

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MNA 119 12834

Date In: 28/1/19 - 09:50	Job description	Date & Time Completed	Done by
Ref No: NA/INC 190130 92/24	SAS e-filing		
Veh No: 4P5313J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/1/19 - 15:30	i-Motor Claim Form	M7/1064430-001	28/1/19 15:08
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: 5JW704M	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

NAI 40235	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	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		
Auditors' Comments:	TP (N11): TP (Non INC) against INC \$20		
Ref 1:	9) N12: Idac Mobile 30		
Ref 2 / 3:	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	28/09/2019 09:50
Date Of Accident	27/09/2019 15:30
Exact Location Of Accident	JUNC KALLANG WAY & PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5313J
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Insured/Policyholder

Name Of Registered Owner	TENGAH ENGINEERING & HARDWARE PTE LTD
Co Reg No	199908253M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65084320

Vehicle Particulars

Manufacturer	HINO
Model	HINO XZU710R-HKFMS3
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	5087648258-02
Cover Note Number	

Driver

Name of Driver	LUO ZULIN
Passport No/FIN	G6202686W
Date Of Birth	29/07/1969
Occupation	OUTDOOR
Date Of Driving Pass	14/12/2018
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90151521
Fax Number	
Contact Number	OFFICE-90151521
Email Address	NOEMAIL

Address	37 KALLANG PUDDING ROAD #01-12 TONG LEE BUILDING BLK B
Postcode	349315
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	NO COLLISION
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, WHILE I TURN LEFT, MY VEHICLE METAL FALL FROM MY VEHICLE. THE METAL HIT ONTO VEHICLE B RIGHT 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	SJW7042T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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**.
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.



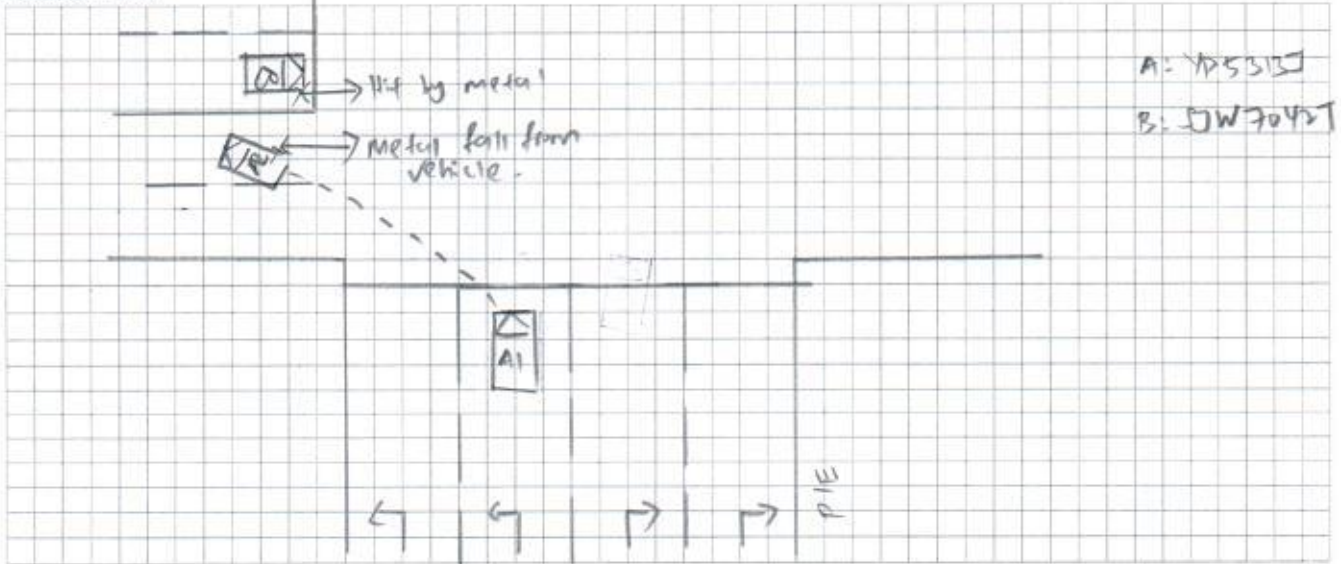
Policyholder's Signature
Date & Time:


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


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

Kallang Way

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

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

eBaoTech

GeneralClaim

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="27/09/2019 15:30"/>							
Vehicle No.(For Motor)	<input type="text" value="YP5313J"/>	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"/>	5087648258-02		TENGGAH ENGINEERING & HARDWARE PTE LTD	199908253M	GCV	Comprehensive	YP5313J	YP5313J	19/01/2019	18/01/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5087648258-02	Policyholder Name	TENGAH ENGINEERING & HARD	Policyholder NRIC	199908253M
Certificate No.					
Address	37 KALLANG PUDDING ROAD #01-12 TONG LEE BLDG BLK B SINGAPORE 349315				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	11/01/2019	Effective Date	19/01/2019 00:00	Expiry Date	18/01/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ALPINE FINANCIAL PTE. LTD.	Agent Tel.	65113025	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	37 KALLANG PUDDING ROAD	Address 2	#01-12 TONG LEE BLDG BLK B	Address 3	SINGAPORE 349315
Address 4		Address Type	Singapore address	Post Code	349315
Unit No.		Related Policy Number	5093124563-02		

Insured Object: YP5313J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue Cancel</div>				

Claim Handling

Accident MT/1064430

Policy No.	5087648258-02	Vehicle No.	YP53133	GST Registration No.	
Certificate No.					
Policyholder Name	TENGAH ENGINEERING & HARDWARE PTE LTD			Policyholder NRIC	199908253M
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	0	Contact No. (Office)	65084320	Contact No. (Home)	0
Email Address		Special Remark		eCode	NIL
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(%)	15	Private Hire	No

Accident Details

Report Date	28/09/2019 10:05	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	27/09/2019	Time of Accident hh:mm	15:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC KALLANG WAY & PTE				

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	Yes	GST Registration Date	01/02/2000
GST Registration No.	199908253M	GST Status Verified	Yes
Modification History	28/09/2019 10:07:04 System changed GST Registered from No to Yes 28/09/2019 10:07:04 System changed GST Registration No. from null to 199908253M 28/09/2019 10:07:04 System changed GST Registration Date from null to 01/02/2000		

Policyholder Mailing Address

Address 1	37 KALLANG PUDDING ROAD	Address 2	#01-12 TONG LEE BLDG BLK B	Address 3	SINGAPORE 349315
Address 4		Address Type	Singapore address	Post Code	349315
Unit No.		Related Policy Number	5093124563-02		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIJO ZULIN	Driver NRIC	06202686W	Driver DOB	29/07/1969
Register Date of Driver License	14/12/2018	Driver Age	50	Driving Experience	0
Contact No. (Mobile)	90151521	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	37 KALLANG PUDDING ROAD	Address 2	TONG LEE BUILDING BLOCK B	Address 3	SINGAPORE 349315
Address 4		Address Type	Singapore address	Post Code	349315
Unit No.	01-12				
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
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TENGAH ENGINEERING & HARDWARE	Insured NRIC	199908253M
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		OT Vehicle Number	YP53133	TP Vehicle Number	SIW7042T
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	YP53133 / SIW7042T ON 27 Sept 2019				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Full at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	28/09/2019 10:08	Claim Close Date		Date Received	28/09/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1064430	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/09/2019 10:08

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

☐ Send Message

Attachment List

Msg Sent?

Attachment	Uploaded By/Date	Category		Urgency	Description	(CO)	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Sep 2019 10:08	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-28		
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Sep 2019 10:08	SAS		Normal	SAS 2019-9-28		
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Sep 2019 10:08	Photos		Normal	Photos 2019-9-28		
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Sep 2019 10:08	Photos		Normal	Photos 2019-9-28		
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Sep 2019 10:08	Photos		Normal	Photos 2019-9-28		
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Sep 2019 10:08	Photos		Normal	Photos 2019-9-28		
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Sep 2019 10:08	Photos		Normal	Photos 2019-9-28		
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Sep 2019 10:08	Photos		Normal	Photos 2019-9-28		
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Sep 2019 10:08	Photos		Normal	Photos 2019-9-28		
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Sep 2019 10:08	Photos		Normal	Photos 2019-9-28		
Video List							
Uploaded By/Date	Folder Date	File Name		Source	Action		
<div>Display in New Window</div> <div>Scan and uploading</div>							