

# NATIONAL Assessment Centre Services

[ver 1 Jan 2005]

MMA 119167546

Date In: 20/12/19 15:45	Job description	Date & Time Completed	Done by
Ref No: NA/ INC19022396/h4	SAS e-filing		
Veh No: G86 275 M	E-mail (within 3hrs, AIC 2hrs)		
ICIA: 20/12/19 12:45	I-Motor Claim Form	MT/1076615-001	20/12/19 16:17
OR: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SFB 8028 L	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:	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

Claimant's Particulars:	MA1909458	Invoice/Refundation Checklist	Am (\$)	SSA (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);	30.00	
Contact No:		2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:		3) TP: Towing Fee \$40/\$45		
QC Checked by (Eugr-In-Charge):		4) FT: Follow-Through Survey \$120		
Auditors Comments:		5) PT: Follow-Through Survey (Resurvey) \$30		
		For claiming against INC Only (ver 10 Jan 2005)		
		6) TR: Re-Inspection \$75		
		7) N1: Idao DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		ON:		
		*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) 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	20/12/2019 15:45
Date Of Accident	20/12/2019 12:45
Exact Location Of Accident	ORCAHRD LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG275M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HANEX EXPRESS PTE. LTD.
Co Reg No	1XXXXX897Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63361212

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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	5091159246-02
Cover Note Number	

### Driver

Name of Driver	MAK KOK FAYE
NRIC No	SXXXX028G
Date Of Birth	05/11/1955
Occupation	INDOOR
Date Of Driving Pass	02/11/1977
Driving Experience	42 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94882078
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 650 PASIR RIS DR 10 #07-68
Postcode	510650
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

#### 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 TRAVELLING ALONG ORCHARD LINK ON THE THIRD LANE, SUDDENLY VEH B FROM THE 4TH LANE(SUPPOSE TO BE TURNING TO ORCHARD TURN) CUT INTO MY LANE(ORCHARD LINK HEADING TOWARDS BIDEFORD RD) WITHOUT ANY SIGNAL AND HIT ONTO MY VEH LEFT 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	SFB8028L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OOI KAI CHENG
NRIC/Passport Number	SXXXX754D
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.

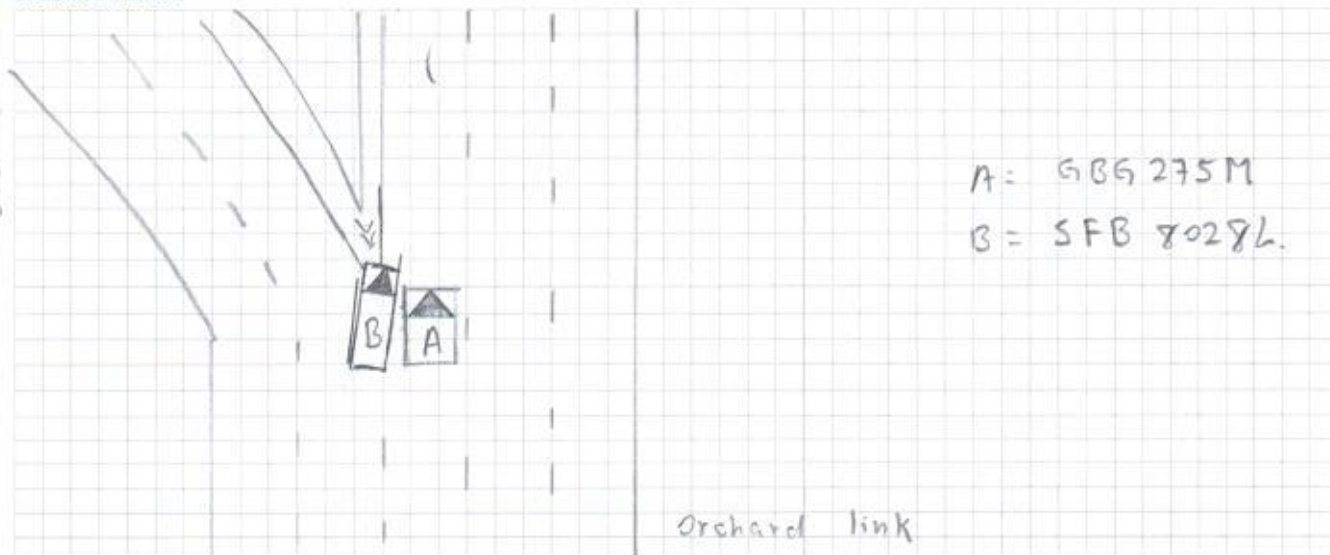


Policyholder's Signature  
Date & Time:

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

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

### SKETCH PLAN



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="20/12/2019 15:43"/>
Vehicle No. (For Motor)	<input type="text" value="GBG275M"/>	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"/>	5091159246-02		HANEX EXPRESS PTE. LTD.	199800897Z	GCV	Preferred Workshop Plan	GBG275M	GBG275M	22/05/2019	21/05/2020



## Claim Handling

## Accident MT/1076615

Policy No.	5091159246-02	Vehicle No.	GBG275M	GST Registration No.	1998008972
Certificate No.					
Policyholder Name	HANEX EXPRESS PTE. LTD.	Cover Type	Preferred Workshop Plan	Policyholder NRIC	1998008972
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	63361212	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KFK	No Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	20/12/2019 16:13	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	20/12/2019	Time of Accident hh:mm	12:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ORCAH RD LINK				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	01/09/2007		
GST Registration No.	1998008972	GST Status Verified	Yes		
Modification History	20/12/2019 16:15:39 System changed GST Registration Date from 01/01/2015 to 01/09/2007 20/12/2019 16:15:39 System changed GST Status Verified from No to Yes				
<b>Policyholder Mailing Address</b>					
Address 1	138 CECIL STREET	Address 2	#18-00 CECIL COURT	Address 3	SINGAPORE 069538
Address 4		Address Type	Singapore address	Post Code	069538
Unit No.		Related Policy Number	5091159246-02		
<b>Q1 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/11/1955
Unnamed driver Name	MAK KOK FAYE	Driver NRIC	SXXXX028G	Driving Experience	42
Register Date of Driver License	02/11/1977	Driver Age	64	Contact No.(Home)	
Contact No.(Mobile)	94882078	Contact No.(Office)		Address 3	SINGAPORE 510650
Address 1	BLK 650 #07-68	Address 2	PASIR RIS DRIVE 10	Post Code	510650
Address 4		Address Type	Singapore address		
Unit No.	07-68				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

## Modification History

Claim 001 New

Claim Type *	OO-MX	Insured Name	HANEX EXPRESS PTE. LTD.	Insured NRIC	1998008972
Contact No.(Mobile)	94882078	Contact No.(Home)		Contact No.(Office)	63361212
Email Address	KFMAK@HANEXEXPRESS.COM	Q1 Vehicle Number	GBG275M	TP Vehicle Number	SFB8028L
Claim Description	GBG275M / SFB8028L ON 20 Dec 2019				
Preferred Workshop	0	Insured Liability	Not at Fault		
SAHAWK No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/12/2019 16:16	Claim Close Date		Date Received	20/12/2019
Report Taken By	LEW SHAN HUI				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1076615	Claim No.	001
Last Doc. Received	Yes No	Upload Date	20/12/2019 16:17
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			
<b>Attachment List</b>			



Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Dec 2019 16:17	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-12-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Dec 2019 16:17	SAS	Normal	SAS 2019-12-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Dec 2019 16:17	Photos	Normal	Photos 2019-12-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Dec 2019 16:17	Photos	Normal	Photos 2019-12-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Dec 2019 16:17	Photos	Normal	Photos 2019-12-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Dec 2019 16:17	Photos	Normal	Photos 2019-12-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Dec 2019 16:16	Photos	Normal	Photos 2019-12-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Dec 2019 16:15	Photos	Normal	Photos 2019-12-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Dec 2019 16:15	Photos	Normal	Photos 2019-12-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Dec 2019 16:16	Photos	Normal	Photos 2019-12-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Dec 2019 16:16	Photos	Normal	Photos 2019-12-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Dec 2019 16:16	Photos	Normal	Photos 2019-12-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Dec 2019 16:16	Photos	Normal	Photos 2019-12-20

Video List

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