

# NATIONAL Assessment Centre Services

(ver 1 Jan'05)

MMA 119166497

Date In: 18/12/19 14:07	Job description	Date & Time Completed	Done by
Ref No: NA1 INC19022262164	SAS e-filing		
Veh No: YK 7999T	E-mail (within 3hrs, AIC 2hrs)		
DDA: 18/12/19 09:40	I-Motor Claim Form	MT11076276-001	18/12/19 14:51
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: YP 5011E	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 repaler.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks: (INC 1000000 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

NA1909314	Invoice Registration Checklist	Am't (\$)	Adm't (\$)
1) AR: Accident Reporting (\$30);		30.00	
2) DA: Damage Assessment (\$100); INC (\$50)			
3) TP: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) PT: Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (ver 10 Jan 2005)			
6) TR: Re-inspection \$75			
7) NI: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:			
* NS: Courtesy Car / Tpt Allowance \$5			
* NG: Repair Coordination \$10			
* NT: Post Repair Inspection \$25			
* NN: DV / Collect Excess Coordination \$5			
* TP (N11): TP (Non INC) against INC \$20			
9) N12: Idao Mobile \$0			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars:
Driver/Owner:
Contact No:
Damaged Portion:
QC Checked by (Engr-In-Charge):
Auditors' Comments:



## 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	18/12/2019 14:07
Date Of Accident	18/12/2019 09:40
Exact Location Of Accident	5C TOH GUAN RD EAST LEVEL 5 LOADING BAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YK7999T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	INCHTECH ENTERPRISE
Co Reg No	52800180M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96189683

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FK617MJ
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5047416549-08
Cover Note Number	

### Driver

Name of Driver	NG SIN ANN
NRIC No	S1772363D
Date Of Birth	13/11/1966
Occupation	OUTDOOR
Date Of Driving Pass	09/12/1997
Driving Experience	22 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96189683
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 39A BENDEMEER RD #20-806
Postcode	331039
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 - OPENING DOOR OF VEHICLE
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

MY LORRY WAS PARKED AT THE 5C TOH GUAN RD EAST LEVEL 5 LOADING BAY, AFTER I FINISH MY DELIVERY, I MOVING OUT FROM THE LOADING BAY, VEH B WHICH WAS PARKED BESIDE MY LORRY SUDDENLY HIS BACK DOOR SWING OUT, CAUSING MY LORRY HIT ONTO THE DOOR.

#### 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	YP5011E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

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.

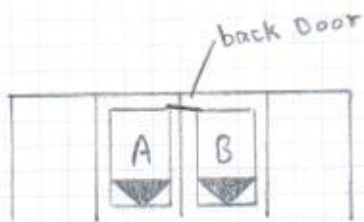


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



A = YK 7999T

B = YP 5011E

SC Toh Guan Rd East Level 5 Loading bay

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.:

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="18/12/2019 14:02"/>
Vehicle No.(For Motor)	<input type="text" value="YK7999T"/>	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"/>	5047416549-08		INCHTECH ENTERPRISE	52800180M	GCV	Third Party	YK7999T	YK7999T	21/12/2018	20/12/2019



## Claim Handling

Accident MT/1076276

Policy No.	5047416549-08	Vehicle No.	YK7999T	GST Registration No.	
Certificate No.					
Policyholder Name	INCHTECH ENTERPRISE	Cover Type	Third Party	Policyholder NRIC	S2800180M
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96189683	Special Remark		Contact No.(Home)	
Email Address		TCA	- No Yes	eCode	No
KFK	- No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	18/12/2019 14:47	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	18/12/2019	Time of Accident (hh:mm)	09:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	5C TDR GUAN RD EAST LEVEL 5 LOADING BAY				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	18/12/2019 14:49:19 System changed GST Status Verified from No to Yes				
<b>Policyholder Mailing Address</b>					
Address 1	BLK 39A #20-806	Address 2	BENDEMEER ROAD	Address 3	SINGAPORE 331039
Address 4		Address Type	Singapore address	Post Code	331039
Unit No.		Related Policy Number	5047416549-09		
<b>Q1 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/11/1966
Unnamed driver Name	NG SEN ANN	Driver NRIC	S1772363D	Driving Experience	22
Register Date of Driver License	09/12/1997	Driver Age	53	Contact No.(Home)	
Contact No.(Mobile)	96189683	Contact No.(Office)		Address 3	THE RIVER VISTA @ KALLA
Address 1	BLK 39A #20-806	Address 2	BENDEMEER ROAD	Post Code	331039
Address 4	SINGAPORE 331039	Address Type	Singapore address		
Unit No.	20-806				
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		
Modification History					

Claim 001 New

Claim Type *	OD-MX	Insured Name	INCHTECH ENTERPRISE	Insured NRIC	S2800
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	YK7999T	TP Vehicle Number	YPS011
Claim Description	YK7999T / YPS011E ON 18 Dec 2019				
Preferred Workshop	0	Insured Liability	Not at Fault		
SWISS No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered			18/12/2019 14:51	Claim Close Date	
Report Taken By	JIEW SHAN HUI				
Print AK letter					
Save Submit					

## Attachment

Accident No.	MT/1076276	Claim No.	001	
Last Doc. Received	Yes No	Upload Date	18/12/2019 14:51	
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				
<b>Attachment List</b>				
Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-18

2/2