

NATIONAL Assessment Centre Services

Date In: 26/08/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19014933/13	SAS e-filing		
Veh No: 4P58705	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/08/19 1710	i-Motor Claim Form	MT/1059513 - 001	
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: 5178228J	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

NA1906434	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	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) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
Driver/Owner:	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Contact No:	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Damaged Portion:	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat 1:			
Cat 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	26/08/2019 09:26
Date Of Accident	23/08/2019 17:10
Exact Location Of Accident	EUNOS LINK TURNING RIGHT INTO KAKI BUKIT AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP5870S
Insured/Policyholder	
Name Of Registered Owner	LION STATIONERY COMPANY PTE LTD
Co Reg No	197901796D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67463722
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER
Exact Purpose for which vehicle was being used at time of accident	OTW BACK TO OFFICE
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	5090170723-02
Cover Note Number	
Driver	
Name of Driver	TANG HOI HENG
NRIC No	S1639140I
Date Of Birth	27/07/1964
Occupation	OUTDOOR
Date Of Driving Pass	27/06/1984
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98248575
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 121D SENGKANG EAST WAY #09-79
Postcode	544121
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	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)	2
Passenger 1	NAME: : KENG GENDER: : MALE

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 FROM EUNOS LINK TWDS KAKI BUKIT AVE 1 ON THE 2ND LANE OF TURNING LANE. WHILE MAKING A RIGHT TURN MY VEH GRAZED ONTO VEH B LEFT SIDE PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FRONT ONLY WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT8228J
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE MENG HIENG
NRIC/Passport Number	S2565897C
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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**.
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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.

Ion Stationery Co. Pte Ltd
9 Kaki Bukit Rd 2
B Warehouse Complex
Singapore 417852
Tel: 67463722 Fax: 67470302

Policyholder's Signature
Date & Time:

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

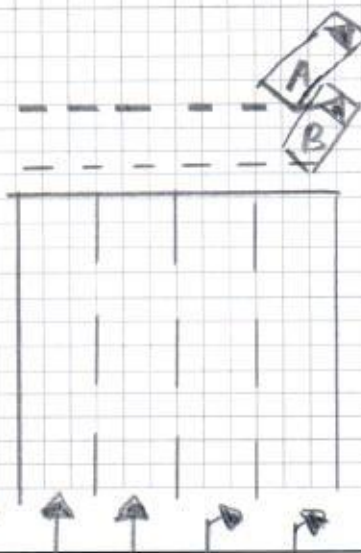
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

KAKI BUKIT
AVE 1

A-YP5870S

B-SJT8028J



EUNOS LINK

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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

Lion Stationery Co. Pte Ltd

29 Kaki Bukit Rd 2

KB Warehouse Complex

Singapore 417852

Tel: 67463722 Fax: 67470302

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.:

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="23/08/2019 17:10"/>
Vehicle No.(For Motor)	<input type="text" value="YP5870S"/>	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"/>	5090170723-02		LION STATIONERY COMPANY PTE LTD	197901796D	GCV	Comprehensive	YP5870S	YP5870S	13/04/2019	12/04/2020

Claim Handling

Accident MT/1059513

Policy No.	5090170723-02	Vehicle No.	YP5870S	GST Registrat
Certificate No.				
Policyholder Name	LION STATIONERY COMPANY PTE LTD			Policyholder T
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	0	Contact No.(Office)	67463722	Contact No.(
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	15	Private Hire
Accident Details				
Report Date	26/08/2019 19:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/08/2019	Time of Accident hh:mm	17:10	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	EUNOS LINK TURNING RIGHT INTO KAKI BUKIT AVE 1			
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 Cow
Additional Excess				
Total OD Excess Applicable		Total TP Excess Applicable	0.00	
Benefits				
GST Registered Information				
GST Registered	Yes	GST Registration No.	M200349601	GST Registration Date
GST Registration No.				GST Status Verified
Modification History	26/08/2019 19:52:59 System changed GST Registered from No to Yes 26/08/2019 19:52:59 System changed GST Registration No. from null to M200349601 26/08/2019 19:52:59 System changed GST Registration Date from null to 01/04/1994			
Policyholder Mailing Address				
Address 1	29 KAKI BUKIT ROAD 2	Address 2	KAKI BUKIT WAREHOUSE CPX	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5090170723-02	
OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	TANG HOI HENG	Driver NRIC	S16391401	Driving Exper
Register Date of Driver License	27/06/1984	Driver Age	55	Contact No.(
Contact No.(Mobile)	98248575	Contact No.(Office)	0	Address 3
Address 1	BLK 121D	Address 2	SENGKANG EAST WAY	Post Code
Address 4	SINGAPORE 544121	Address Type	Singapore address	
Unit No.	#09-79			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="radio"/> No <input type="radio"/>	

Modification History

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	Insured Liability	Fully at Fault	GIA report	Received
Workshop No.	Preferred Repair Option	Preferred Workshop, Name unknown		
Finalisation	Yes			
Date Registered				
Report Taken By				
<input checked="" type="checkbox"/> Print AK letter				

OD-MX	Insured Name
	Contact No. (Home)
lionsale@singnet.com.sg	OI Vehicle Number
YP5870S / SJT8228J ON 23 Aug 2019	
26/08/2019 19:55	Claim Close Date
ROSLINDA	Workshop Repairer

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1059513	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/08/2019 00:00
Path *		Category *	Confid
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		Clear Please Select ▼	NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:55		NRIC/ Driving License	Y	Normal	NRIC/ Dr
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:54		SAS		Normal	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:54		Photos		Normal	P
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:54		Photos		Normal	P
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:54		Photos		Normal	P
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:54		Photos		Normal	P
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 19:54		Photos		Normal	P

Video List

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