

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MNA119M7887**

Date In: 8/11/19-11:06	Job description	Date & Time Completed	Done by
Ref No: NA119M7887	SAS e-filing		
Veh No: HBD9879C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 7/11/19-11:06	i-Motor Claim Form	MNA119M7887-001	8/11/19 11:06
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: H42369X 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 (\$) Est Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
Driver/Owner:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
Contact No:	8) NTUC Additional Services:-		
	QD*		
Damaged Portion:	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
QC Checked by (Engr-In-Charge):	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Date 1:	Invoice dated	Fee Charged	
Date 2/3:	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	08/11/2019 11:06
Date Of Accident	07/11/2019 11:40
Exact Location Of Accident	SLIP RD JURONG WEST AVE 2 TWDS CORPORATION RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD9879C
Insured/Policyholder	
Name Of Registered Owner	NATURAL TIMBER PTE LTD
Co Reg No	201736204N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63692041
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
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	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	5101372548-01
Cover Note Number	

Driver

Name of Driver	HUANG YU FU
NRIC No	S2653069E
Date Of Birth	03/10/1957
Occupation	OUTDOOR
Date Of Driving Pass	01/10/1997
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98521719
Fax Number	
Contact Number	OFFICE-98521719
EMail Address	NOEMAIL

Address	BLK 510 JURONG WEST STREET 52 #08-110
Postcode	640510
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)	2
Passenger 1	NAME: : SELFU 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD369X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG CHIN HUAT
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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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.

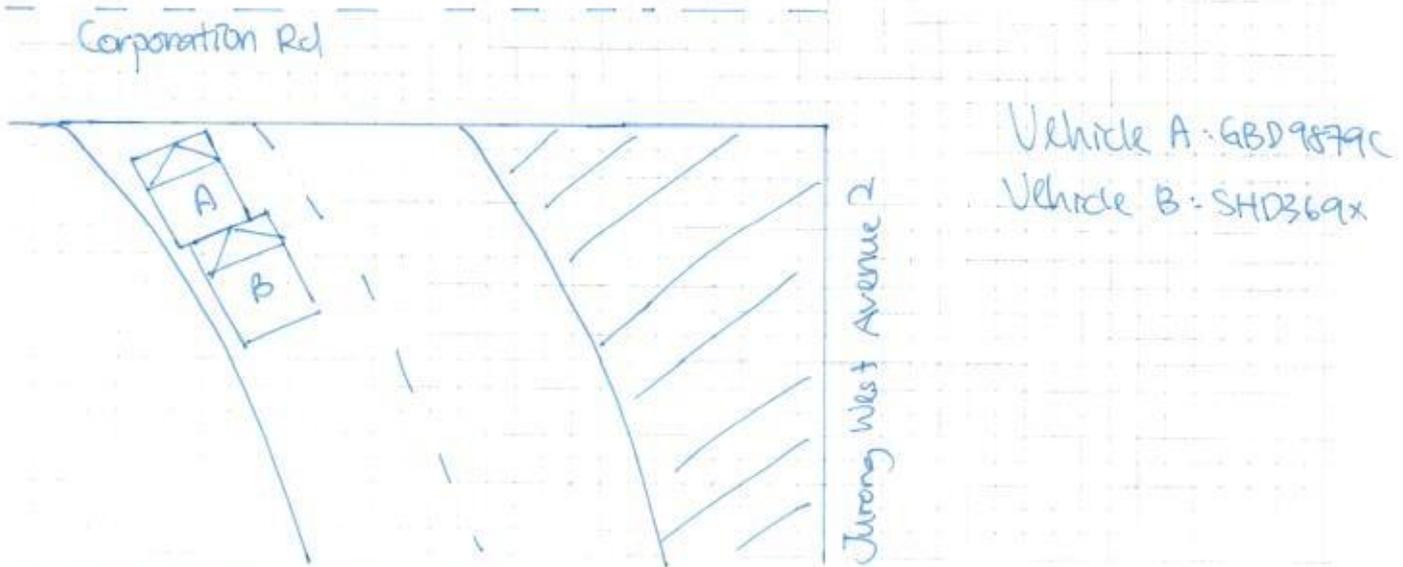

Policyholder's Signature
Date & Time:




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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date & time, I was driving my vehicle A (GBD9879C) traveling along Jurong West Avenue 2 slip road into Corporation Rd on second lane of a 2-lanes, road. Before entering into Coporation Rd, I stopped my vehicle completely as to give way to oncoming traffic. Out of sudden, vehicle B (SHD369X) came from the rear and collided directly onto the rear portion of my vehicle.

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.:

Vehicle No.	GBD9879C	Model / Make	Nissan NV350
Date of Accident	7/11/2019		
Time of Accident	1140	HRS	
Location of Accident	Along Jurong West Ave 2 / Corporation Rd		
Exact purpose use during accident	Work		
Name of Owner	Natural Timber Pte Ltd		
Telephone No.	H/P: 6369 2041	Home:	Office:
NRIC	201736204N		
Address	20 Kranji Road S (739642)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5101372548-01		
Name of Driver	As Above If No, Huang Yu Fu		
NRIC	52653069E	Any Passengers:	1
Date of birth	3/10/1957	Selfu (male)	
Occupation	Outdoor	/	Indoor
Driving License Pass Date	1/10/1997		
Gender	Male / Female		
Contact No.	H/P: 98521719	Home:	Office:
Address	BLK 510 Jurong West Street 52		
Driver have any own vehicle	No,	If yes, Reg No.	GZ557R
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SHP369X	Any Passengers:	-
Name of Driver	Ng Chim Huat	Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	Rear portion		
Camera Recorder	Yes / No		
Email Address	naturaltimber@life.com.sg		
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5101372548-01

Cover : Comprehensive

- | | |
|--|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBD9879C |
| Chassis Number | : JN1MC2E26Z0003081 |
| 2. Name of Policyholder | : NATURAL TIMBER PTE. LTD. |
| 3. Effective Date of Insurance | : 13 Aug 2019 |
| 4. Expiry Date of Insurance | : 12 Aug 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ABWIN PTE LTD (00000614234)

Date of Issue : 01 Aug 2019 15:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101372548-01		NATURAL TIMBER PTE. LTD.	201736204N	GCV	Comprehensive	GBD9879C	GBD9879C	13/08/2019	12/08/2020

Policy Information

Policy No.	5101372548-01	Policyholder Name	NATURAL TIMBER PTE. LTD.	Policyholder NRIC	201736204N
Certificate No.					
Address	20 KRANJI ROAD SINGAPORE 739462				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy Issue Date	01/08/2019	Effective Date	13/08/2019 00:00	Expiry Date	12/08/2020 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	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	20 KRANJI ROAD	Address 2	SINGAPORE 739462	Address 3	
Address 4		Address Type	Singapore address	Post Code	739462
Unit No.		Related Policy Number	5101372548-01		

Insured Object: GBD9879C

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/1070497

Policy No.	5101372548-01	Vehicle No.	GBD9879C	GST Registration No.	
Certificate No.					
Policyholder Name	NATURAL TIMBER PTE. LTD.			Policyholder NRIC	201736204N
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	0	Contact No. (Office)	63692041	Contact No. (Home)	0
Email Address		Special Remark		eCode	
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(%)	10	Private Hire	No

Accident Details

Report Date	08/11/2019 11:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/11/2019	Time of Accident hh:mm	11:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD JURONG WEST AVE 2 TWDS CORPORATION RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	500.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	
Additional Excess			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	12/02/2018
GST Registration No.	201736204N	GST Status Verified	Yes
Modification History	08/11/2019 11:19:28 System changed GST Registered from No to Yes 08/11/2019 11:19:28 System changed GST Registration No. from null to 201736204N 08/11/2019 11:19:28 System changed GST Registration Date from null to 12/02/2018		

Policyholder Mailing Address

Address 1	20 KRANJI ROAD	Address 2	SINGAPORE 739462	Address 3	
Address 4		Address Type	Singapore address	Post Code	739462
Unit No.		Related Policy Number	5101372548-01		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/10/1957
Unnamed Driver Name	HUANG YU FU	Driver NRIC	S2653059E	Driving Experience	22
Register Date of Driver License	01/10/1997	Driver Age	62	Contact No. (Home)	0
Contact No. (Mobile)	98521719	Contact No. (Office)	0	Address 1	WEST WOOD COURT
Address 1	BLK 510	Address 2	JURONG WEST STREET 52	Address 3	WEST WOOD COURT
Address 4	SINGAPORE 640510	Address Type	Singapore address	Post Code	640510
Unit No.	08-110				
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 *	DD-MK	Insured Name	NATURAL TIMBER PTE. LTD.	Insured NRIC	201736204N	
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	NIL	
Email Address		Of Vehicle Number	GBD9879C	TP Vehicle Number	SHD369X	
Claimant Type	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	GBD9879C / SHD369X ON 7 Nov 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	08/11/2019 11:20	Claim Close Date		Date Received	08/11/2019 00:00	
Report Taken By	Jackson					

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1070497	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/11/2019 11:20

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

[Send Message](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2019 11:20	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2019 11:20	SAS	Normal	SAS 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2019 11:20	Photos	Normal	Photos 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2019 11:20	Photos	Normal	Photos 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2019 11:20	Photos	Normal	Photos 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2019 11:20	Photos	Normal	Photos 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2019 11:20	Photos	Normal	Photos 2019-11-8	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2019 11:20	Photos	Normal	Photos 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Nov 2019 11:20	Photos	Normal	Photos 2019-11-8	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	