

NATIONAL Assessment Centre Services

Date In: 03/09/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19015530/13	SAS e-filing		
Veh No: PC55626	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 02/09/19 1750	i-Motor Claim Form	MT/1060874-001	
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: 5B534574 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

NA1906680	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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	03/09/2019 10:03
Date Of Accident	02/09/2019 17:50
Exact Location Of Accident	JUNC VICTORIA STREET & OPHIR RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC5562G
Insured/Policyholder	
Name Of Registered Owner	GK LIMOUSINE SERVICES
Co Reg No	53354380X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92279983
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	THIRD PARTY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087774422-02
Cover Note Number	
Driver	
Name of Driver	TOH KAR HOCK(ZHUO JIAFU)
NRIC No	S8338508A
Date Of Birth	03/12/1983
Occupation	OUTDOOR
Date Of Driving Pass	11/06/2012
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92279983
Fax Number	
Contact Number	
EMail Address	KARHOCK@SINGNET.COM.SG

Address	BLK 489B CHOA CHU KANG AVE 5 #10-203
Postcode	682489
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	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?	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

MY VEH WAS STATIONARY AT THE RED TRAFFIC LIGHT JUNC OF VICTORIA STREET & OPHIR RD ON THE EXTREME LEFT LANE. SUDDENLY INFRT OF MY VEH REVERSED HIS VEH BECAUSE HIS VEH WAS OVER THE STOPPING LINE. WHEN THE DRIVER OF VEH B REVERSING, I HORN TO WARN THE DRIVER BUT THE DRIVER KEEP ON REVERSING AND HIT ONTO MY FRT PORTION OF MY VEH.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS3457Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	LEE KEAN CHUAN
NRIC/Passport Number	S2720637I
Contact Number	82289744
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**.
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

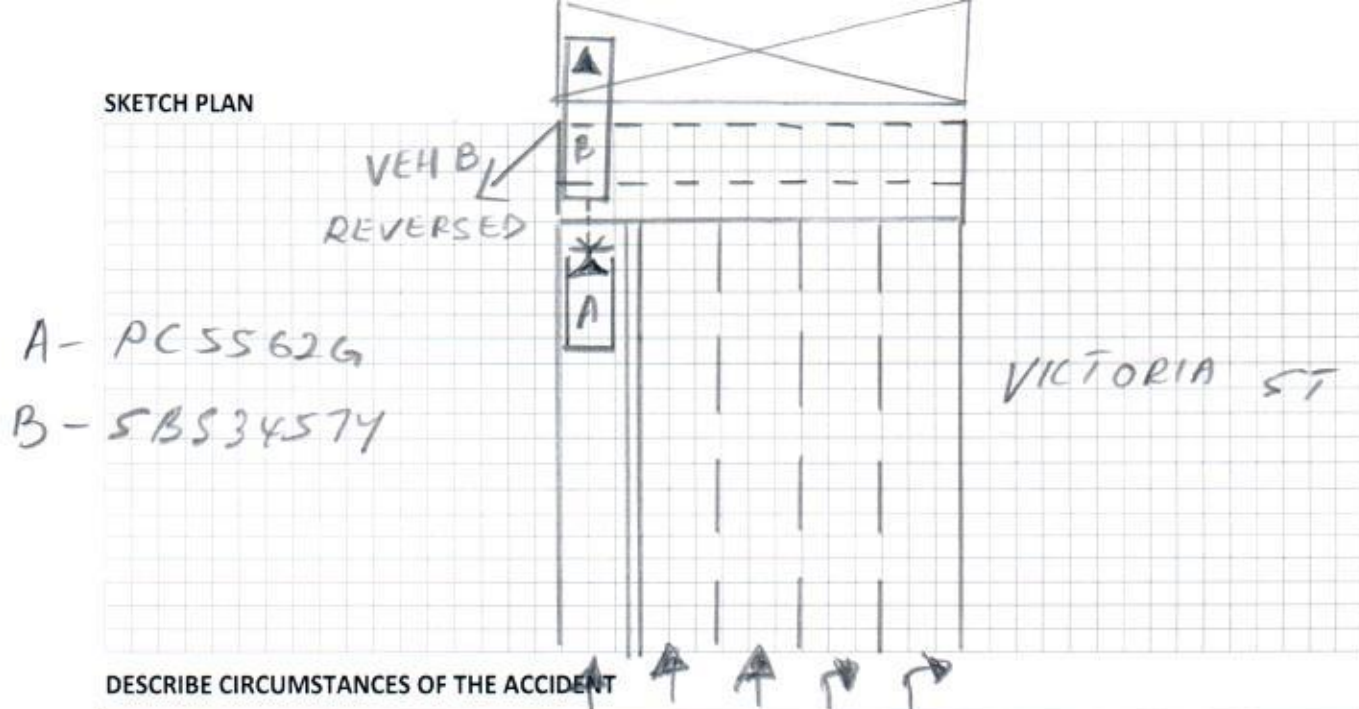
Name:

NRIC/FIN No.:

GK LIMOSINE SERVICES
REG. NO.: S3354380X

TEL: 65 6267 5983
EMAIL: GK.LIMOSVC@GMAIL.COM

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls ref to the 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.:

Slyn 03/09/19



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="02/09/2019 17:50"/>
Vehicle No.(For Motor)	<input type="text" value="PC5562G"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087774422-02		GK LIMOUSINE SERVICES	53354380X	GBS	Comprehensive	PC5562G	PC5562G	15/02/2019	14/02/2020

Continue

Claim Handling

Accident MT/1060874

Policy No.	5087774422-02	Vehicle No.	PC5562G	GST Registration No.
Certificate No.				
Policyholder Name	GK LIMOUSINE SERVICES			Policyholder NRIC
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	92279983	Contact No.(Office)	0	Contact No.(Home)
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	03/09/2019 18:22	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/09/2019	Time of Accident hh:mm	17:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC VICTORIA STREET & OPHIR RD			

Excess

Own damage Excess	2,000.00	Additional Excess	Windscreen Excess
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	03/09/2019 18:24:35 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 489B #10-203	Address 2	CHOA CHU KANG AVENUE 5	Address 3
Address 4	SINGAPORE 682489	Address Type	Singapore address	
Unit No.	10-203	Related Policy Number	5087774422-02	Post Code

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	TOH KAR HOCK(ZHUO JIAFU)	Driver NRIC	S8338508A	Driving Experience
Register Date of Driver License	11/06/2012	Driver Age	35	Contact No.(Home)
Contact No.(Mobile)	92279983	Contact No.(Office)	0	Address 3
Address 1	BLK 489B	Address 2	CHOA CHU KANG AVENUE 5	Post Code
Address 4	SINGAPORE 682489	Address Type	Singapore address	
Unit No.	#10-203			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

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

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	GK LIM
Contact No.(Mobile)		Contact No. (Home)	
Email Address		O1 Vehicle Number	PC5562
Claim Description	PC5562G / S853457Y ON 2 Sept 2019		
Preferred Workshop		Insured Liability	Not at Fault
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	03/09/2019 18:26
<input type="checkbox"/> Print AK letter		Workshop Repairer	ROSLINDA

Save Submit

Attachment

Accident No. MT/1060874 Claim No. 001
Last Doc. Received Yes No Upload Date 03/09/2019 00:00

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Message Read

Path *

Clear

Clear

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Category *

Confidential

Please Select NO

Please Select NO

Please Select NO

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Sep 2019 18:26	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Sep 2019 18:26	SAS	Normal	SAS ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Sep 2019 18:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Sep 2019 18:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Sep 2019 18:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Sep 2019 18:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Sep 2019 18:26	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Sep 2019 18:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Sep 2019 18:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Sep 2019 18:26	Photos	Normal	Photos

Video List

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