

# NATIONAL Assessment Centre Services. [ver 1 Jan'09]

MWA 119158615

Date In: 2/12/19 13:24	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 190 21195/h4	E-mail (within 3hrs, A/C 2hrs)		
Veh No: GBF 391R	I-Motor Claim Form	MT/1073947-001	2/12/19 17:48
DDA: 29/11/19 20:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <u>TP</u> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / GW: (	Tel:	Fax:
TP Particulars:	Veh No: EL 7636Y	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 100116 06/11/2019)

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

2) QC Check / Post Repair Inspection ( )

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

Injury: \_\_\_\_\_

Date/Time	Actions

MA1909039	Invoice/Resurveys/Claims/Details	Am (5)	Am (3)
Client's Particulars:	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$40)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey	\$120	
QC Checked by (Bug-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30	
Assessor's Comments:	For claiming against INC Only (ver 10 Jan 2003)		
At: 1:	6) TR: Re-Inspection	\$75	
2/3:	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance	\$3	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$3	
	TP (N11): TP (Non INC) against INC	\$20	
	9) N12: Idao 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 13:24
Date Of Accident	29/11/2019 20:00
Exact Location Of Accident	SLIP RD OF BRADDELL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF391R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUAN SENG FRESH FRUITS
Co Reg No	39679200J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90018214

### Vehicle Particulars

Manufacturer	FIAT
Model	DABLO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5091352452-02
Cover Note Number	

### Driver

Name of Driver	CHEN DEYUAN
NRIC No	S7407345Z
Date Of Birth	14/03/1974
Occupation	OUTDOOR
Date Of Driving Pass	10/06/2005
Driving Experience	14 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90018214
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 473A UPPER SERANGOON CRES #17-313
Postcode	531473
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	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

#### 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	EL7636Y
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)

## SKETCH PLAN

### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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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.


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

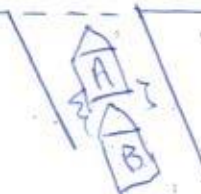
DOA: 29/11/19

A: GBF 391 R

B: EL 76364

Serangoon Rd

Braddell



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While waiting for the main road to be clear,  
suddenly veh B hit onto the rear of my  
van.

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.:



### Personal Particulars

Date of Accident: 29/11/19 Time of Accident: 8:00pm  
Exact Location of Accident: Slip road of Braddell  
Owner's Name: Chuan Seng Fresh fruit NRIC No: S74073452 HP No: 90018214  
Driver's Name: CHEN DEYUAN NRIC No: ✓ HP No:           
Date of Birth: 14/3/1974 Driving Licence Passing Date: 10/6/2024 Occupation: Indoor / Outdoor Ⓢ  
Address: 473A Upper Serangoon Crescent # 17-313 (531473)  
Relationship of Driver with Insured: Owner Email Address:           
Vehicle No: GBF 391 R Make & Model: Fiat  
Insurance Co: NTUC Coverage:          Policy No:         

*Purpose of Reporting?	Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
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\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work

\*Weather Condition? Clear / Raining / Others: \_\_\_\_\_ Wet / Dry / Others: \_\_\_\_\_

\* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+2 B: \_\_\_\_\_ C: \_\_\_\_\_ D: \_\_\_\_\_

\*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: \_\_\_\_\_

\*Was The Accident Reported To The Police ?

☐ No ☐ Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?

☐ No ☐ Yes, Vehicle Registration No: \_\_\_\_\_ Insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (Yes/No)

### Third Party Driver's Particulars

Vehicle # No: EL 76364 Make & Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

### Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP 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 13:25"/>
Vehicle No. (For Motor)	<input type="text" value="GBF391R"/>	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 checked="" type="radio"/>	5091352452-02		CHUAN SENG FRESH FRUITS	39679200J	GCV	Comprehensive	GBF391R	GBF391R	24/05/2019	23/05/2020

## Claim Handling

Accident MT/1073947

Policy No.	5091352452-02	Vehicle No.	GBF391R	GST Registration No.	
Certificate No.					
Policyholder Name	CHUAN SENG FRESH FRUITS			Policyholder NRIC	396792001
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	90018214	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(%)	10	Private Hire	No

## Accident Details

Report Date	02/12/2019 17:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/11/2019	Time of Accident hh:mm	20:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD OF BRADDELL				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YED OD Excess	0.00	YED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	600.00	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 17:46:49 System changed GST Status Verified from No to Yes		

## Policyholder Mailing Address

Address 1	BLK 524B #02-611	Address 2	PASIR RIS STREET 31	Address 3	COSTA RIS
Address 4	SINGAPORE 512524	Address Type	Singapore address	Post Code	512524
Unit No.	02-611	Related Policy Number	5091352452-02		

## 01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHEN DEYUAN	Driver NRIC	S74073452	Driver DOB	14/03/1974
Register Date of Driver License	10/06/2005	Driver Age	45	Driving Experience	14
Contact No.(Mobile)	90018214	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 473A #17-313	Address 2	UPPER SERANGOON CRESCENT	Address 3	HOUGANG PARKEDGE
Address 4	SINGAPORE 531473	Address Type	Singapore address	Post Code	531473
Unit No.	17-313				
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	CHUAN SENG FRESH FRUITS	Insured NRIC	396792001
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		Vehicle Number	GBF391R	TP Vehicle Number	EL7634
Claim Description	GBF391R / EL7634Y DN 29 Nov 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault		
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered		Claim Close Date	02/12/2019 17:47	Date Received	02/12/2019
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

## Attachment

Accident No.		MT/1073947		Claim No.		001									
Last Doc. Received		* Yes <input type="radio"/> No <input type="radio"/>		Upload Date		02/12/2019 17:48									
Path *															
Choose File		No file chosen		Clear		Please Select		Category *		Confidential		Urgency *		Desci	
Choose File		No file chosen		Clear		Please Select		Please Select		NO		Normal			
Choose File		No file chosen		Clear		Please Select		Please Select		NO		Normal			
Choose File		No file chosen		Clear		Please Select		Please Select		NO		Normal			
Choose File		No file chosen		Clear		Please Select		Please Select		NO		Normal			
Choose File		No file chosen		Clear		Please Select		Please Select		NO		Normal			
Choose File		No file chosen		Clear		Please Select		Please Select		NO		Normal			
Message Read															

## Attachment List

2/2