

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 120001281

Date In: 4/1/20-09:27	Job description	Date & Time Completed	Done by
Ref No: NA/INC 20000199/24	SAS e-filing		
Veh No: 6PF4266B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 3/1/20-11:45	i-Motor Claim Form	M7/198456-201	4/1/20 09:41
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: 56788008

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%; F: 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 20001281

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

Est Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

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:-

OD*

*N5: Courtesy Car / Tpl Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N-n 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	04/01/2020 09:27
Date Of Accident	03/01/2020 11:45
Exact Location Of Accident	PAYA LEBAR RD TWDS GUILLEMARD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9226B
Insured/Policyholder	
Name Of Registered Owner	BRILLIANT CONNECTIONS PTE LTD
Co Reg No	2XXXXX214M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97355397
Alternative Phone No	OFFICE-97355397

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DX 3.0 A
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	5089775669-02
Cover Note Number	

Driver

Name of Driver	SIM CHO YONG (SHEN ZURONG)
NRIC No	SXXXX514H
Date Of Birth	18/05/1976
Occupation	OUTDOOR
Date Of Driving Pass	01/06/1999
Driving Experience	20 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96885121
Fax Number	
Contact Number	OFFICE-96885121
Email Address	NOEMAIL

Address	BLK 152 LORONG 2 TOA PAYOH #23-326
Postcode	310152
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)	2
Passenger 1	NAME: : - 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

REFER TO STATEMENT.

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	SGD8800B
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

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.

光輝连接私人有限公司
BRILLIANT CONNECTIONS PTE LTD

Co. Reg. No.: 200508214M

1 North Bridge Road #03-23 High Street Centre
Singapore 179094

Tel: (65) 6327 6031 Fax: (65) 6327 6031

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

Shell Petrol Station

Payu Lebar Road



Vehicle A: GBF 9226B

Vehicle B: SGD 8800B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (GBF 9226B) traveling along Payu Lebar Road on third lane of a 4-lanes, road. Somewhere before Shell Petrol Station, my vehicle was stationary due to the heavy traffic flow. Out of sudden, vehicle B (SGD 8800B) came from rear and collided directly onto the rear portion of my vehicle.

DECLARATION

光輝達接私人有限公司
We declare the foregoing particulars are true in every respect.

BRILLIANT CONNECTIONS PTE LTD

Co. Reg. No.: 200508214M

1 North Bridge Road #03-23 High Street Centre

Singapore 379094

Tel: (65) 6327 6031 Fax: (65) 6327 6031

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.:

Vehicle No.	GBF 9226B	Model / Make	Toyota Hiace
Date of Accident	3/1/2020		
Time of Accident	1145	HRS	
Location of Accident	Along Paya Lebar Road towards Guillemard Road		
Exact purpose use during accident	Work		
Name of Owner	Brilliant Connections Pte Ltd		
Telephone No.	H/P: 9735 5397	Home :	Office :
NRIC	200508214M		
Address	1 North Bridge Road #03-73 S(179094)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
Name of Driver	As Above If No, Sim Cho Yang		
NRIC	S761454H	Any Passengers :	1 (m)
Date of birth	18/5/1976		
Occupation	Outdoor	/	Indoor
Driving License Pass Date			
Gender	Male / Female		
Contact No.	H/P: 9688 5121	Home :	Office :
Address	BLK 152 Lorong 2 Ton Pagar #23-326 S(310152)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SGD 8800 B	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Rear portion		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

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"/>	5089775669-02		BRILLIANT CONNECTIONS PTE LTD	200508214M	GCV	Comprehensive	GBF9226B	GBF9226B	18/04/2019	17/04/2020

Policy Information

Policy No.	5089775669-02	Policyholder Name	BRILLIANT CONNECTIONS PTE I	Policyholder NRIC	200508214M
Certificate No.					
Address	1 NORTH BRIDGE ROAD #03-23 HIGH STREET CENTRE SINGAPORE 179094				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy issue Date	01/04/2019	Effective Date	18/04/2019 00:00	Expiry Date	17/04/2020 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	JIN-SHI (HOLDINGS) PTE LTD	Agent Tel.	64678380	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	1 NORTH BRIDGE ROAD	Address 2	#03-23 HIGH STREET CENTRE	Address 3	SINGAPORE 179094
Address 4		Address Type	Singapore address	Post Code	179094
Unit No.		Related Policy Number	5089775669-02		

Insured Object: GBF9226B

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue Cancel</div>				

Claim Handling

Accident MT/1078456

Policy No.	5089775669-02	Vehicle No.	GBF9226B	GST Registration No.	
Certificate No.					
Policyholder Name	BRILLIANT CONNECTIONS PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	200506214M
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	87355397	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	04/01/2020 09:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/01/2020	Time of Accident hh:mm	11:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PAYA LEBAR RD TWDS GUILLEMYARD RD				

Total Excess Applicable

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	
Additional Excess		Driver is Covered?	
Total OD Excess Applicable	600.00	Total TP Excess Applicable	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	04/01/2020 09:40:38 System changed GST Status verified from No to Yes		

Policyholder Mailing Address

Address 1	1 NORTH BRIDGE ROAD	Address 2	#03-23 HIGH STREET CENTRE	Address 3	SINGAPORE 179094
Address 4		Address Type	Singapore address	Post Code	179094
Unit No.		Related Policy Number	5089775669-02		

Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	18/05/1976
Unnamed driver Name	SIM CHO YONG (SHEN ZURONG)	Driver NRIC	SXXXX514H	Driving Experience	20
Register Date of Driver License	01/06/1999	Driver Age	43	Contact No.(Home)	0
Contact No.(Mobile)	96885121	Contact No.(Office)	0	Address 3	TOA PAYOH TOWERS
Address 1	BLK 152	Address 2	LORONG 2 TOA PAYOH	Post Code	310152
Address 4	SINGAPORE 310152	Address Type	Singapore address		
Unit No.	23-226				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	BRILLIANT CONNECTIONS PTE LTD	Insured NRIC	200506214M
Contact No.(Mobile)	NIL	Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		01 Vehicle Number	GBF9226B	TP Vehicle Number	SGD8800B
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBF9226B / SGD8800B ON 3 Jan 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	04/01/2020 09:41	Claim Close Date		Date Received	04/01/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1078456	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/01/2020 09:41

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attachments

Attachment List

☐ Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Jan 2020 09:41	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-1-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Jan 2020 09:41	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-1-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Jan 2020 09:41	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-1-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Jan 2020 09:41	SAS	Normal	SAS 2020-1-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Jan 2020 09:41	Photos	Normal	Photos 2020-1-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Jan 2020 09:41	Photos	Normal	Photos 2020-1-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Jan 2020 09:41	Photos	Normal	Photos 2020-1-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Jan 2020 09:41	Photos	Normal	Photos 2020-1-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Jan 2020 09:41	Photos	Normal	Photos 2020-1-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Jan 2020 09:41	Photos	Normal	Photos 2020-1-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Jan 2020 09:41	Photos	Normal	Photos 2020-1-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 Jan 2020 09:41	Photos	Normal	Photos 2020-1-4	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
				<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>