

NATIONAL Assessment Centre Services

[part 1 Jan'05]

MMA 119121258

Date In: 12/9/19 16:33	Job description: SAS e-illing	Date & Time Completed: 12/19/19 17:04	Done by:
Ref No: MA1INC19016204164	E-mail (within 5hrs, AIC 2hrs)		
Veh No: GBE 8005J	I-Motor Claim Form	MT/1061688 ⁰⁰²	
TP Insurer: 719/19 04:20	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Ass'n Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars: ()	Veh No: SH 8573T	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 Repair: ()

() 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 Rollins 6798 6616)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time	Actions

<p>WA1906945</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Eugr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref: 1</p>	<p>Invoice Preparation Checklist</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td>INC (\$30)</td> <td>30.00</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td>INC (\$30)</td> <td></td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$45</td> <td></td> </tr> <tr> <td>4) PT: Follow-Through Survey</td> <td>\$120</td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> <td></td> </tr> <tr> <td colspan="3">For claiming status INC Only (ws 10 Jan 2003)</td> </tr> <tr> <td>6) TR: Re-Inspection</td> <td>\$75</td> <td></td> </tr> <tr> <td>7) NI: Ideal DA + SMRT Survey</td> <td>\$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> <td></td> </tr> <tr> <td>OD:</td> <td></td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance</td> <td>\$5</td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination</td> <td>\$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$5</td> <td></td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC</td> <td>\$20</td> <td></td> </tr> <tr> <td>9) N12: Ideal Mobile</td> <td>\$0</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> </table>	1) AR: Accident Reporting (\$30)	INC (\$30)	30.00	2) DA: Damage Assessment (\$100)	INC (\$30)		3) TP: Towing Fee	\$40/\$45		4) PT: Follow-Through Survey	\$120		5) PT: Follow-Through Survey (Resurvey)	\$30		For claiming status INC Only (ws 10 Jan 2003)			6) TR: Re-Inspection	\$75		7) NI: Ideal 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: Ideal Mobile	\$0		Invoice dated	Fee Charged		Invoice dated	Fee Charged	
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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	12/09/2019 16:33
Date Of Accident	07/09/2019 04:20
Exact Location Of Accident	JURONG EAST MRT TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8005J
Insured/Policyholder	
Name Of Registered Owner	FEI HUANG MEE HOON KUAY MANUFACTURING FACTORY
Co Reg No	53124418X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94764165

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	5088068709-02
Cover Note Number	-

Driver

Name of Driver	WANG HUAZHEN
NRIC No	G3305391L
Date Of Birth	23/08/1978
Occupation	OUTDOOR
Date Of Driving Pass	19/01/2017
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93912280
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	96L JALAN SENANG SINGAPORE
Postcode	418491
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 AT THE JURONG EAST MRT TAXI STAND EXIT TO THE JURONG GATEWAY RD, THE TAXI INFRONT OF ME STOP, I MANAGE TO STOP BUT STILL HIT ONTO THE TAXI REAR 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	SH8573T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
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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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**.
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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) in complying with requirements under any regulations, laws or court orders.

飛煌麵粉標製造廠
FEI HUANG MEE HOON KUAH MANUFACTURING FACTORY

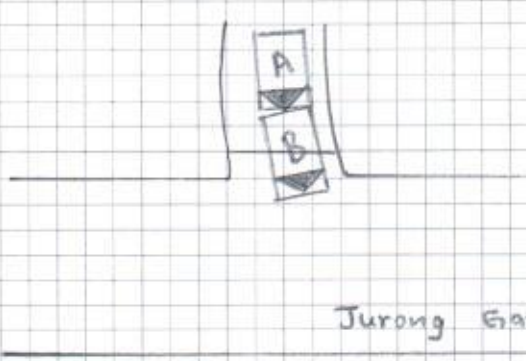
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Jurong East Mrt taxi stand.



A = GBE 8005J
B = SH 8573T

Jurong Gateway Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

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

飛煌麵粉標製造廠化領
FEI HUANG MEE HOON KUAY MANUFACTURING FACTORY

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="07/09/2019 16:22"/>
Vehicle No.(For Motor)	<input type="text" value="GBE8005J"/>	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"/>	5088068709-02		FEI HUANG MEE HOON KUAY MANUFACTURING FACTORY	53124418X	GCV	Comprehensive	GBE8005J	GBE8005J	28/03/2019	27/03/2020

Claim Handling

Accident MT/1061688

Policy No.	5088068709-02	Vehicle No.	GBE8005J	GST Registration No.	
Certificate No.					
Policyholder Name	FEI HUANG MEE HOON KUAY MANUFACTURING FACTORY			Policyholder NRIC	53124418X
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	20	Private Hire	No

▼ Accident Details

Report Date	10/09/2019 09:16	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	07/09/2019	Time of Accident hh:mm	06:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	10/09/2019 09:17:24 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	96L JALAN SENANG	Address 2	SINGAPORE 418491	Address 3	
Address 4		Address Type	Singapore address	Post Code	418491
Unit No.		Related Policy Number	5088068709-02		

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	FEI HUANG MEE HOON KUAY M	Insured NRIC	53124418X
Contact No.(Mobile)	9618735	Contact No.(Home)	NIL	Contact No.(Office)	947641
Email Address		OI Vehicle Number	GBE8005J	TP Vehicle Number	SH857
Claim Description	GBE8005J / SH8573T ON 7 Sept 2019				Name of Preferred Workshop
Preferred Workshop	0	Insured Liability	Fully at Fault	GIA report	Received
Workshop Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	Claim Close Date	12/09/2019 17:04
Date Registered				Date Received	12/09/2019
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Attachment

Accident No.	MT/1061688	Claim No.	002			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/09/2019 17:04			
Path *		Category *	Confidential	Urgency *	Desci	
<div>Choose File</div> No file chosen		<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> No file chosen		<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> No file chosen		<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> No file chosen		<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> No file chosen		<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> No file chosen		<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> No file chosen		<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Message Read</div>		<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 12 Sep 2019 17:04	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 12 Sep 2019 17:04	SAS	Normal		SAS 2019-9-12



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
12 Sep 2019 17:04

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
12 Sep 2019 17:04

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12 Sep 2019 17:04

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
12 Sep 2019 17:04

Photos

Photos

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Normal

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Normal

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Photos 2019-9-12

Photos 2019-9-12

Photos 2019-9-12

Photos 2019-9-12

Photos 2019-9-12

Photos 2019-9-12

Photos 2019-9-12

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading