NATIONAL Assessment Centre Services. (wef 1 Jan'09) . MAA4415965Y

Date In: 03/12/2019 16:53	Job description	Date &Time Completed	Done by
Ref No: NBB/JNC/1902/346/Y	SAS e-filing		
Veh No: GBA 7991 B	E-mail (Within 4hrs, AIC 2hrs)		
DOA - 02/12/2019 14:00	I-Motor Claim Form	MT10741742901	03/12/2019 17:12
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 / OW: (Tel: Fax:)

TP Particulars: Veh No: SHC 959 D. 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: ( )

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

Injury :

Outgoing Call

NP/1909093

Claimant Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Cat 1:

1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($100)	INC ($40) $40/$45	
3) TF : Towing Fee	$120	
4) FT : Follow-Through Survey	$30	
5) FT : Follow-Through Survey (Resurvey) (wef 10 Jan 2003) For claiming against INC Only	$75	
6) TR : Re-inspection	$160	
7) NI : Idea DA + SMRT Survey		
8) NTUC Additional Services:		
OR:		
*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) N17: Idea Mobile	30	
Invoice dated	*Fee Charged*	
Invoice dated	*Fee Charged*	

2/3

MNA419159654 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 03/12/2019 16:53
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 witholding 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	03/12/2019 16:53
Date Of Accident	02/12/2019 14:00
Exact Location Of Accident	CROSS JUNCTION OF MIDDLE ROAD AND BEACH ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBA7991P
Insured/Policyholder	
Name Of Registered Owner	KIAN HOCK COFFEE POWDER DEALER
Co Reg No	44998800K
Email Address	DANCOUGAR_TAN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91732653
Alternative Phone No	OFFICE-91732653
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5033749713-10
Cover Note Number	
Driver	
Name of Driver	TAN HONG GUANG (CHEN FENGYUAN)
NRIC No	S7923956I
Date Of Birth	07/08/1979
Occupation	OUTDOOR
Date Of Driving Pass	31/08/1999
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91732653
Fax Number	
Contact Number	OTHERS-91732653
EMail Address	DANCOUGAR_TAN@YAHOO.COM

Address	BLK 320 CLEMENTI AVENUE 4 #02-43
Postcode	120320
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	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?	YES
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)	3
Passenger 1	NAME: : FATHER GENDER: : MALE
Passenger 2	NAME: : MOTHER 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

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

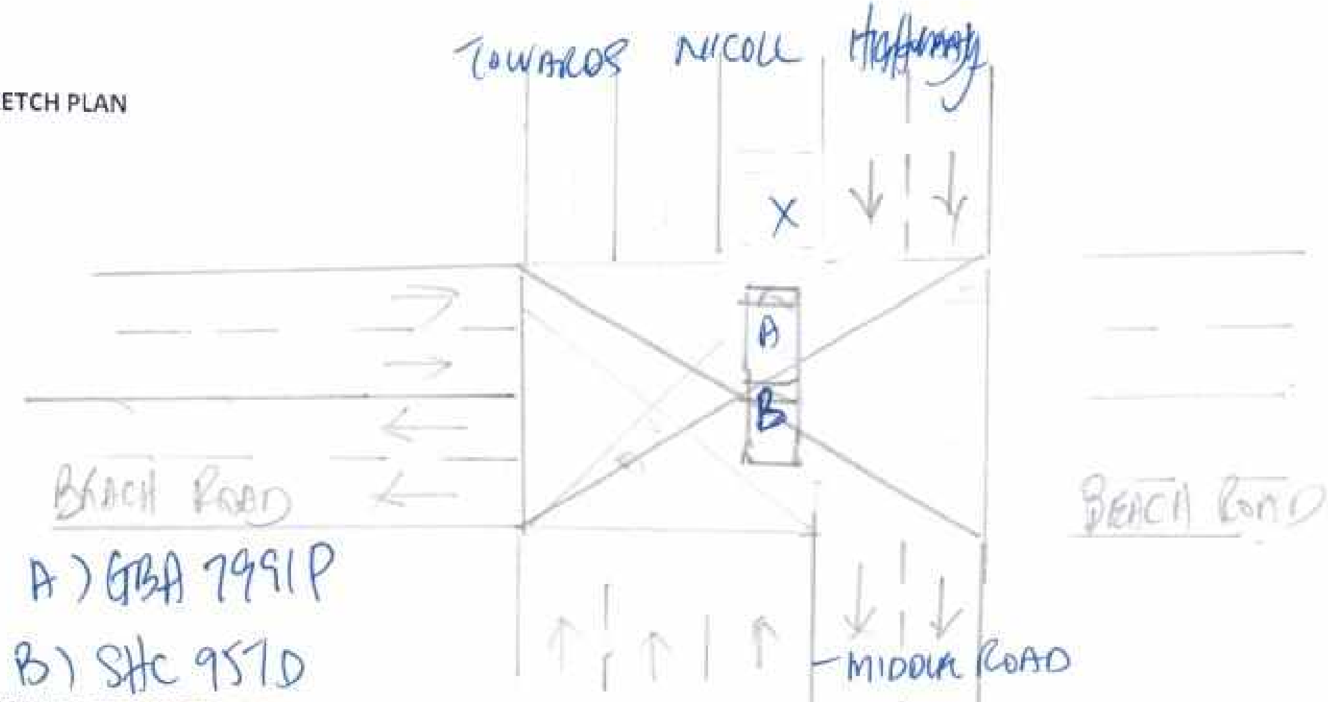
Vehicle Registration Number	SHC957D
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	AZLI BIN ABDUL AZIZ
NRIC/Passport Number	S7130933I
Contact Number	90629527
Address	
Postcode	

Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN HONG GUANG (CHEN FENGYUAN)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBA7991P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the yellow box, a blue ~~bike~~ car suddenly stop infront of me so I Jam brake, the next moment I got hit by SHC 9570D ~~at~~ at the back.

DECLARATION

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

建 福 咖 啡 粉 商
Kian Hock Coffee Powder Dealer
Business Registration No.: 44998800K

Policyholder's Signature
Date & Time:

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

03/12/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (02 / 12 / 2019) (DD/MM/YYYY), TIME: (14 : 00) (HH:MM)

LOCATION: Cross Junction between middle Rd & Beach Rd

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: GBA 7991 P
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: ~~5B77~~ 5033749713-10
   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: Private Use
   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: Kian Hock Coffee Powder Dealer (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: ______ CONTACT: ______
   c) ADDRESS: ______

Father
Mother

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) (3)

DRIVER
   a) NAME: Tan Hong Guang (MALE / ~~FEMALE~~)
   b) NRIC/~~FIN/PASSPORT~~: S79 / 239567 CONTACT: 91732653
   c) ADDRESS: 320 clementi Ave 4 #02-43 SC(120320)
   *d) DATE OF BIRTH: (07 / 08 / 1979) (DD/MM/YYYY)
   e) OCCUPATION: (~~INDOOR~~ / OUTDOOR)
   f) DATE OF DRIVING PASS 13 Aug 2005

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: SHC957D MODEL: Merc
   b) DRIVER'S NAME: AZLI BIN ABDUL AZIZ
   c) NRIC/FIN/PASSPORT: S7130933I CONTACT: 90629527

* No of passenger (including driver) (3)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: ______ MODEL: ______
   e) DRIVER'S NAME: ______
   f) NRIC/FIN/PASSPORT: ______ CONTACT: ______

* No of passenger (including driver) (___)

email = dancougar.tan@yahoo.com
VIDEO

Claim Handling

Accident MT/1074174

Policy No.	5033749713-10	Vehicle No.	GBA7991P	GST Registrati
Certificate No.				Policyholder NI
Policyholder Name	KIAN HOCK COFFEE POWDER DEALER			Loading
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Contact No.(H
Contact No.(Mobile)	91732653	Contact No.(Office)		eCode
Email Address		Special Remark		eCode Reason
KFK	No Yes	TCA	No Yes	Private Hire
NCD Protection	No	NCD Entitlement(%)	20	

Accident Details

Report Date	03/12/2019 17:08	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/12/2019	Time of Accident hh:mm	14:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	CROSS JUNCTION OF MIDDLE ROAD AND BEACH ROAD			

Excess

Own damage Excess	600.00	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			

Policyholder Mailing Address

Address 1	BLK 158 #06-50	Address 2	YUNG LOH ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5033749713-10	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TAN HONG GUANG (CHEN FENG	Driver NRIC	S7923956I	Driver DOB
Register Date of Driver License	13/08/2003	Driver Age	40	Driving Experi
Contact No.(Mobile)	91732653	Contact No.(Office)		Contact No.(H
Address 1	BLK 320 #02-43	Address 2	CLEMENTI AVENUE 4	Address 3
Address 4	SINGAPORE 120320	Address Type	Foreign address	Post Code
Unit No.	02-43			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	GBA7991P	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No

Modification History

Claim 001 **New**

Claim Type * OD-MX

Insured Name KIA

Contact No.(Mobile)

Contact No. (Home)

Email Address

OI Vehicle Number GB

Claim Description GBA7991P / SHC957D ON 2 Dec 2019

Preferred Workshop

Insured Liability Not at Fault

Request No. Finalisation Yes

Preferred Repair Option Preferred Workshop, Name unknown

GIA report Received

Date Registered 03/12/2019 17:11

Claim Close Date

Report Taken By ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Accident No.	MT/1074174	Claim No.	001
Last Doc. Received	● Yes ☐ No	Upload Date	03/12/2019 17:12

Path *		Category *	Confider
Choose File No file chosen	Clear	Please Select ▾	NO
Choose File No file chosen	Clear	Please Select ▾	NO
Choose File No file chosen	Clear	Please Select ▾	NO
Choose File No file chosen	Clear	Please Select ▾	NO
Choose File No file chosen	Clear	Please Select ▾	NO
Choose File No file chosen	Clear	Please Select ▾	NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Dec 2019 17:12	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Dec 2019 17:12	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Dec 2019 17:12	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Dec 2019 17:12	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Dec 2019 17:12	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Dec 2019 17:12	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Dec 2019 17:12	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Dec 2019 17:11	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Dec 2019 17:11	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Dec 2019 17:11	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Dec 2019 17:11	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Dec 2019 17:11	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Dec 2019 17:11	SAS		Normal	S

Video List

Uploaded By/Date	Folder Date	File Name	

Display in New Window | Scan and uploading

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 02/12/2019 12:55
Vehicle No.(For Motor): GBA7991P | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5033749713-10		KIAN HOCK COFFEE POWDER DEALER	44998800K	GCV	Comprehensive	GBA7991P	GBA7991P	08/01/2019	07/01/2020

Continue