

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MH4119 154164

Date In: 2/11/14 - 16:14	Job description	Date & Time Completed	Done by
Ref No: NA119020689/14	SAS e-filing		
Veh No: NA439854	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 2/11/14 - 16:20	i-Motor Claim Form	2/11/14 - 00:00	2/11/14 16:29
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: JLS 9110P	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: ()

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

NA119020689/14	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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*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	

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

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	22/11/2019 10:19
Date Of Accident	12/11/2019 16:20
Exact Location Of Accident	AMK AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3985Y
Insured/Policyholder	
Name Of Registered Owner	ENG CONSTRUCTION 2013 PTE LTD
Co Reg No	201908436H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97528588
Alternative Phone No	OFFICE-97528588

Vehicle Particulars

Manufacturer	KIA
Model	K2500 6MT
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5108534582
Cover Note Number	

Driver

Name of Driver	BALRAJ SINGH
Passport No/FIN	G2910016R
Date Of Birth	12/09/1996
Occupation	OUTDOOR
Date Of Driving Pass	03/10/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84382061
Fax Number	
Contact Number	OFFICE-84382061
Email Address	NOEMAIL

Address	BLK 36 MARSILING DRIVE #12-409
Postcode	730036
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	RAINING
Road Surface	WET

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	SLS9110P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

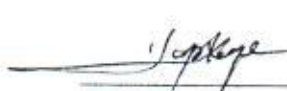
SKETCH PLAN

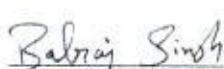
IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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. 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.

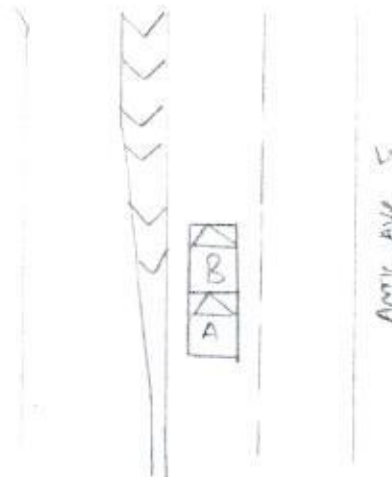

Policyholder's Signature
Date & Time:


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


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



SKETCH PLAN



A: 23439851
B: 2659110P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

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



ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE.
SUDDENLY VEHICLE B JAMMED BRAKE. I BRAKE MY VEHICLE HOWEVER DUE TO
ROAD SURFACE WAS WET, MY VEHICLE SKIDDED AND HIT ONTO VEHICLE B
REAR PORTION.



ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 11 / 14) (DD/MM/YYYY), TIME: (16 : 10) (HH:MM)

LOCATION: Amic Ave 5.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH39854.
 b) INSURANCE COMPANY: NTC
 c) POLICY NUMBER: 515853458~
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 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: Eng Construction Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 2019 084364 CONTACT: 97528588
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ba Raj Singh (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 429100162 CONTACT: 84382061
 c) ADDRESS:

*d) DATE OF BIRTH: (12 / 9 / 1996) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 3/10/2014.

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: JLS9110P. MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 (1.)

* No of passenger
 (including driver)
 (1.)

* No of passenger
 (including driver)
 ()

Email = jinzhouconstructionpte ltd @ gmail.com

fax =

VIDEO =

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" value="5108534582"/>	Date of Accident	<input type="text" value="12/11/2019 16:20"/>
Vehicle No. (For Motor)	<input type="text" value="GBH3985Y"/>	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"/>	5108534582	5108534582-000003	ENG CONSTRUCTION 2013 PTE. LTD.	201908436H	GFM	Comprehensive	GBH3985Y	GBH3985Y	08/04/2019	27/03/2020

Claim Handling

Accident MT/1071412

Policy No.	5108534582	Vehicle No.	GBH3985Y	GST Registration No.	201908436H
Certificate No.	5108534582-000003				
Policyholder Name	ENG CONSTRUCTION 2013 PTE. LTD.	Cover Type	Comprehensive	Policyholder NRIC	201908436H
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode	
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	14/11/2019 16:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/11/2019	Time of Accident (H:mm)	16:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ANG MO KIO AVE 3 NEAR NIM ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Not Applicable
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess			
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	15/03/2019
GST Registration No.	201908436H	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 36 #12-409	Address 2	MARSLING DRIVE	Address 3	SINGAPORE 730036
Address 4		Address Type	Singapore address	Post Code	730036
Unit No.	12-409	Related Policy Number	5108534966		

DI Driver Info

Driver Name	Unnamed driver Name	Driver Type		Driver DOB	
Register Date of Driver License		Driver NRIC		Driving Experience	
Contact No.(Mobile)		Driver Age		Contact No.(Home)	
Address 1		Contact No.(Office)		Address 3	
Address 4		Address 2		Post Code	
Unit No.		Address Type	Foreign address		
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	ENG CONSTRUCTION 2013 PTE.	Insured NRIC	201908436H
Contact No.(Mobile)	94893232	Contact No.(Home)		Contact No.(Office)	N/A
Email Address		DI Vehicle Number	GBH3985Y	TP Vehicle Number	SLS9110P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBH3985Y / SLS9110P ON 12 Nov 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/11/2019 10:29	Claim Close Date		Date Received	22/11/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1071412	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/11/2019 10:29

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	

☐ Send Message

Attachment List

Attachment	uploaded By/Date	Category	Urgency	Description	Msg Sent?
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