

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

NA11916331

Date In: 12/12/14 - 09:18	Job description	Date & Time Completed	Done by
Ref No: NA11916331/24	SAS e-filing		
Veh No: 4B67304	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/12/14 - 18:25	i-Motor Claim Form	11/10/15 5363-001	11/12/14 14:47
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: 54 8097 B	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

NA11916331	Invoice Preparation Checklist	Am't (\$) Inc 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:-		
	ON*		
QC Checked by (Engr-In-Charge):	*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 (Non INC) against INC \$20		
	9) N12: Idac 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	12/12/2019 09:18
Date Of Accident	11/12/2019 18:25
Exact Location Of Accident	JUNC WAN THO AVE & PHENG GECK AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7030G
Insured/Policyholder	
Name Of Registered Owner	V10 AUTO
Co Reg No	53391664W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90088701
Alternative Phone No	OFFICE-90088701

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 ACENTA 1.5 DCI MANUAL
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5106689708
Cover Note Number	

Driver

Name of Driver	WEE MING YANG
NRIC No	S8815978J
Date Of Birth	11/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	13/11/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98228882
Fax Number	
Contact Number	OFFICE-98228882
Email Address	NOEMAIL

Address	BLK 113 POTONG PASIR AVENUE 1 #07-844
Postcode	350113
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	DRIZZLING
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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG WAN THO AVE. AS I NOTICED THAT VEHICLE B WAS APPROACHED THE STOPPED LINE OF PHENG GECK AVE. I SLOW DOWN MY VEHICLE, VEHICLE B SLOW DOWN TOO. I SAW THAT VEHICLE B SLOW DOWN, I PROCEED FORWARD. SUDDENLY VEHICLE B DASH FORWARD FROM PHENG GECK AVE. VEHICLE B REAR RIGHT PORTION INTACT WITH MY VEHICLE 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	SH8097B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	EE HOE KEE
NRIC/Passport Number	S13272851
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

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

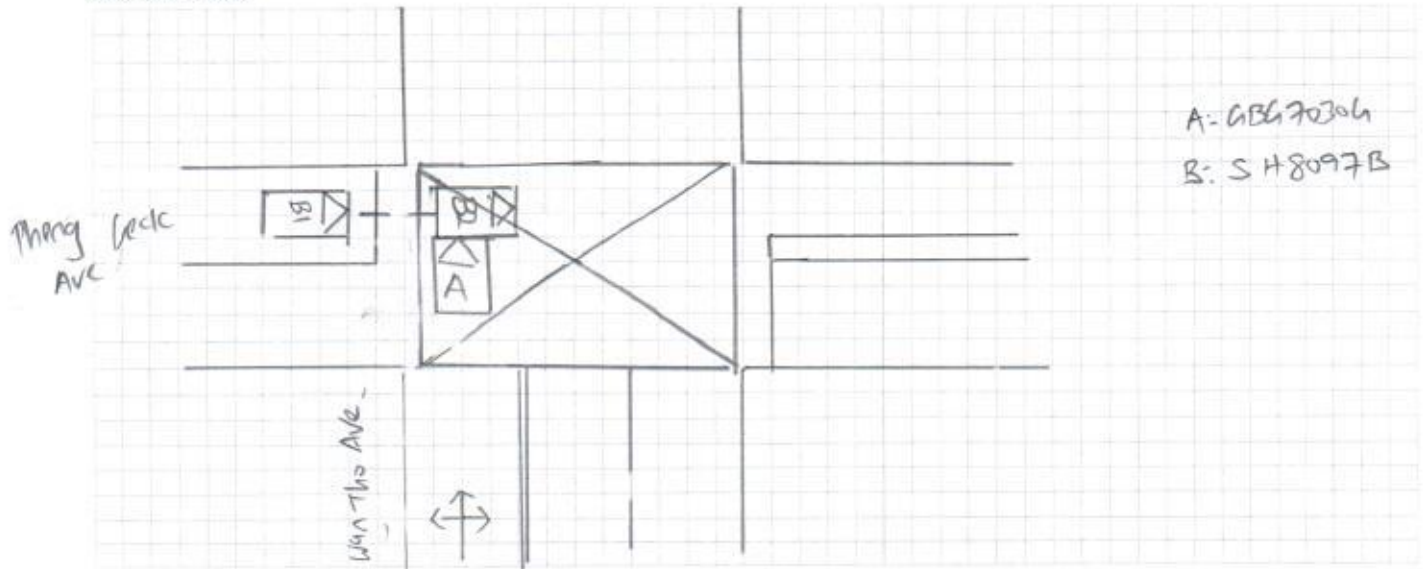


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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.:

eBaoTech

GeneralClaim

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"/>	5106689708		V10 AUTO	53391664W	GFT	Third Party	GBG7030G	GBG7030G	09/12/2019	

Policy Information

Policy No.	5106689708	Policyholder Name	V10 AUTO	Policyholder NRIC	53391664W
Certificate No.					
Address	19 KIM CHUAN TERRACE SINGAPORE 537041				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	28/12/2018	Effective Date	28/12/2018 00:00	Expiry Date	27/12/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	519.55		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	HONG WEI VEHICLE PTE LTD	Agent Tel.	64647339	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	19 KIM CHUAN TERRACE	Address 2	SINGAPORE 537041	Address 3	
Address 4		Address Type	Singapore address	Post Code	537041
Unit No.		Related Policy Number	5107316482		

Insured Object: GBG7030G

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	28/12/2018 00:00	Basic Information Endorsement	000001286973062	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBB8661E 28-12-2018 \$1,241.20 2. GBC4363L 28-12-2018 \$1,241.20 3. GBH6775S 28-12-2018 \$1,840.40 4. GBH8032P 28-12-2018 \$1,241.20 5. GW5413E 28-12-2018 \$1,241.20 6. GW7715X 28-12-2018 \$1,241.20 In view of this amendment, an additional premium of \$8,046.40 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GY6223U 14-01-2019 \$1,754.68 In view of this amendment, an additional premium of \$1,754.68 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque.</p>
2	14/01/2019 00:00	Basic Information Endorsement	000001286987558	Endorsement Take Effective	

Claim Handling

The premium on this policy has not been collected.

Accident MT/1075363

Policy No.	5106589708	Vehicle No.	GBG7030G	GST Registration No.	
Certificate No.					
Policyholder Name	V10 AUTO			Policyholder NRIC	52395664W
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90065701	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<div><div></div><div></div></div>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
<div><div></div> Accident Details</div>					
Report Date	12/12/2019 09:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	11/12/2019	Time of Accident hh:mm	18:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG WAN THO AVE & PHENG GECK AVE				
<div><div></div> Excess</div>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
<div><div></div> Benefits</div>					
<div><div></div> GST Registered Information</div>					
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
<div><div></div> Policyholder Mailing Address</div>					
Address 1	19 KIM CHUAN TERRACE	Address 2	SINGAPORE 537041	Address 3	
Address 4		Address Type	Singapore address	Post Code	537041
Unit No.		Related Policy Number	5107316482		
<div><div></div> OT Driver Info</div>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WEE MING YANG	Driver NRIC	588159783	Driver DOB	11/05/1988
Register Date of Driver License	13/11/2008	Driver Age	31	Driving Experience	11
Contact No.(Mobile)	98228552	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 113	Address 2	POTONG PASIR AVENUE 1	Address 3	SINGAPORE 350113
Address 4		Address Type	Singapore address	Post Code	350113
Unit No.	07-844				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<div><div></div> Declaration</div>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	DD-MX	Insured Name	V10 AUTO	Insured NRIC	S3391664W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+
Email Address		DI Vehicle Number	GBG7030G	TP Vehicle Number	SH8097B
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBG7030G / SH8097B ON 12 DEC 2019				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/12/2019 09:47	Claim Close Date		Date Received	12/12/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save | Submit

Attachment

Accident No.	MT/1075363	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/12/2019 09:49

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Moz Sam? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 09:49	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 09:49	SAS		Normal	SAS 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 09:49	Photos		Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 09:49	Photos		Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 09:49	Photos		Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 09:49	Photos		Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 09:48	Photos		Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 09:48	Photos		Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 09:48	Photos		Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 09:48	Photos		Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 09:48	Photos		Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 09:47	Photos		Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 09:47	Photos		Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 09:47	Photos		Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 09:47	Photos		Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 09:47	Photos		Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 09:47	Photos		Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 09:47	Photos		Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Dec 2019 09:47	Photos		Normal	Photos 2019-12-12

Video List

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