

NATIONAL Assessment Centre Services. [ver 1 Jan 05] **MVA49137146**

Date In: 16/06/2019 11:06	Job description	Date & Time Completed	Done by
Ref No: NBS# 2nd 502034714	SAS e-Milling		
Veh No: QBE 3280NY	E-mail (Vehicle 3hrs, AIC 2hrs)		
D.O.A: 12/10/2019 20:25	I-Motor Claim Form	17/1/2019 7:29-002	18/1/2019 11:13
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wkspr		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **870 7193P** 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%; P: 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: ()

Remaining UNCLEOQINC 07/01/2019

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date of Injury: _____

Location: _____

NA1908705

Driver/Owner:	1) AIC: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
Additional Comments:	5) PT: Follow-Through Survey (Resurvey) \$30	
Date:	6) TR: Re-inspection \$75	
	7) NI: Ideal DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OR:	
	*NS: Courtesy Car / Tpl Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (NI) / TP (Non-INC) against INC \$30	
	9) N12: Ideal Mobile	
	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	16/10/2019 11:06
Date Of Accident	12/10/2019 20:25
Exact Location Of Accident	PIE (CHANGI) TOWARDS KPE (MCE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3280M
Insured/Policyholder	
Name Of Registered Owner	CHUAN HON GAS SUPPLIES
Co Reg No	53055865C
Email Address	ZHILIANG84@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97889842
Alternative Phone No	OFFICE-97889842

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5075077936-03
Cover Note Number	

Driver

Name of Driver	LIM ZHI LIANG (LIN ZHILIANG)
NRIC No	S8425318I
Date Of Birth	20/08/1984
Occupation	OUTDOOR
Date Of Driving Pass	16/03/2006
Driving Experience	13 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97889842
Fax Number	
Contact Number	OTHERS-97889842
EMail Address	ZHILIANG84@HOTMAIL.COM

Address	BLK 80C TELOK BLANGAH STREET 31 #16-129
Postcode	103080
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	NO COLLISION
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

PLEASE REFER TO SKETCH PLAN

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	SHD7193P
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.

Chuan Hon Gas Supplies

Blk 68 Telok Blangah Heights #07-285

Singapore 100068

H/P: 9299 0749 / 9799 9305

Co. Reg. No.: 53055865C

Policyholder's Signature

Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:

18/11/2019
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

PIE (change) TOWARDS KPE (MCE)



A) GBE 3280M

B) SHD 7193P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE Towards KPE (MCE) from Bedok.

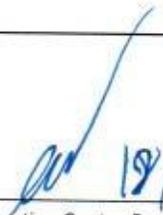
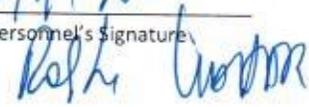
Near the Exit of KPE, A Taxi (SHD7193P) sped up beside me and inform me to slow down pointing behind. I realise I drop a piece of metal on the road. I went back to retrieve the metal. The taxi stopped in front of my lorry and told me the object hit his vehicle and damaged the front of his taxi (bumper).

DECLARATION

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

Chuan Hon Gas Supplies
 Blk 68 Telok Blangah Heights #07-285
 Singapore 100068
 Policyholder's Signature
 H/P: 9299 0749 / 9799 9305
 Date & Time:
 Co. Reg. No.: 53055865C


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


 18/4/2019
 Reporting Centre Personnel's Signature
 Name: 
 NRIC/FIN No.:

02/21c

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 10 / 2019) (DD/MM/YYYY), TIME: (20 : 25) (HH:MM)

LOCATION: PIE (Changi) Towards KPE (MCE)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE3280M
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: S075077936-04
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: TOYOTA DYNA
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY
- 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: CHUAN HON GAS SUPPLIES (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S3055865C CONTACT: 97889842
- c) ADDRESS: B1K 68 TELOK BLANGAH HEIGHTS #07-285
S'PORE 100068

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: LIM ZHI LIANG (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S842531E CONTACT: 97889842
- c) ADDRESS: B1K 80C TELOK BLANGAH ST 31 #16-129 S'PORE 103080

* No of passenger
(including driver)
(1)

* d) DATE OF BIRTH: (20 / 08 / 1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 2006

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITIONS: (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: SHD7193P MODEL: HYUNDAI
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
()

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
()

Email = Zhiliang84@hotmail.com

VIDEO

Claim Handling

Accident MT/1067289

Policy No.	5075077936-03	Vehicle No.	GBE3280M	GST Registrati
Certificate No.				
Policyholder Name	CHUAN HON GAS SUPPLIES			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Ho
Email Address		Special Remark		eCode
KFK	- No Yes	TCA	- No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

Accident Details

Report Date	17/10/2019 11:56	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/10/2019	Time of Accident hh:mm	20:20	Country of Acc
Reporting Centre	administrator	Orange Force	No	ICM No.
Accident Location	PIE TOWARDS TUAS			

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Ex
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	17/10/2019 11:57:12 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 68 #07-285	Address 2	TELOK BLANGAH HEIGHTS	Address 3
Address 4	*	Address Type	Singapore address	Post Code
Unit No.	07-285	Related Policy Number	5075077936-04	

OI Driver Info

Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Experie
Register Date of Driver License		Driver Age		Contact No.(Ho
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer

Modification History

Claim 002 **New**

Claim Type * Insured Name

Contact No.(Mobile) Contact No.(Home)

Email Address OI Vehicle Number

Claim Description

Preferred Workshop Insured Liability Preferred Repair Option GIA report

Date Registered Claim Close Date

Report Taken By

Print AK letter

Attachment

Accident No.	MT/1067289	Claim No.	002
Last Doc. Received		Upload Date	

* Yes No

18/11/2019 11:13

- Choose File No file chosen
- Message Read

Path *

Category *	Confider
Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 11:13	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 11:13	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 11:13	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 11:13	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 11:13	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 11:13	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 11:12	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 11:12	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 11:12	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Nov 2019 11:12	SAS		Normal	S/

Video List

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

Hello, NAC_BUKIT_MERAH_800676

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"/>	5075077936-03		CHUAN HON GAS SUPPLIES	53055865C	GCV	Third Party	GBE3280M	GBE3280M	27/10/2018	26/10/2019

Continue