

NATIONAL Assessment Centre Services.

[ver 1 Jan 2013]

MNA 119158480

Date In: 2/12/19 11:41	Job description	Date & Time Completed	Done by
Ref No: MA11MC19021189164	SAS e-illing		
Veh No: GBD 4915P	E-mail (within 2hrs, AIC 2hrs)		
DDA: 29/11/19 12:40.	I-Motor Claim Form	MT/1073944-001	2/12/19 17:42
OD: (1) 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/Whse		

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

TP Particulars: Vch No: SJA 2999 G. 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 repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: () Action: ()

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MA1909040

Driver/Owner:	Invoice No: ()	Am (S): ()	PAH (S): ()
Contact No:	1) AR: Accident Reporting (\$30)	70.00	
Damaged Portion:	2) DA: Damage Assessment (\$100) INC (\$80)		
QC Checked by (Engr-In-Charge):	3) TP: Towing Fee \$40/\$45		
Auditors Comments:	4) PT: Follow-Through Survey \$120		
Sub. 1:	5) PT: Follow-Through Survey (Resurvey) \$30		
Sub. 2/3:	6) TR: Re-Inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NT: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idas 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	02/12/2019 11:41
Date Of Accident	29/11/2019 12:40
Exact Location Of Accident	HUDDINGTON AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD4915P
Insured/Policyholder	
Name Of Registered Owner	PROMEC ENGINEERING
Co Reg No	53016571J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62659897

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	5075364069-04
Cover Note Number	

Driver

Name of Driver	YAN XU
NRIC No	S9375063B
Date Of Birth	06/01/1993
Occupation	OUTDOOR
Date Of Driving Pass	24/08/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86933666
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 365C SEMBAWANG CRES #15-143
Postcode	753365
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?	
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)	2
Passenger 1	NAME: : UNKNOWN
	GENDER: : MALE

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 DRIVING ALONG HUDDINGTON AVE, THERE WAS MANY PARKED VEH AT THE ROAD SIDE AT MY LANE, AFTER I CHECK THE ONCOMING TRAFFIC WAS CLEAR, I TRY TO OVERTAKE THOSE PARKED VEH, SUDDENLY VEH B COME FROM MY BEHIND OVERTAKE MY VEH AND HIT ONTO MY VEH RIGHT FRONT 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJA2999G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	POORANY D/O RAJARATNAM
NRIC/Passport Number	S7821348E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.:

A = GBD 4915P
B = STA 2999G

Huddington Ave.

Refer to statement

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

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

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

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="29/11/2019 11:34"/>
Vehicle No.(For Motor)	<input type="text" value="GBD4915P"/>	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"/>	5075364069-04		PROMEC ENGINEERING	53016571J	GCV	Comprehensive	GBD4915P	GBD4915P	17/11/2019	16/11/2020

Claim Handling

Accident MT/1073944

Policy No.	5075364069-04	Vehicle No.	GBD4915P	GST Registration No.	
Certificate No.					
Policyholder Name	PROMEC ENGINEERING			Policyholder NRIC	S30165711
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	62659897	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	02/12/2019 17:39	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	29/11/2019	Time of Accident hh:mm	12:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HUDDINGTON AVE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	1000.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	1600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	02/12/2019 17:41:26 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 72 #01-578	Address 2	LORONG 3 TOA PAYOH	Address 3	TOA PAYOH VISTA
Address 4	SINGAPORE 310072	Address Type	Singapore address	Post Code	310072
Unit No.	02-396	Related Policy Number	5075364069-04		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YAN XU	Driver NRIC	S0375063B	Driver DOB	06/01/1993
Register Date of Driver License	24/08/2017	Driver Age	26	Driving Experience	2
Contact No.(Mobile)	86933666	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 365C #15-143	Address 2	SEMBAWANG CRESCENT	Address 3	SUN BREEZE
Address 4	SINGAPORE 753365	Address Type	Singapore address	Post Code	753365
Unit No.	15-143				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	PROMEC ENGINEERING	Insured NRIC	S30165711
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	958777
Email Address		OI Vehicle Number	GBD4915P	TP Vehicle Number	SJA295
Claim Description	GBD4915P / SJA2999G ON 29 Nov 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Partially at Fault		
Re-insurance No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	02/12/2019 17:42	Date Received	02/12/2019
Report Taken By	JIEW SHAN HUI				



Print AK letter

Save Submit

Attachment

Accident No.	MT/1073944	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/12/2019 17:42			
Path *		Category *	Confidential	Urgency *	Desci	
<div>Choose File</div> No file chosen		<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> No file chosen		<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
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<div>Message Read</div>		<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Dec 2019 17:42	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-12-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Dec 2019 17:42	SAS	Normal	SAS 2019-12-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Dec 2019 17:42	Photos	Normal	Photos 2019-12-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Dec 2019 17:42	Photos	Normal	Photos 2019-12-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Dec 2019 17:42	Photos	Normal	Photos 2019-12-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Dec 2019 17:42	Photos	Normal	Photos 2019-12-2	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Dec 2019 17:42	Photos	Normal	Photos 2019-12-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Dec 2019 17:42	Photos	Normal	Photos 2019-12-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Dec 2019 17:42	Photos	Normal	Photos 2019-12-2	
Video List					
Uploaded By/Date	Folder Date	File Name		Source	
Display in New Window Scan and uploading					