

NATIONAL Assessment Centre Services

[ver 1 Jan 09]

MNA 119136711

Date In: 15/10/19 13:33	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA1 INC19018162/64	E-mail (within 2hrs, A/C 2hrs)		
Veh No: SKU 7729 U	I-Motor Claim Form	MT/1066973-001	15/10/19 14:53
IP: 14/10/19 14:45	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP: TP: Reporting Only	I-Photo Uploaded		
IP: Insurance	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Profund Wksp / INC Assign Wksp / GW: ()

Tel: ()

Fax: ()

IP Particulars:

Veh No:

SJG 53512

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:

MA1907755

Invoice Description / Client

Am (\$)

Am (\$)

Ind Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

1) AR: Accident Reporting (\$30):

30.00

2) DA: Damage Assessment (\$100):

INC (\$10)

3) TP: Towing Fee

\$40/\$45

4) PT: Follow-Through Survey

\$120

5) PT: Follow-Through Survey (Resurvey)

\$30

For claiming against INC Only (wef 10 Jan 2009)

6) TR: Re-Inspection

\$75

7) NI: Idao DA + SMRT Survey

\$160

8) NTUC Additional Services:

OR:

*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: Idao Mobile

\$10

Invoice dated

Fee Charged

Invoice dated

Fee Charged

15/10/19

15/10/19

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	15/10/2019 13:33
Date Of Accident	14/10/2019 14:45
Exact Location Of Accident	UBI RD 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU7729U
Insured/Policyholder	
Name Of Registered Owner	ON-TIME 2017 TRADING
Co Reg No	53367582X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96662254

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093152174-01
Cover Note Number	

Driver

Name of Driver	TAN CHAI HUAT
NRIC No	S1645098G
Date Of Birth	06/06/1964
Occupation	OUTDOOR
Date Of Driving Pass	13/11/1981
Driving Experience	37 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96662254
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 31 BALAM RD #03-103
Postcode	370031
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	2
Passenger 1	NAME: : UNKNOWN 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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG5351Z
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)	2

Passenger 1

NAME: UNKNOWN
GENDER: MALE

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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) 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

Ubi Ave 2.

A = SKU 7729 U

B = IJG 5351 Z

Ubi Rd 1



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.:

I WAS DRIVING ALONG UBI RD 1, I SLIGHTLY TOUCH ONTO VEH B REAR PORTION, I COME DOWN FROM MY VEH AND CHECK ON OUR VEH, NO SERIOUS DAMAGE ON OUR BOTH VEH. THE PASSENGER ON THE VEH B MENTIONED TO ME HE IS OKAY. AFTER ONE HOUR LATER, THE DRIVER B CALL ME, HE SAY CANNOT PRIVATE SETTLE DUE TO HIS PASSENGER SAY HE WAS INJURED.

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 10 / 19) (DD/MM/YYYY), TIME: (14 : 45) (HH:MM)

LOCATION: Ubi Rd 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKU 77290
b) INSURANCE COMPANY: INC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Commercial
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: on-time 2017 Trading (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9666 2254
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Chai Huat (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S16450986 CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SJG 53512 MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* chop.

Email =

ontime.9144@gmail.com

fax =

VIDEO = Yes

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="14/10/2019 11:13"/>
Vehicle No.(For Motor)	<input type="text" value="SKU7729U"/>	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"/>	5093152174-01		ON-TIME 2017 TRADING	53367582X	GPC	drive CLASSIC	SKU7729U	SKU7729U	13/02/2019	12/02/2020

Claim Handling

Accident MT/1066973

Policy No.	5093152174-01	Vehicle No.	SKU7729U	GST Registration No.	53367582X
Certificate No.					
Policyholder Name	ON-TIME 2017 TRADING			Policyholder NRIC	53367582X
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96662254	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(%)	40	Private Hire	Yes

▼ Accident Details

Report Date	15/10/2019 14:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	14/10/2019	Time of Accident hh:mm	14:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UB1 RD 1				

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	15/10/2019 14:51:05 System changed GST Registered from Yes to No 15/10/2019 14:51:05 System changed GST Registration No. from 53367582X to null 15/10/2019 14:51:05 System changed GST Registration Date from 30/07/2017 to null				

▼ Policyholder Mailing Address

Address 1	BLK 31 #03-103	Address 2	BALAM ROAD	Address 3	BALAM GARDENS
Address 4	SINGAPORE 370031	Address Type	Singapore address	Post Code	370031
Unit No.	03-103	Related Policy Number	5093152174-01		

▼ OI Driver Info

Driver Name	TAN CHAI HUAT	Driver Type	Main Driver	Driver DOB	06/06/1964
Unnamed driver Name		Driver NRIC	S1645098G	Driving Experience	37
Register Date of Driver License	13/11/1981	Driver Age	55	Contact No.(Home)	
Contact No.(Mobile)	96662254	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 31 #03-103	Address 2	BALAM ROAD	Address 3	BALAM GARDENS
Address 4	SINGAPORE 370031	Address Type	Singapore address	Post Code	370031
Unit No.	03-103				
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	ON-TIME 2017 TRADING	Insured NRIC	53367582X
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SKU7729U	TP Vehicle Number	53G531Z
Claim Description	SKU7729U / 53G531Z ON 14 Oct 2019				
Preferred Workshop	0	Insured Liability	Fully at Fault	Name of Preferred Workshop	0
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/10/2019 14:52	Claim Close Date		Date Received	15/10/2019
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1066973	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/10/2019 14:53
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read		Please Select	NO

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M:
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	15 Oct 2019 14:53	NRIC/ Driving License	Y	NRIC/ Driving License 2019-10-15	



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
15 Oct 2019 14:53

SAS

Normal

SAS 2019-10-15

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
15 Oct 2019 14:53

Photos

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