

# NATIONAL Assessment Centre Services (wef 1 Jan 2015)

Date In: <b>06/09/19</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC19015837/13</b>	SAS e-filing		
Veh No: <b>G94007H</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>06/09/19 1200</b>	i-Motor Claim Form	<b>MT/1061331 - 001</b>	
OD: <b>(IP)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (		Tel: (	Fax: (
TP Particulars:	Veh No: <b>5J49630T</b>	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

<b>NA1906753</b>	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR: Re-inspection \$75		
<b>Cat. 2 / 3:</b>	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 (N:n INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	06/09/2019 16:47
Date Of Accident	06/09/2019 12:00
Exact Location Of Accident	QUEENSWAY SLIP RD INTO COMMONWEALTH AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GY4027H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WELL AIR CONDITIONING & SERVICES
Co Reg No	GY4027H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68422702
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	URVAN
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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108213819
Cover Note Number	
<b>Driver</b>	
Name of Driver	KOO WIN CENT
Passport No/FIN	G2611994X
Date Of Birth	29/07/1994
Occupation	OUTDOOR
Date Of Driving Pass	13/02/2018
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98367176
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 371 HOUGANG ST 31 #06-33
Postcode	530371
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?	YES
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: : DHANABALAN RAJA 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

MY VEH WAS STATIONARY AT THE GIVEWAY LINE AT QUEENSWAY SLIP RD INTO COMMONWEALTH AVE TO GIVE WAY FOR ONCOMING VEH. SUDDENLY VEH(B) BEARING REG NO SJU9630T CAME FROM BEHIND AND HIT ONTO MY REAR 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	SJU9630T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG SOON HENG
NRIC/Passport Number	S7517746A
Contact Number	
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KOO WIN CENT  
Approximate Age  
Injuries Sustain BACK & NECK  
Injured person in which vehicle? GY4027H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name DHANABALAN RAJA  
Approximate Age  
Injuries Sustain BACK & NECK  
Injured person in which vehicle? GY4027H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## 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:

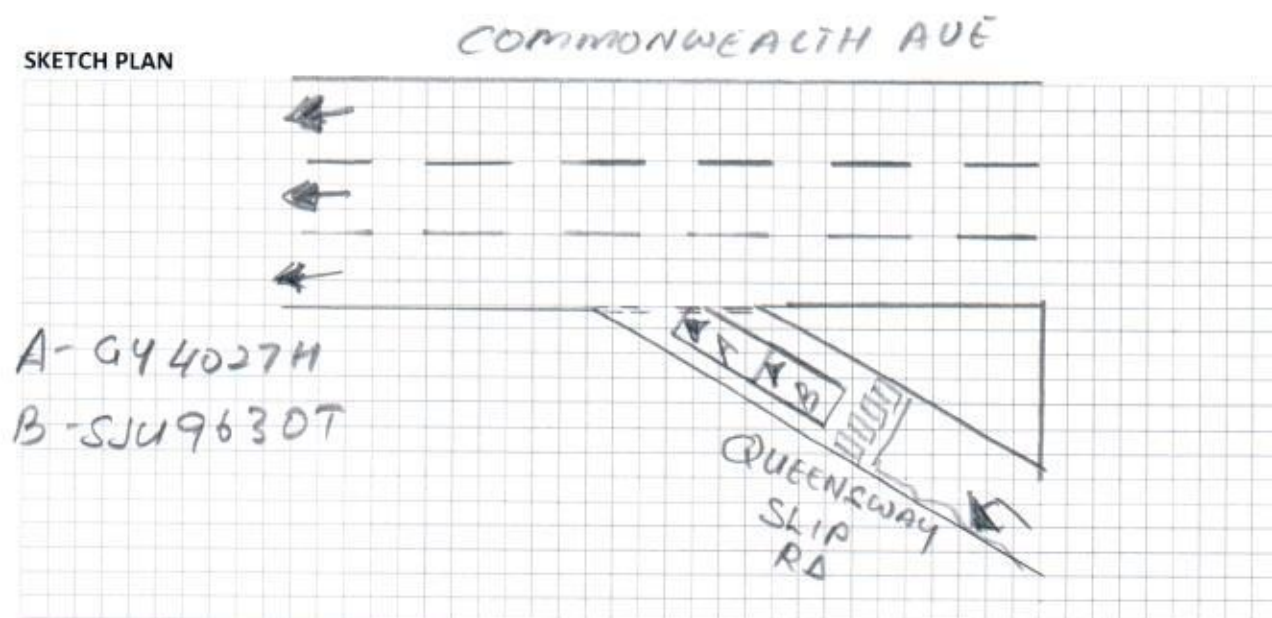
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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

P/s refer 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.:

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.

Date of Accident

06/09/2019 12:00

Vehicle No.(For Motor)

GY4027H

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108213819		WELL AIR CONDITIONING & SERVICES	GY4027H	GCV	Comprehensive	GY4027H	GY4027H	28/03/2019	27/03/2020

Continue



Claim Handling

Accident MT/1061331

Policy No.	5108213819	Vehicle No.	GY4027H	GST Registration No.
Certificate No.				
Policyholder Name	WELL AIR CONDITIONING & SERVICES			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	0	Contact No.(Office)	68422702	Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<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	06/09/2019 19:10	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/09/2019	Time of Accident hh:mm	12:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	QUEENSWAY SLIP RD INTO COMMONWEALTH AVE			

▼ 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	No
Modification History	06/09/2019 19:14:39 System auto update fail: The format of the UEN is incorrect or UEN is invalid.		

▼ Policyholder Mailing Address

Address 1	BLK 3006 #04-332	Address 2	UBI ROAD 1	Address 3
Address 4	SINGAPORE 408700	Address Type	Singapore address	Post Code
Unit No.	04-332	Related Policy Number	5108213819	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KOD WIN CENT	Driver NRIC	G2611994X	Driver DOB
Register Date of Driver License	13/02/2018	Driver Age	25	Driving Experience
Contact No.(Mobile)	98367176	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 371	Address 2	HOUGANG STREET 31	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#06-33			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com.

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	WELL A
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GY4027
Claim Description	GY4027H / SJU9630T ON 6 Sept 2019		
Preferred Workshop		Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	06/09/2019 19:16	Claim Close Date	



☒ Print AK letter

Save Submit

Attachment



Accident No.	MT/1061331	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/09/2019 00:00
Path *		Category *	Confidential
<div>Choose File No file chosen</div>		<div>Clear</div>	<div>Please Select</div> <div>NO</div>
<div>Choose File No file chosen</div>		<div>Clear</div>	<div>Please Select</div> <div>NO</div>
<div>Choose File No file chosen</div>		<div>Clear</div>	<div>Please Select</div> <div>NO</div>
<div>Choose File No file chosen</div>		<div>Clear</div>	<div>Please Select</div> <div>NO</div>
<div>Choose File No file chosen</div>		<div>Clear</div>	<div>Please Select</div> <div>NO</div>
<div>Choose File No file chosen</div>		<div>Clear</div>	<div>Please Select</div> <div>NO</div>
<div>Message Read</div>			

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Des
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Sep 2019 19:16		NRIC/ Driving License	Y	Normal	NRIC/ Driving
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Sep 2019 19:16		SAS		Normal	SAS 2
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Sep 2019 19:16		Photos		Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Sep 2019 19:16		Photos		Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Sep 2019 19:16		Photos		Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Sep 2019 19:15		Photos		Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Sep 2019 19:15		Photos		Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Sep 2019 19:15		Photos		Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Sep 2019 19:15		Photos		Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Sep 2019 19:15		Photos		Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Sep 2019 19:15		Photos		Normal	Photos

Video List

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