

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MA11917904

Date In: 8/11/19-11:27	Job description	Date & Time Completed	Done by
Ref No: NA11917904	SAS e-filing		
Veh No: G0546464	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2/11/19-12:25	i-Motor Claim Form	27/10/2019-021	8/11/19 11:45
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: G0546464	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

NA11917904	Invoice Preparation Checklist	Am't (\$) 1st 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) 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 claiming against INC Only (wef 10 Jan 2005)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2 / 3:	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		
	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	08/11/2019 11:27
Date Of Accident	07/11/2019 13:25
Exact Location Of Accident	JUNC ROBIN DR & BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4946U
Insured/Policyholder	
Name Of Registered Owner	JOCO ENTERPRISE
Co Reg No	53185520A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
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	5096590925-01
Cover Note Number	

Driver

Name of Driver	LIM CHOON KIANG
NRIC No	S1721581G
Date Of Birth	07/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	15/06/1998
Driving Experience	21 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96755227
Fax Number	
Contact Number	OFFICE-96755227
EEmail Address	NOEMAIL

Address	BLK 91 LORONG 3 TOA PAYOH #08-18
Postcode	310091
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 - CHANGE/CROSS LANE
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

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	GBH2228G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	81468619
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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**.
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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.

JOCO ENTERPRISE

Policyholder's Signature
Date & Time:

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

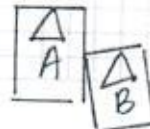
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: GBE4946U
Vehicle B: GBH2228G.

Robin Drive

Brook View Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', GBE4946U, was traveling straight along the stated venue. As there was a vehicle intending to turn left, I slowed down. Suddenly, vehicle 'B', GBH2228G, cut into my lane & collided onto my entire right portion.

DECLARATION

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

JOCO ENTERPRISE

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: (07 / 11 / 2019) (DD/MM/YYYY), TIME: (13 : 25) (HH:MM)

LOCATION: JUNCTION of Robin Drive & Bi Timah Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 4946 U
 b) INSURANCE COMPANY: NUC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Nissan NV200
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: work purpose
 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: JOJO Enterprise (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 53185520A CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lim choon kang (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1721581G CONTACT: 96755227
 c) ADDRESS: 91 Lorong 3 Toa Payoh #08-18 S(310091)

*d) DATE OF BIRTH: (07 / 07 / 1965) (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: GBH 2228 G MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT: 81468619

THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

email =

fax =

eBaoTech

General Claim

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="07/11/2019 13:25"/>							
Vehicle No. (For Motor)	<input type="text" value="GBE4946U"/>	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"/>	5096590925-01		JOCO ENTERPRISE	53185520A	GCV	Comprehensive	GBE4946U	GBE4946U	21/12/2018	20/12/2019
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5096590925-01	Policyholder Name	JOCO ENTERPRISE	Policyholder NRIC	53185520A
Certificate No.					
Address	BLK 91 #08-18 LORONG 3 TOA PAYOH SINGAPORE 310091				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan			
Policy issue Date	14/12/2018	Effective Date	21/12/2018 00:00	Group Policy Flag	N
Excess Type		All Claims Excess		Expiry Date	20/12/2019 23:59
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	BLK 91 #08-18	Address 2	LORONG 3 TOA PAYOH	Address 3	SINGAPORE 310091
Address 4		Address Type	Singapore address	Post Code	310091
Unit No.	08-18	Related Policy Number	5096590925-01		

▶ Insured Object: GBE4946U

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div style="text-align: center;"> <input type="button" value="Continue"/> <input type="button" value="Cancel"/> </div>				

Claim Handling

Task Transfer Exit

LOGS SAL SUB

Accident MT/1070502

Policy No.	S096590925-01	Vehicle No.	GBE4946U	GST Registration No.	M90367378C
Certificate No.					
Policyholder Name	XOCO ENTERPRISE	Cover Type	Comprehensive	Policyholder NRIC	S3185520A
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	08/11/2019 11:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	07/11/2019	Time of Accident (hh:mm)	13:25	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	JUNC ROBIN DR & BUKIT TIMAH RD				

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	01/07/2012
GST Registration No.	M90367378C	GST Status Verified	Yes
Modification History	08/11/2019 11:38:50 System changed GST Registered from No to Yes 08/11/2019 11:38:50 System changed GST Registration No. from null to M90367378C 08/11/2019 11:38:50 System changed GST Registration Date from null to 01/07/2012		

Policyholder Mailing Address

Address 1	BLK 91 #08-18	Address 2	LORONG 3 TOA PAYOH	Address 3	SINGAPORE 310091
Address 4	Singapore address	Address Type	Singapore address	Post Code	310091
Unit No.	08-18	Related Policy Number	S096590925-01		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/07/1965
Unnamed driver Name	LIM CHOON KIANG	Driver NRIC	S1721581G	Driving Experience	21
Register Date of Driver License	15/05/1998	Driver Age	54	Contact No.(Home)	0
Contact No.(Mobile)	96755227	Contact No.(Office)	0	Address 3	TOA PAYOH PALM SPRING
Address 1	BLK 91	Address 2	LORONG 3 TOA PAYOH	Post Code	310091
Address 4	SINGAPORE 310091	Address Type	Singapore address		
Unit No.	08-18				
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
Modification History			

Investigation

Claim 001 OD-MX New

Claim Case Officer

LOGS SAL SUB

Claim Type	OD-MX	Insured Name	XOCO ENTERPRISE	Insured NRIC	S3185520A
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		01 Vehicle Number	GBE4946U	TP Vehicle Number	GBH2228G
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address				Name of Preferred Workshop	
Claim Description	GBE4946U / GBH2228G ON 7 Nov 2019				
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 11:40	Claim Close Date		Date Received	08/11/2019 00:00
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	
















Attachment

or

Accident No.	MT/1070502	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/11/2019 00:00

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="button" value="Browse"/> <input type="button" value="Clear"/> Please Select	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse"/> <input type="button" value="Clear"/> Please Select	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse"/> <input type="button" value="Clear"/> Please Select	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse"/> <input type="button" value="Clear"/> Please Select	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse"/> <input type="button" value="Clear"/> Please Select	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 08 Nov 2019 11:40	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-8	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 08 Nov 2019 11:40	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-8	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 08 Nov 2019 11:40	SAS		Normal	SAS 2019-11-8	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 08 Nov 2019 11:40	Photos		Normal	Photos 2019-11-8	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 08 Nov 2019 11:39	Photos		Normal	Photos 2019-11-8	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 08 Nov 2019 11:39	Photos		Normal	Photos 2019-11-8	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 08 Nov 2019 11:39	Photos		Normal	Photos 2019-11-8	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 08 Nov 2019 11:39	Photos		Normal	Photos 2019-11-8	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 08 Nov 2019 11:39	Photos		Normal	Photos 2019-11-8	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 08 Nov 2019 11:39	Photos		Normal	Photos 2019-11-8	Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 08 Nov 2019 11:39	Photos		Normal	Photos 2019-11-8	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 08 Nov 2019 11:39	Photos		Normal	Photos 2019-11-8	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 08 Nov 2019 11:39	Photos		Normal	Photos 2019-11-8	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				