

NATIONAL Assessment Centre Services

Form 1 (2019)

Date In: 16/11/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19020338/13	SAS e-filing		
Veh No: GBD5506E	E-mail (within 8 hrs. AUC 2hrs)		
D.O.A 16/11/19 1340	i-Motor Claim Form	MT/1071690-001	
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: (SIN HOCK LEE	Tel:	Fax:
TP Particulars:	Veh No: SHC4674T	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

1191908646	Invoice Preparation Checklist	Amt (\$) 1st 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		
	5) RT : 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:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	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	16/11/2019 16:03
Date Of Accident	16/11/2019 13:40
Exact Location Of Accident	ALONG NORTH BRIDGE RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD5506E
Insured/Policyholder	
Name Of Registered Owner	BAN SOON HENG ENGINEERING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67430447
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
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	5110905555
Cover Note Number	
Driver	
Name of Driver	RAJENDRAN ANBUMANI
Passport No/FIN	G8228346W
Date Of Birth	02/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	14/05/2009
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84202187
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	PPT LODGE 1A 8 SELETAR NORTH LINK
Postcode	797455
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	SIDE SWIPE
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?	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

I WAS TRAVELLING STRAIGHT ALONG NORTH BRIDGE RD ON THE 2ND LANE OF A-5 LANES RD. SUDDENLY VEH B CAME OUT FROM THE TAXI STAND TO MY LANE AND HIT ONTO MY REAR RIGHT SIDE PORTION OF MY VEH.

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	SHC4674T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHAN GIM PO
NRIC/Passport Number	S0572950E
Contact Number	96328243
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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**.
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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:

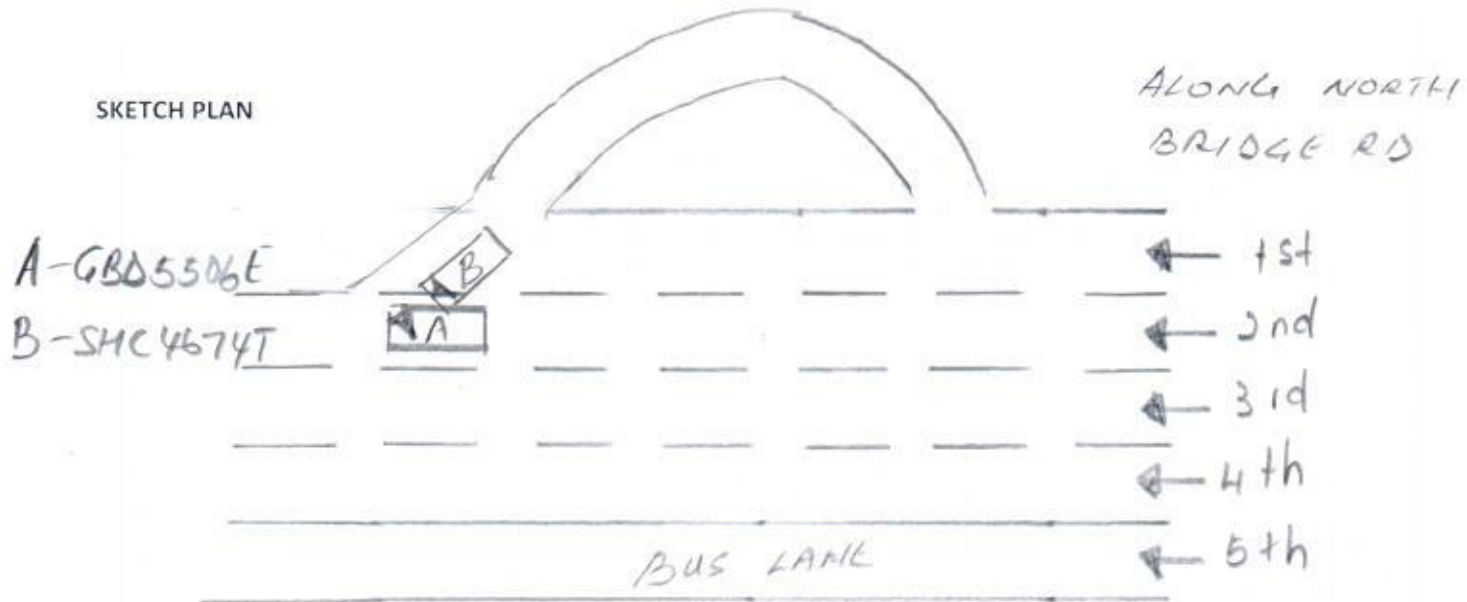
R. Arini

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

16/11/19

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the attached 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.:

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R. Anand

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 11 / 19) (DD/MM/YYYY), TIME: (13 : 40) (HH:MM)

LOCATION: ALONG NORTH BRIDGE ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8055066
b) INSURANCE COMPANY: NIFUC
c) POLICY NUMBER: 5110905555
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN CABSTAR
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY) MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: BAN SOON HENG ENGINEERING (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 67430447
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 84202187
c) ADDRESS: _____

*d) DATE OF BIRTH: (02 / 06 / 1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 14/05/2009

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

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC4674T MODEL: TOYOTA
b) DRIVER'S NAME: CHAN GIM PO
c) NRIC/FIN/PASSPORT: 80572950E CONTACT: 96328243

9. THIRD PARTY VEHICLE

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

Email =

fax =

video =

Chief Executive



Claim Handling

This premium on this policy has not been collected.

Accident MT/1071690

Policy No.	511090555	Vehicle No.	GBD5506E	GST Registra
Certificate No.	511090555-000002			
Policyholder Name	BAN SOON HENG ENGINEERING PTE LTD			Policyholder I
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	0	Contact No.(Office)	67430447	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	16/11/2019 17:29	Accident Report Within 24 hrs	Yes	Accident Typ
Date of Accident	16/11/2019	Time of Accident hh:mm	13:40	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG NORTH BRIDGE RD			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covi
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	24
GST Registration No.	199102272G	GST Status Verified	Yes
Modification History	16/11/2019 17:31:40 System changed GST Registration Date from 01/01/2015 to 24/01/1999 16/11/2019 17:31:40 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	51 UBI AVENUE 1	Address 2	#06-20 PAYA UBI INDUSTRIAL I	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	06-20	Related Policy Number	5099220788-01	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	RAJENDRAN ANURJMANI	Driver NRIC	G8Z8C46W	Driver DOB
Register Date of Driver License	14/05/2009	Driver Age	32	Driving Exper
Contact No.(Mobile)	84202167	Contact No.(Office)	0	Contact No.(I
Address 1	8 SELETAR NORTH LINK	Address 2	PVT LODGE 1A	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 OD-MX New

Claim Type *

OD-MX

Insured Name

B

Contact No.(Mobile)

97559698

Contact No. (Home)

Email Address

OI Vehicle Number

C

Claim Description

GBD5506E / SHC4674T ON 16 Nov 2019

Preferred Workshop

Yes

Insured Liability

Not at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

16/11/2019 17:34

Claim Close Date

Report Taken By

ROSLINDA

Workshop Repairer

Print AK letter

Save

Submit

Attachment

Accident No.

WT11071690

Claim No.

001

Last Doc. Received

* Yes

No

Upload Date

16/11/2019 00:00

Path *

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2019 17:34

NRIC/ Driving License

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