

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA119150086

Date In: 13/11/19-12:30	Job description	Date & Time Completed	Done by
Ref No: NA119150086/24	SAS e-filing		
Veh No: Y291238	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 12/11/19-17:00	i-Motor Claim Form	17/11/19-01	13/11/19 14:00
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: X27059E

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

NA1508647

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

Add Bill

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

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD*

*N5: Courtesy Car / Tpl Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N'n INC) against INC \$20

9) N12: Idac Mobile 30

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	13/11/2019 12:30
Date Of Accident	12/11/2019 17:00
Exact Location Of Accident	JUNC LOYANG WAY & LOYANG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP9123P
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Insured/Policyholder

Name Of Registered Owner	ATLAS TRANNSPORT & LOGISTICS PTE LTD
Co Reg No	201813846M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82689205
Alternative Phone No	OFFICE-82689205

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FK62FMZ1RDEC
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	5102249860-01
Cover Note Number	

Driver

Name of Driver	NG CHENG CHUAN
NRIC No	S1321498J
Date Of Birth	27/12/1958
Occupation	OUTDOOR
Date Of Driving Pass	15/08/1980
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83327285
Fax Number	
Contact Number	OFFICE-83327285
Email Address	NOEMAIL

Address	BLK 525 CHOA CHU KANG STREET 51 #06-291
Postcode	680525
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 - 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

ON STATED DATE AND TIME, I WAS TURNING RIGHT FROM LOYANG WAY TWDS LOYANG AVE AS TRAFFIC JUNCTION WAS GREEN ARROW. VEHICLE B WAS TRAVELLING ALONG 1ST LANE, HE WAS TOO CLOSE TO MY VEHICLE AND HIT ONTO MY VEHICLE RIGHT PORTION.

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 Witness 1

Name	JORDAN KWEK
Phone Number	97612398
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD7059E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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.

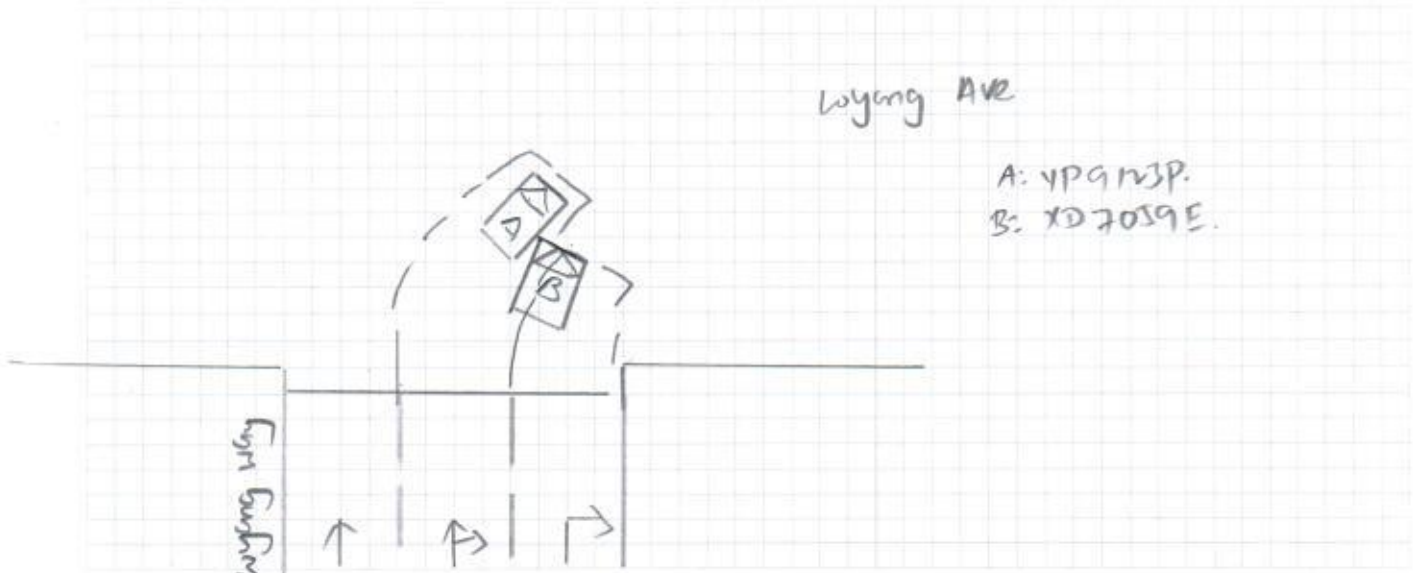


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.:

eBaoTech

GeneralClaim

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="12/11/2019 17:00"/>							
Vehicle No.(For Motor)	<input type="text" value="YP9123P"/>	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"/>	5102249850-01		ATLAS TRANSPORT & LOGISTICS PTE LTD	201813846M	GCV	Preferred Workshop Plan	YP9123P	YP9123P	25/07/2019	24/07/2020
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5102249860-01	Policyholder Name	ATLAS TRANSPORT & LOGISTIC	Policyholder NRIC	201813846M
Certificate No.					
Address	BLK 217 #12-150 SERANGOON AVENUE 4 SERANGOON GREEN SINGAPORE 550217				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	25/07/2019	Effective Date	25/07/2019 00:00	Expiry Date	24/07/2020 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	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 217 #12-150	Address 2	SERANGOON AVENUE 4	Address 3	SERANGOON GREEN
Address 4	SINGAPORE 550217	Address Type	Singapore address	Post Code	550217
Unit No.	12-150	Related Policy Number	5111576852		

► Insured Object: YP9123P

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1071191

Policy No.	5102249860-01	Vehicle No.	YP9123P	GST Registration No.	201813846M
Certificate No.					
Policyholder Name	ATLAS TRANSPORT & LOGISTICS PTE LTD	Cover Type	Preferred Workshop Plan	Policyholder NRIC	201813846M
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	82689205	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Endowment(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	13/11/2019 14:18	Accident Report Within 24 Hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	12/11/2019	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG LOYANG WAY & LOYANG AVE				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
VED OD Excess	0.00	VED 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	18/07/2018		
GST Registration No.	201813846M	GST Status Verified	Yes		
Modification History	13/11/2019 14:19:49 System changed GST Status verified from No to Yes				

Policyholder Mailing Address					
Address 1	BLK 217 #12-150	Address 2	SERANGOON AVENUE 4	Address 3	SERANGOON GREEN
Address 4	SINGAPORE 550217	Address Type	Singapore address	Post Code	550217
Unit No.	12-150	Related Policy Number	5111576852		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	27/12/1958
Unnamed driver Name	HG CHENG CHUAN	Driver NRIC	513214983	Driving Experience	39
Register Date of Driver License	15/08/1980	Driver Age	60	Contact No.(Home)	0
Contact No.(Mobile)	83327285	Contact No.(Office)	0	Address 1	SINGAPORE 680525
Address 1	BLK 525	Address 2	CHOA CHU KANG STREET 51	Address 3	SINGAPORE 680525
Address 4		Address Type	Singapore address	Post Code	680525
Unit No.	06-293				
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

Claim 001
















New

Claim Type *	OD-MX	Insured Name	ATLAS TRANSPORT & LOGISTIC	Insured NRIC	201813846M
Contact No.(Mobile)	82689205	Contact No.(Home)		Contact No.(Office)	68487120
Email Address		DI Vehicle Number	YP9123P	TP Vehicle Number	XD7059E
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	YP9123P / XD7059E ON 12 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	GIA report	Received
Date Registered	13/11/2019 14:20	Claim Close Date		Date Received	13/11/2019 00:00
Report Taken By					
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.		MT/1071191	Claim No.		001
Last Doc. Received		<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date		13/11/2019 14:21
Path *	Category *	Confidential	Urgency *	Description *	
Browse...	Clear	Please Select	Normal		
Browse...	Clear	Please Select	Normal		
Browse...	Clear	Please Select	Normal		
Browse...	Clear	Please Select	Normal		
Browse...	Clear	Please Select	Normal		
Browse...	Clear	Please Select	Normal		

☐ Send Message

Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 13 Nov 2019 14:21	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-11-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 13 Nov 2019 14:21	SAS	Normal	SAS 2019-11-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 13 Nov 2019 14:21	Photos	Normal	Photos 2019-11-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 13 Nov 2019 14:21	Photos	Normal	Photos 2019-11-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 13 Nov 2019 14:20	Photos	Normal	Photos 2019-11-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 13 Nov 2019 14:20	Photos	Normal	Photos 2019-11-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 13 Nov 2019 14:20	Photos	Normal	Photos 2019-11-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 13 Nov 2019 14:20	Photos	Normal	Photos 2019-11-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 13 Nov 2019 14:20	Photos	Normal	Photos 2019-11-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 13 Nov 2019 14:20	Photos	Normal	Photos 2019-11-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 13 Nov 2019 14:20	Photos	Normal	Photos 2019-11-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 13 Nov 2019 14:20	Photos	Normal	Photos 2019-11-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 13 Nov 2019 14:20	Photos	Normal	Photos 2019-11-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 13 Nov 2019 14:20	Photos	Normal	Photos 2019-11-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 13 Nov 2019 14:20	Photos	Normal	Photos 2019-11-13		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 13 Nov 2019 14:20	Photos	Normal	Photos 2019-11-13		
Video List						
Uploaded By/Date	Folder Date	File Name	Source	Action		
		Display in New Window	Scan and uploading			