

NATIONAL Assessment Centre Services

[ver 1 Jan 2003]

MMA 119165317

Date In: 16/12/19 15:30	Job description	Date & Time Completed	Done by
Ref No: MA/INC19022102/h4	SAS e-filing		
Veh No: GBC 6048 J	E-mail (within 3hrs, AIC 2hrs)		
DDA: 16/12/19 08:30	I-Motor Claim Form	MT/1075898-001	16/12/19 16:11
OD: <input checked="" type="radio"/> 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: 3DT 1238 Y	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 Incident 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

MA1909272

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	By: Amt (\$)
Driver/Owner:	1) AL: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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 (Inc in 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	16/12/2019 15:30
Date Of Accident	16/12/2019 08:30
Exact Location Of Accident	BLK 444 PASIR RIS DR 6 CARPARK LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC6048J
Insured/Policyholder	
Name Of Registered Owner	LAU BOON HENG KWEI TEOW & NOODLE MANUFACTORY
Co Reg No	07959000D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64420784

Vehicle Particulars

Manufacturer	ISUZU
Model	-
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	5111881572
Cover Note Number	

Driver

Name of Driver	PALANI KATHIRVEL
NRIC No	G3319570U
Date Of Birth	25/05/1993
Occupation	OUTDOOR
Date Of Driving Pass	11/04/2018
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94249156
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 55 CHAI CHEE DR #08-184
Postcode	460055
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)	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

I WAS WAITING VEH B MOVING OUT FROM THE LOADING BAY THEN I PARKED INTO THE LOADING BAY NEAR THE BLK 444 PASIR RIS DR 6 MSCP. AFTER THE VEH B MOVING OUT FROM THE BAY, I PREPARE TO REVERSING INTO THE BAY, ALL OF A SUDDEN, VEH B REVERSING BACK AND HIT ONTO MY VEH RIGHT HAND SIDE.

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	SDT1238Y
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

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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.



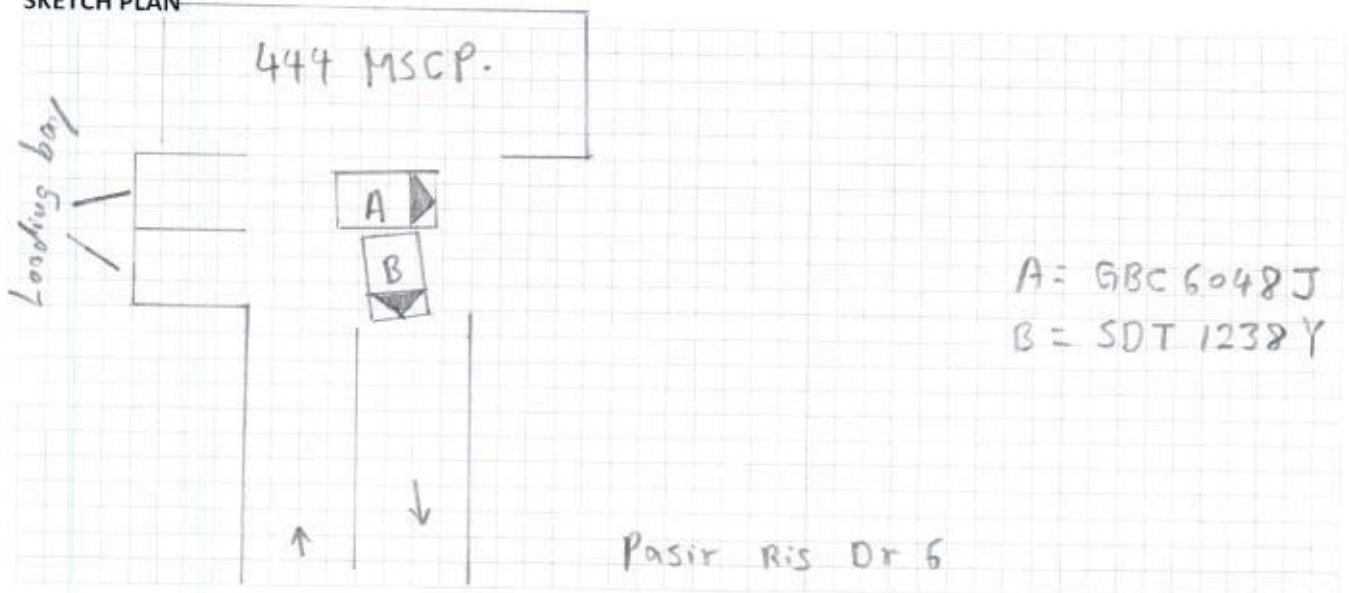
Policyholder's Signature
Date & Time:

P. Kathirvel.

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:

P. kathirvel.

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" value="5111881572"/>	Date of Accident	<input type="text" value="16/12/2019 15:28"/>
Vehicle No.(For Motor)	<input type="text" value="GBC6048J"/>	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"/>	5111881572	5111881572-000001	LAU BOON HENG KWEI TEOH & NOODLE MANUFACTORY	07959000D	GFM	Comprehensive	GBC6048J	GBC6048J	10/09/2019	09/09/2020

Claim Handling

Accident MT/1075898

Policy No.	S11881572	Vehicle No.	GBC6048J	GST Registration No.	201713715E
Certificate No.	S11881572-000001				
Policyholder Name	LAU BOON HENG KWEE TEOW & NOODLE MANUFACTORY				
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Policyholder NRIC	07959000D
Contact No.(Mobile)	64420784	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
Private Hire			No		
Accident Details					
Report Date	16/12/2019 16:05	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	16/12/2019	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 444 PASIR RIS DR 6 CARPARK LOADING BAY				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess			
YIED OD Excess	1000.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	1000.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/07/2017		
GST Registration No.	201713715E	GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	96J JALAN SENANG	Address 2	SINGAPORE 418489	Address 3	
Address 4		Address Type	Singapore address	Post Code	418489
Unit No.		Related Policy Number	S11881572		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	PALANI KATHIRVEL	Driver NRIC	G3319570U	Driver DOB	25/05/1993
Register Date of Driver License	11/04/2018	Driver Age	26	Driving Experience	1
Contact No.(Mobile)	94249156	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 55 #08-184	Address 2	CHAI CHEE DRIVE	Address 3	SINGAPORE 460055
Address 4		Address Type	Singapore address	Post Code	460055
Unit No.	08-184				
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Modification History					

Claim 001 New

Claim Type *	OD-MX	Insured Name	LAU BOON HENG KWEE TEOW &	Insured NRIC	07959000D
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	64420784
Email Address		TP	GBC6048J	Vehicle Number	SDT12
Claim Description	GBC6048J / SDT12BY ON 16 Dec 2019				
Preferred Workshop	Is	Insured Liability	Not at Fault		
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/12/2019 16:10	Claim Close Date		Date Received	16/12/2019
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1075898	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	16/12/2019 16:11
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select
Attachment List			

Attachment	Uploaded By/Date	Category	?	Urgency	Description	M
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 16:11	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 16:11	SAS		Normal	SAS 2019-12-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 16:11	Photos		Normal	Photos 2019-12-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 16:11	Photos		Normal	Photos 2019-12-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 16:10	Photos		Normal	Photos 2019-12-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 16:10	Photos		Normal	Photos 2019-12-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 16:10	Photos		Normal	Photos 2019-12-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 16:10	Photos		Normal	Photos 2019-12-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 16:10	Photos		Normal	Photos 2019-12-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 16:10	Photos		Normal	Photos 2019-12-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 16:10	Photos		Normal	Photos 2019-12-16	
Video List						
Uploaded By/Date	Folder Date	File Name	?	Source		
		Display in New Window	Scan and uploading			