

NATIONAL Assessment Centre Services (wef 1 Jan 05) MNA 119143706

Date In: 6/11/19 - 13:04	Job description	Date & Time Completed	Done by
Ref No: NA1 INC 1929676/24	SAS e-filing		
Veh No: 6B3C292W	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 07/11/19 - 18:30	i-Motor Claim Form	M/11075072-001	6/11/19 13:16
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: YGMBE 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% F: 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

	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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 clearing against INC Only (wef 10 Jan 2005)		
Dat 1:	6) TR: Re-inspection \$75		
Dat 2 / 3:	7) N1: Idao 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: 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	06/11/2019 17:04
Date Of Accident	05/11/2019 18:30
Exact Location Of Accident	SLIP RD JURONG WEST ST 64
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2922L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOCK KWENG CONSTRUCTION PTE LTD
Co Reg No	200108065D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62688277

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L200 D/CABIN 2.5L 5MT TURBO D/AIRBAG 4WD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5102806383-01
Cover Note Number	

### Driver

Name of Driver	LEONG KAY LOONG
NRIC No	S2752010C
Date Of Birth	11/07/1963
Occupation	OUTDOOR
Date Of Driving Pass	25/02/1998
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97845838
Fax Number	
Contact Number	OFFICE-97845838
Email Address	NOEMAIL

Address	BLK 686B JURONG WEST CENTRAL 1 #14-146
Postcode	642686
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
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

REFER TO STATEMENT.

### 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	YQ128E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SATHAIAH SARAVANAN
NRIC/Passport Number	G7701822R
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

**DETAILS OF INJURED PERSON 1**

Name	LEONG KAY LOONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBC2922L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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:

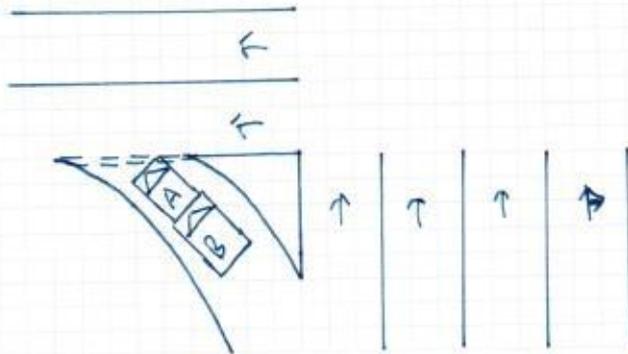
Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

Jurong West St 64

A - GBC2922L

B - YQ128E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date, I was travelling in my vehicle bearing (GBC2922L) on slip road to Jurong West Street 64. As I stop on the give way line, I felt a huge impact from the rear after few moments. I alighted and realised a cement truck bearing (YQ128E) had collided onto the rear portion of my vehicle. We exchange particulars and decide to proceed with insurance claims.

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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 5 / 11 / 2019 (DD/MM/YYYY), TIME: 18 : 30 (HH:MM)

LOCATION: JURONG WEST STREET 64 (SLIP ROAD)

**1. DETAILS OF VEHICLE**

- a) VEHICLE NUMBER: GBC 2922 L
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 5102806383 - 01
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: mitsubishi L200
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

**2. INSURED / POLICY HOLDER**

- A) NAME: SOCK KWENG CONSTRUCTION PTE LTD (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 200108065D CONTACT: 6268 8277
- c) ADDRESS: No. 25 BUKIT BATOK CRESENT, #09-10. THE ELITIST, SINGAPORE 658066

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

**DRIVER**

- a) NAME: LEONG KAY LOONG (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S2752010 C CONTACT: 9784 5838
- c) ADDRESS: Blk 686B JURONG WEST CENTRAL 1 #14-146 SINGAPORE 642686

\*d) DATE OF BIRTH: (11 / 07 / 1963) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: 21

- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (YES)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

- 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
- b) ROAD SURFACE: (DRY / WET / OTHERS)

- 6. WAS ANYBODY INJURED (YES / NO) (YES)

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

**8. THIRD PARTY VEHICLE**

- a) VEHICLE NUMBER: YQ 128 E MODEL: \_\_\_\_\_
- b) DRIVER'S NAME: SATHIAH SARAVANAN
- c) NRIC/FIN/PASSPORT: G7701822 R CONTACT: \_\_\_\_\_

**9. THIRD PARTY VEHICLE**

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_
- e) DRIVER'S NAME: \_\_\_\_\_
- f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(Including driver)  
(1)  
Driver 2 days  
MC.

\* No of passenger  
(Including driver)  
(2)

\* No of passenger  
(Including driver)  
( )

email =  
fax =

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"/>	5102806383-01		SOCK KWENG CONSTRUCTION PTE LTD	200108065D	GCV	Comprehensive	GBC2922L	G8C2922L	14/10/2019	13/10/2020

Continue

Policy Information

Policy No.	5102806383-01	Policyholder Name	SOCK KWENG CONSTRUCTION I	Policyholder NRIC	200108065D
Certificate No.					
Address	25 BUKIT BATOK CRESCENT #09-10 THE ELITIST SINGAPORE 658066				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy Issue Date	23/09/2019	Effective Date	14/10/2019 00:00	Expiry Date	13/10/2020 23:59
Excess Type	Per Accident	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	B.A.S. INSURANCE AGENCY	Agent Tel.	67492112	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info Certificate Info					

Policyholder Mailing Address

Address 1	25 BUKIT BATOK CRESCENT	Address 2	#09-10 THE ELITIST	Address 3	SINGAPORE 658066
Address 4		Address Type	Singapore address	Post Code	658066
Unit No.		Related Policy Number	5102806383-01		

Insured Object: GBC2922L

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>				

**Claim Handling**

**Accident MT/1070270**

Policy No.	5102806383-01	Vehicle No.	GBC2922L	GST Registration No.	200108065D
Certificate No.					
Policyholder Name	SOCK KWENG CONSTRUCTION PTE LTD			Policyholder NRIC	200108065D
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	62688277	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<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(%)	10	Private Hire	No
<b>Accident Details</b>					
Report Date	06/11/2019 17:14	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	05/11/2019	Time of Accident (hh:mm)	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD JURONG WEST ST 64				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable			

**Benefits**

**GST Registered Information**

GST Registered	Yes	GST Registration Date	01/07/2004
GST Registration No.	200108065D	GST Status Verified	Yes
Modification History	06/11/2019 17:15:49 System changed GST Registration Date from 01/01/2015 to 01/07/2004 06/11/2019 17:15:49 System changed GST Status Verified from No to Yes		

**Policyholder Mailing Address**

Address 1	25 SUKJIT BATOK CRESCENT	Address 2	#09-10 THE ELITIST	Address 3	SINGAPORE 658066
Address 4		Address Type	Singapore address	Post Code	658066
Unit No.		Related Policy Number	5102806383-01		

**OT Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	11/07/1963
Unnamed driver Name	LEONG KAY LOONG	Driver NRIC	S2752010C	Driving Experience	21
Register Date of Driver License	25/02/1998	Driver Age	56	Contact No.(Home)	0
Contact No.(Mobile)	97845838	Contact No.(Office)	0	Address 3	SINGAPORE 642686
Address 1	BLK 686B	Address 2	JURONG WEST CENTRAL 1	Post Code	642686
Address 4		Address Type	Singapore address		
Unit No.	14-146				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	SOCK KWENG CONSTRUCTION	Insured NRIC	200108065D
Contact No.(Mobile)	97353333	Contact No.(Home)		Contact No.(Office)	62688277
Email Address		OT Vehicle Number	GBC2922L	TP Vehicle Number	YQ128E
Claimant Type	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBC2922L / YQ128E ON 5 Nov 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GJA report	Received
Date Registered	06/11/2019 17:16	Claim Close Date		Date Received	06/11/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<b>Save Submit</b>					

**Attachment**

Accident No. MT/1070270 Claim No. 001

Last Doc. Received  Yes  No Upload Date 06/11/2019 17:17

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

[Send Message](#)

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CC)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Nov 2019 17:17	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-11-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Nov 2019 17:17	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-11-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Nov 2019 17:16	SAS	Normal	SAS 2019-11-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Nov 2019 17:16	Photos	Normal	Photos 2019-11-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Nov 2019 17:16	Photos	Normal	Photos 2019-11-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Nov 2019 17:16	Photos	Normal	Photos 2019-11-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Nov 2019 17:16	Photos	Normal	Photos 2019-11-6	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Nov 2019 17:16	Photos	Normal	Photos 2019-11-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Nov 2019 17:16	Photos	Normal	Photos 2019-11-6	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Nov 2019 17:16	Photos	Normal	Photos 2019-11-6	

**Video List**

Uploaded By/Date	Folder Date	File Name	Source	Action
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