

NATIONAL Assessment Centre Services

[ver 1 Jan 2003]

MNA 119132234

Date In: 7/10/19 10:42	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MAL INC 19017572164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: GK 811K	I-Motor Claim Form	MT/1065607	7/10/19 11:59
TP Insurer: (P) Reporting Only	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 Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SHA 22532	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: 67886616	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

MNA1907464

Claimant's Particulars:	Invoice Preparation Checklist	Amount (S)	Amount (S)
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$40)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Ingr-In-Charge):	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$20		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OR:		
	*N3: 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: Idas 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	07/10/2019 10:42
Date Of Accident	05/10/2019 11:30
Exact Location Of Accident	JUNC OF UPPER CHANGI RD E & EXPO DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GK811K
Insured/Policyholder	
Name Of Registered Owner	CHILLI API CATERING PTE LTD
Co Reg No	200208964G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62479531

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5086459533-02
Cover Note Number	

Driver

Name of Driver	ZHUANG YUAN
NRIC No	G2717278X
Date Of Birth	24/02/1983
Occupation	OUTDOOR
Date Of Driving Pass	21/01/2016
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84995811
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	118 BEDOK NORTH ST 2 #16-188
Postcode	460118
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 - CROSS JUNCTION
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 TRAVELLING ALONG UPP CHANGI RD EAST WHILE APPROACHING JUNC WITH EXPO DR, THE LIGHT WAS ON MY FAVOR, I PROCEED STRAIGHT TO CROSS THE JUNC, SUDDENLY THE TAXI FROM THE OPPOSITE MAKE A RIGHT TURN AND HIT ONTO MY VEH RIGHT FRONT PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA2253Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ONG SAN HUI ANDREW
NRIC/Passport Number	S1588404E
Contact Number	
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.:

SKETCH PLAN

Expo Drive

A = GK 811K
B = SHA 2253 Z

Upp Changi Rd East

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to 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.	<input type="text"/>	Date of Accident	<input type="text" value="05/10/2019 10:39"/>
Vehicle No.(For Motor)	<input type="text" value="GK811K"/>	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"/>	5086459533-02		CHILLI API CATERING PTE LTD	200208964G	GCV	Third Party	GK811K	GK811K	26/11/2018	25/11/2019

Claim Handling

Accident MT/1065607

Policy No.	5086459533-02	Vehicle No.	GK811K	GST Registration No.	
Certificate No.					
Policyholder Name	CHILLI API CATERING PTE LTD	Cover Type	Third Party	Policyholder NRIC	200208964G
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	62479531	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
▼ Accident Details					
Report Date	07/10/2019 11:56	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	05/10/2019	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC DF UPPER CHANGI RD E & EXPO DRIVE				
▼ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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	01/02/2005		
GST Registration No.	200208964G	GST Status Verified	Yes		
Modification History	07/10/2019 11:57:52 System changed GST Registered from No to Yes 07/10/2019 11:57:52 System changed GST Registration No. from null to 200208964G 07/10/2019 11:57:52 System changed GST Registration Date from null to 01/02/2005				
▼ Policyholder Mailing Address					
Address 1	3015 BEDOK NORTH STREET 5	Address 2	#06-27 SHIMEI EAST KITCHEN	Address 3	SINGAPORE 486350
Address 4		Address Type	Singapore address	Post Code	486350
Unit No.		Related Policy Number	5113078331		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/02/1983
Unnamed driver Name	ZHUANG YUAN	Driver NRIC	G2717278X	Driving Experience	3
Register Date of Driver License	21/01/2016	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)	84995811	Contact No.(Office)		Address 3	FENGSHAN PRECINCT
Address 1	BLK 118 #16-188	Address 2	BEDOK NORTH STREET 2	Post Code	460118
Address 4	SINGAPORE 460118	Address Type	Singapore address		
Unit No.	16-188			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			
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	CHILLI API CATERING PTE LTD	Insured NRIC	200208964G	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	62479531	
Email Address	judy@chillipadi.com.sg	OI Vehicle Number	GK811K	TP Vehicle Number	SHA22	
Claim Description	GK811K / SHA2253Z ON 5 Oct 2019				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault			
Repair Option	Preferred Repair	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered	07/10/2019 11:58	Claim Close Date		Date Received	07/10/2019	
Report Taken By	LIEW SHAN HUI					
<input checked="" type="checkbox"/> Print AK letter						
<div>Save</div> <div>Submit</div>						

Attachment

Accident No.	HT/1065607	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/10/2019 11:59		
Path *					
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Message Read					
▼ Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	Mt
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0	07 Oct 2019 11:59	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-7



Video List

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Oct 2019 11:59	SAS	Normal	SAS 2019-10-7
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Oct 2019 11:59	Photos	Normal	Photos 2019-10-7
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Oct 2019 11:59	Photos	Normal	Photos 2019-10-7
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Uploaded By/Date	Folder Date	File Name	Source
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