

NATIONAL Assessment Centre Services (wef 1 Jan'05) **NA/19/1096**

Date In: 10/1/19-14:46	Job description	Date & Time Completed	Done by
Ref No: NA/19/1096-16092/14	SAS e-filing		
Veh No: XE328M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 9/1/19-18:05	i-Motor Claim Form	NA/1061872/001	10/1/19 18:38
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: Vch No: 5J659345 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 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

NA 1061872	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Est Bill	Add Bill
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)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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 \$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	10/09/2019 14:46
Date Of Accident	09/09/2019 18:05
Exact Location Of Accident	JURONG TOWN HALL RD TWDS JURONG EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE1328M
Insured/Policyholder	
Name Of Registered Owner	WAH & HUA PTE LTD
Co Reg No	200000076M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63620078

Vehicle Particulars

Manufacturer	IVECO
Model	TRAKKER AUTO AT260T41 (MY2013, EURO V)
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111430253
Cover Note Number	

Driver

Name of Driver	ONG CHENG LIM
NRIC No	S1547785G
Date Of Birth	23/04/1962
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1987
Driving Experience	31 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93761138
Fax Number	
Contact Number	OFFICE-93761138
E-Mail Address	NOEMAIL

Address	BLK 647 YISHUN STREET 61 #09-368
Postcode	760647
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 - CHANGE/CROSS LANE
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

ON STATED DATE AND TIME, AS I WANTED TO MOVED FORWARD AS IT WAS CONGESTED. VEHICLE B WAS TRAVELLING ALONG 4TH LANE SUDDENLY CUT ONTO MY LANE AND HIT ONTO MY VEHICLE FRONT 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	SJG5934S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ARTHUR LOW JUN TING
NRIC/Passport Number	S9927238D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

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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.



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

Vehicle No.(For Motor) 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"/>	5111430253	5111430253-000007	WAH & HUA PTE LTD	200800076M	GFM	Preferred Workshop Plan	XE1328M	XE1328M	22/07/2019	21/07/2020

Continue

▼ Policy Information

Policy No.	5111430253	Policyholder Name	WAH & HUA PTE LTD	Policyholder NRIC	200000076M
Certificate No.	5111430253-000007				
Address	11 KRANJI CRESCENT SINGAPORE 728656				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	25/07/2019	Effective Date	22/07/2019 00:00	Expiry Date	21/07/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess		Own damage Excess	1500	Windscreen Excess	200
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	11 KRANJI CRESCENT	Address 2	SINGAPORE 728656	Address 3	
Address 4		Address Type	Singapore address	Post Code	728656
Unit No.		Related Policy Number	5111431474		

▶ Insured Object: 5111430253-000007

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	22/07/2019 00:00	Basic Information Endorsement	000001287116607	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 22 Jul 2019, the following vehicles are subject to Endorsement M42(A) - EQUIPMENT AND THIRD-PARTY WORKING RISKS : VEHICLE NUMBER 1. XD8285L 2. XD9846L 3. XE103B 4. XE1060J 5. XE107R 6. XE1104S 7. XE1328M 8. XE4468Y 9. XE4614S 10. XE4618G

▼ Certificate Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Accident MT/1061872

Policy No.	5111430253	Vehicle No.	XE1328M	GST Registration No.	20000076M
Certificate No.	5111430253-000007				
Policyholder Name	WAH & HUA PTE LTD			Policyholder NRIC	20000076M
Product Code	FLEET MASTER INSURANCE	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	63620078	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
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(%)	0	Private Hire	No

Accident Details

Report Date	10/09/2019 18:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	09/09/2019	Time of Accident hh:mm	18:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG TOWN HALL RD TWDS JURONG EAST				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	200.00		
OD Standard Excess	1,500.00	TP Standard Excess			
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	1500.00	Total TP Excess Applicable			

Benefits

Coverage	Sum Insured	999999999.99
Third Party Working Risk		

GST Registered Information

GST Registered	Yes	GST Registration Date	03/01/2000
GST Registration No.	20000076M	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	11 KRANJI CRESCENT	Address 2	SINGAPORE 728656	Address 3	
Address 4		Address Type	Singapore address	Post Code	728656
Unit No.		Related Policy Number	5111431474		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ONG CHENG LIM	Driver NRIC	S1547785G	Driver DOB	23/04/1962
Register Date of Driver License	17/10/1987	Driver Age	57	Driving Experience	31
Contact No.(Mobile)	93761138	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 547	Address 2	YISHUN STREET 61	Address 3	SINGAPORE 760647
Address 4		Address Type	Singapore address	Post Code	760647
Unit No.	09-268				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	WAH & HUA PTE LTD	Insured NRIC	20000076M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	63620078
Email Address		OI Vehicle Number	XE1328M	TP Vehicle Number	SJGS934S
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	XE1328M / SJGS934S ON 9 Sept 2019		Name of Preferred Workshop		
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/09/2019 18:38	Claim Close Date		Date Received	10/09/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1061872	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/09/2019 18:38

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CC)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Sep 2019 18:38	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Sep 2019 18:38	SAS		Normal	SAS 2019-9-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Sep 2019 18:38	Photos		Normal	Photos 2019-9-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Sep 2019 18:38	Photos		Normal	Photos 2019-9-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Sep 2019 18:38	Photos		Normal	Photos 2019-9-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Sep 2019 18:38	Photos		Normal	Photos 2019-9-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Sep 2019 18:38	Photos		Normal	Photos 2019-9-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Sep 2019 18:38	Photos		Normal	Photos 2019-9-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Sep 2019 18:38	Photos		Normal	Photos 2019-9-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Sep 2019 18:38	Photos		Normal	Photos 2019-9-10	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Sep 2019 18:38	Photos		Normal	Photos 2019-9-10	

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>					