
TEL: 6283 5555

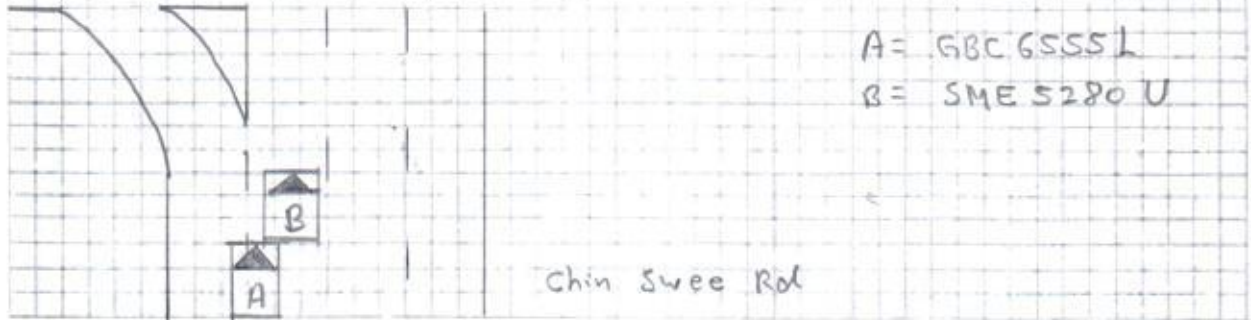
Date & Time:

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

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

SKETCH PLAN

Outram Rd



A = GBC 6555 L

B = SME 5280 U

Chin Swee Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement



泉何貿易有限公司  
CHUAN HOE TRADING CO. PTE LTD  
CO. REG. NO. 197903265K  
22 NEW INDUSTRIAL ROAD  
#05-13 PRIMA SINGAPORE 536208  
TEL: 6283 5655

DECLARATION

We declare that the above details are true in every respect.

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: **S1335196A**

Name: **LIM LEE HUAT**

Birth Date: **08 Oct 1958**

Issue Date: **09 Oct 2003**

000915190G

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1335196A**

Name: **LIM LEE HUAT**

Race: **CHINESE**

Date of Birth: **08-10-1958**

Country of Birth: **SINGAPORE**

Sex: **M**

For LKK/NAC Use Only

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **15 Jan 1905**

Licence No: **S1335196A**

Nr 428A

For LKK/NAC Use Only

2593267

NRIC No. **S1335196A**

Blood Group: **A+**

Date of issue: **13-03-1995**

APT BLK 101 RIVERVALE WALK #02-30  
SINGAPORE 540101

NRIC No: **S1335196A** Date: **17-10-2005** No: **5315155**

For LKK/NAC Use Only

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="20/08/2019 15:56"/>
Vehicle No.(For Motor)	<input type="text" value="GBC6555L"/>	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"/>	5093083996-02		CHUAN HOE TRADING CO PTE LTD	197803265K	GCV	Comprehensive	GBC6555L	GBC6555L	02/08/2019	01/08/2020

## Claim Handling

## Accident MT/1058613

Policy No.	5093083996-02	Vehicle No.	GBC6555L	GST Registration No.	M200330935
Certificate No.					
Policyholder Name	CHUAN HOE TRADING CO PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	197803265K
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Loading	0
Contact No.(Mobile)	68488555	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	20/08/2019 16:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	19/08/2019	Time of Accident hh:mm	15:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF CHIN SWEE RD & OUTRAM RD				

## Total Excess Applicable

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

## Benefits

## GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200330935	GST Status Verified	Yes
Modification History	20/08/2019 16:24:33 System changed GST Registration Date from 01/01/2015 to 01/04/1994 20/08/2019 16:24:33 System changed GST Status Verified from No to Yes		

## Policyholder Mailing Address

Address 1	22 NEW INDUSTRIAL ROAD	Address 2	#05-13 PRIMAX	Address 3	SINGAPORE 536208
Address 4		Address Type	Singapore address	Post Code	536208
Unit No.	05-13	Related Policy Number	5093083996-02		

## D1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM LEE HUAT	Driver NRIC	S1335196A	Driver DOB	08/10/1958
Register Date of Driver License	15/01/1985	Driver Age	60	Driving Experience	34
Contact No.(Mobile)	90186419	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 101 #02-30	Address 2	RIVERVALE WALK	Address 3	SINGAPORE 540101
Address 4		Address Type	Singapore address	Post Code	540101
Unit No.	02-30				
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CHUAN HOE TRADING CO PTE LTD	Insured NRIC	197803265K
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	62835555
Email Address		TP Vehicle Number	GBC6555L	Vehicle Number	SME5280U
Claim Description	GBC6555L / SME5280U ON 19 Aug 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Fully at Fault	GIA report	Received
Preferred Option	Yes	Preferred Workshop, Name unknown		Claim Close Date	20/08/2019 16:26
Date Registered		Report Taken By	LIJEW SHAN HUI	Date Received	20/08/2019 08

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1058613	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	20/08/2019 16:27
Path *		Category *	Confidential
Choose File No file chosen		Please Select	NO
Choose File No file chosen		Please Select	NO
Choose File No file chosen		Please Select	NO



Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear








Please Select

NO

Normal

Send M

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Aug 2019 16:27	NR3C/ Driving License	Normal	NR3C/ Driving License 2019-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Aug 2019 16:27	SAS	Normal	SAS 2019-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Aug 2019 16:27	Photos	Normal	Photos 2019-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Aug 2019 16:27	Photos	Normal	Photos 2019-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Aug 2019 16:27	Photos	Normal	Photos 2019-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Aug 2019 16:27	Photos	Normal	Photos 2019-8-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Aug 2019 16:27	Photos	Normal	Photos 2019-8-20	

## Video List

Uploaded By/Date	Folder Date	File Name	Source
<div>Display in New Window</div> <div>Scan and uploading</div>			