

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MYA119162571

Date In: 6/12/19 - 15:15	Job description	Date & Time Completed	Done by
Ref No: NA/INC/9072360/24	SAS e-filing		
Veh No: 60685722	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 6/12/19 - 09:10	i-Motor Claim Form	6/12/19 12:22:00	6/12/19 16:03
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 60685722	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

NA/9092588	Invoice Preparation Checklist	Am't (\$) Est 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)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	10/12/2019 15:15
Date Of Accident	10/12/2019 09:10
Exact Location Of Accident	BEDOK NORTH AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8877Z
Insured/Policyholder	
Name Of Registered Owner	AL INTERIOR DESIGN AND RENOVATION
Co Reg No	53126116J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98367170
Alternative Phone No	OFFICE-98367170

Vehicle Particulars

Manufacturer	KIA
Model	K2500 6M/T
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	NO
Policy Number	5110487301
Cover Note Number	

Driver

Name of Driver	ZHAO LIBO
Passport No/FIN	G3180346U
Date Of Birth	07/12/1984
Occupation	OUTDOOR
Date Of Driving Pass	17/09/2015
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81219244
Fax Number	
Contact Number	OFFICE-81219244
Email Address	NOEMAIL

Address	19 WOODLANDS INDUSTRIAL PARK E1 #01-01 ADMIRALTY INDUSTRIAL PARK
Postcode	757719
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?	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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR 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	SJM5157L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	83013168
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :
GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

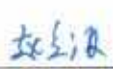
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

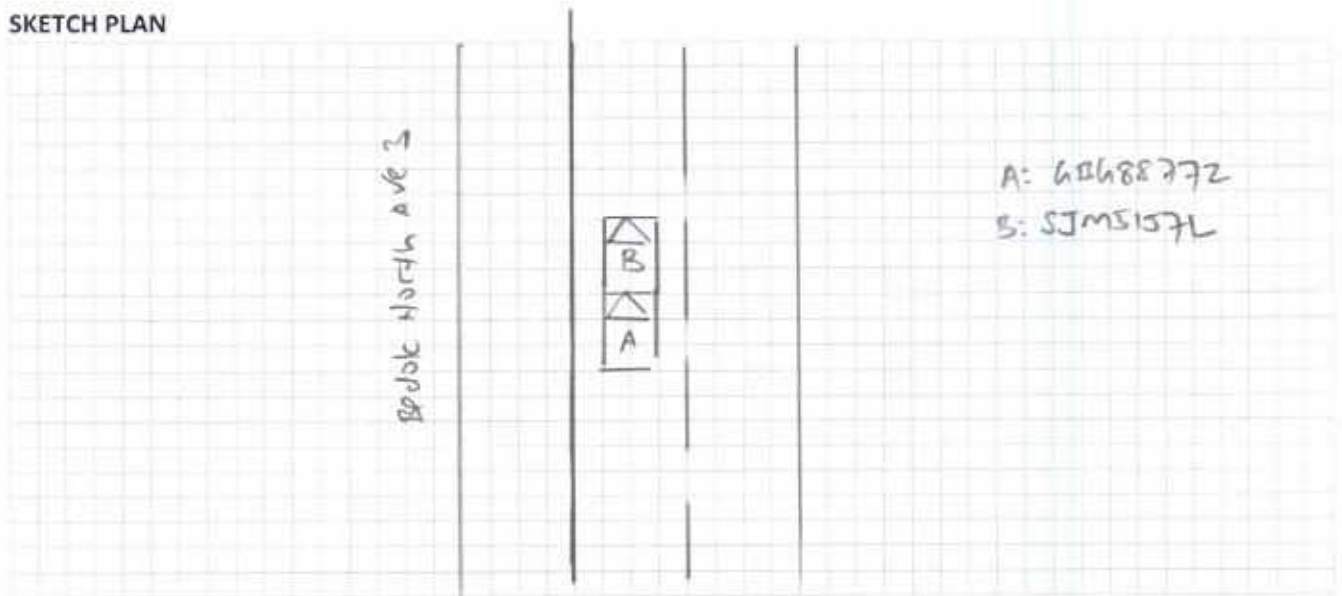
AL INTERIOR DESIGN AND RENOVATION
(53128116J)
No.19 Woodland Industrial
Park E1 #01 - 01
S757719

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION SIGN AND RENOVATION

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

(53126118/J)
No.19 Woodland Industrial
Park E1 #01 - 01
S757719

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.:

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110487301		AL INTERIOR DESIGN AND RENOVATION	531261163	GCV	Comprehensive	GBG8877Z	GBG8877Z	05/07/2019	04/07/2020

Policy Information

Policy No.	5110487301	Policyholder Name	AL INTERIOR DESIGN AND REN	Policyholder NRIC	531261161
Certificate No.					
Address	19 WOODLANDS INDUSTRIAL PARK E1 #01-01 ADMIRALTY INDUSTRIAL PARK SINGAPORE 757719				
Product Name	COMMERCIAL VEHICLE INSURAI Plan			Group Policy Flag	N
Policy Issue Date	17/06/2019	Effective Date	05/07/2019 00:00	Expiry Date	04/07/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	OS Premium 0				
Outside Singapore OD Excess	Outside Singapore TP Excess				
Young/Inexperience Driver Excess					
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Young/Inexperience Driver Excess

Policyholder Mailing Address

Address 1	19 WOODLANDS INDUSTRIAL P.	Address 2	#01-01 ADMIRALTY INDUSTRIA	Address 3	SINGAPORE 757719
Address 4					
Address Type	Singapore address				
Post Code	757719				
Unit No.	01-01	Related Policy Number	5110487301		

Insured Object: GBG8877Z

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

[Continue](#) [Cancel](#)

Claim Handling

Accident MT/1075122

Policy No.	5110487301	Vehicle No.	GBGB772	GST Registration No.	
Certificate No.					
Policyholder Name	AL INTERIOR DESIGN AND RENOVATION	Cover Type	Comprehensive	Policyholder NRIC	E31261167
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No. (Office)	8	Leading	8
Contact No. (Mobile)	98367170	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPI	<input checked="" type="radio"/> No <input type="radio"/> Yes	MCD Endorsement(%)	0	eCode Reason	
NCD Protection	No			Private Ring	No

Accident Details

Report Date	10/12/2019 16:00	Accident Report Within 24 hrs	Yes	ALDGRS Type	Collision - Head on collision
Date of Accident	10/12/2019	Time of Accident (H:mm)	08:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	REDON NORTH AVE 3				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
DD Standard Excess	100.00	TP Standard Excess	0.00
YED DD Excess	0.00	YED TP Excess	
Additional Excess		Driver is Covered?	
Total DD Excess Applicable	100.00	Total TP Excess Applicable	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	10/12/2019 10:01:34 System changed GST Status verified from No to Yes		

Policyholder Mailing Address

Address 1	28 WOODLANDS INDUSTRIAL P	Address 2	#01-01 ADMIRALTY INDUSTRIAL PARK	Address 3	SINGAPORE 757719
Address 4		Address Type	Singapore address	Post Code	757719
Unit No.	01-01	Related Policy Number	5110487301		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/12/1984
Unnamed Driver Name	ZHANG JING	Driver NRIC	G31803460	Driving Experience	4
Register Date of Driver License	17/08/2015	Driver Age	35	Contact No. (Home)	8
Contact No. (Mobile)	81219244	Contact No. (Office)	0	Contact No. (Home)	8
Address 1	19 WOODLANDS INDUSTRIAL P	Address 2	ADMIRALTY INDUSTRIAL PARK	Address 3	SINGAPORE 757718
Address 4		Address Type	Singapore address	Post Code	757719
Unit No.	01-01				
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	AL INTERIOR DESIGN AND RENOVATION	Insured NRIC	E31261167
Contact No. (Mobile)	98367170	Contact No. (Home)		Contact No. (Office)	
Email Address		DI Vehicle Number	GBGB772	TP Vehicle Number	G3M5157L
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBGB772 / G3M5157L ON 10 Dec 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully At Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	10/12/2019 16:03	Claim Order Date		Date Received	10/12/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Attachment

Accident No.	MT/1075122	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/12/2019 16:04

Path *

Browse...	Clear	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? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Dec 2019 16:04	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Dec 2019 16:04	SAS		Normal	SAS 2019-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Dec 2019 16:03	Photos		Normal	Photos 2019-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Dec 2019 16:03	Photos		Normal	Photos 2019-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Dec 2019 16:03	Photos		Normal	Photos 2019-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Dec 2019 16:03	Photos		Normal	Photos 2019-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Dec 2019 16:03	Photos		Normal	Photos 2019-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Dec 2019 16:03	Photos		Normal	Photos 2019-12-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Dec 2019 16:03	Photos		Normal	Photos 2019-12-10

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in New Window

Scan and uploading