

NATIONAL Assessment Centre Services.

(wef 1 Jan 05) **NA 7000268**

Date In: 6/1/20-17:16	Job description	Date & Time Completed	Done by
Ref No: NA/INC 20003074	SAS e-filing		
Veh No: YPY2097	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 5/1/20-20:32	i-Motor Claim Form	17/10/2018 15:01	6/1/20 18:25
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: SLV8076X	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

NA 7000269	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR : Re-inspection \$75		
Dat. 2 / 3:	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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 (Non 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	06/01/2020 17:16
Date Of Accident	05/01/2020 20:30
Exact Location Of Accident	SENANG CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4209J
Insured/Policyholder	
Name Of Registered Owner	CHYE HENG HUAT ENGINEERING PTE LTD
Co Reg No	1XXXXX674K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96788028
Alternative Phone No	OFFICE-96788028

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB (CBU)
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5112423903
Cover Note Number	

Driver

Name of Driver	JOHN KOO
NRIC No	SXXXX300Z
Date Of Birth	21/03/1963
Occupation	OUTDOOR
Date Of Driving Pass	12/10/1983
Driving Experience	36 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96788028
Fax Number	
Contact Number	OFFICE-96788028
Email Address	NOEMAIL

Address	47B JALAN LOYANG BESAR
Postcode	509372
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	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

ON STATED DATE AND TIME,, I WAS TRAVELLING ALONG SENANG CRESCENT. THE ROAD WAS TIGHT. VEHICLE B WAS PARKED AT THE CORNER OF THE ROAD. MY VEHICLE REAR LEFT PORTION GRAZED ONTO VEHICLE B REAR RIGHT 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	SLV8076X
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)	0

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.

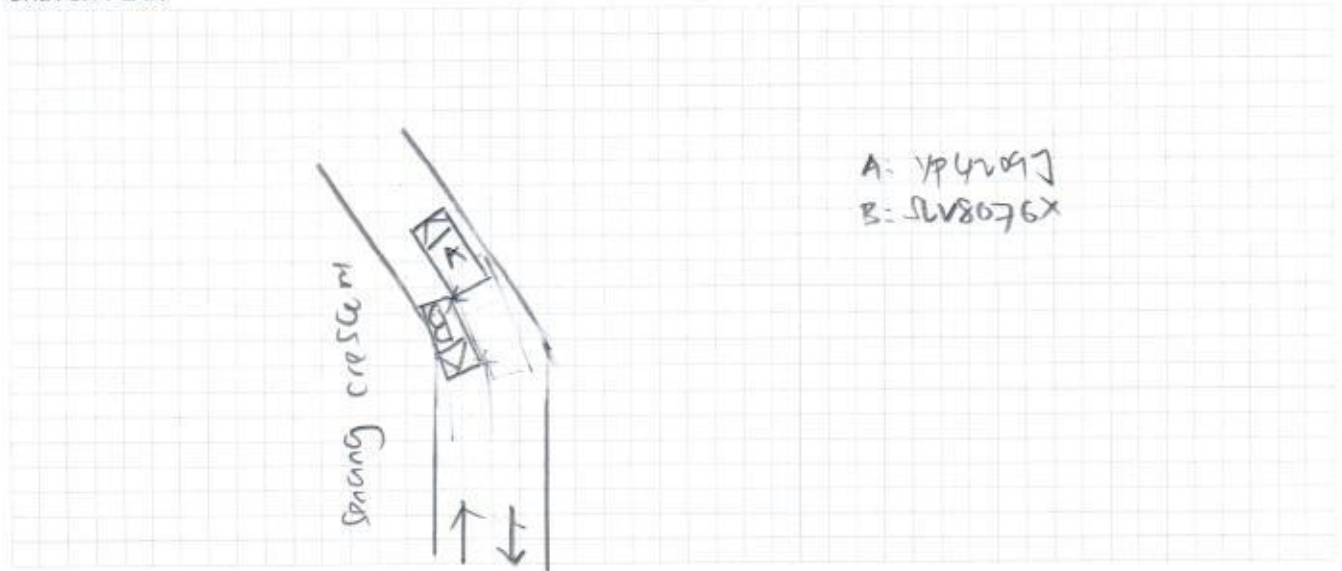


Policyholder's Signature
Date & Time:

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.:

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5112423903	5112423903-000012	CHYE HENG HUAT ENGINEERING PTE LTD	199301674K	GFM	Comprehensive	YP4209J	YP4209J	13/09/2019	12/09/2020

Continue

Policy Information

Policy No.	5112423903	Policyholder Name	CHYE HENG HUAT ENGINEERING	Policyholder NRIC	199301674K
Certificate No.	5112423903-000012				
Address	49 KAKI BUKIT ROAD 2 KAKI BUKIT WAREHOUSE COMPLEX SINGAPORE 417862				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	04/09/2019	Effective Date	13/09/2019 00:00	Expiry Date	12/09/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess		Own damage Excess	500	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	SUNESIS LEE BEE LENG (SUNES	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	49 KAKI BUKIT ROAD 2	Address 2	KAKI BUKIT WAREHOUSE COMF	Address 3	SINGAPORE 417862
Address 4		Address Type	Singapore address	Post Code	417862
Unit No.		Related Policy Number	5109110193-01		

Insured Object: 5112423903-000012

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	13/09/2019 00:00	Basic Information Endorsement	000001287142299	Endorsement Take Effective	update replacement policy

Certificate Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	--------------------	---------------------

Continue

Cancel

Claim Handling

Accident NT/1078756

Policy No.	5112423903	Vehicle No.	YP4209J	GST Registration No.	M20113554X
Certificate No.	5112423903-000012				
Policyholder Name	CHYE HENG HUAT ENGINEERING PTE LTD			Policyholder NRIC	199301674K
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96788028	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<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
Accident Details					
Report Date	06/01/2020 18:23	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	05/01/2020	Time of Accident h:mm	20:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SEANG CRESCENT				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
CD Standard Excess	500.00	TP Standard Excess			
YIED CD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total CD Excess Applicable	500.00	Total TP Excess Applicable			

Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/04/1994		
GST Registration No.	M20113554X	GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address					
Address 1	49 KAKI BUKIT ROAD 2	Address 2	KAKI BUKIT WAREHOUSE CORP	Address 3	SINGAPORE 417862
Address 4		Address Type	Singapore address	Post Code	417862
Unit No.		Related Policy Number	5109110193-01		

OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed Driver Name	JOHN KOO	Driver NRIC	SXXXX3002	Driver DOB	21/03/1963
Register Date of Driver License	12/10/1983	Driver Age	36	Driving Experience	36
Contact No.(Mobile)	96788028	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	47 JALAN LOYANG BESAR	Address 2	SINGAPORE 509372	Address 3	
Address 4		Address Type	Singapore address	Post Code	509372
Unit No.					
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		

Modification History

Claim 001 **New**

Claim Type *	CD-MK	Insured Name	CHYE HENG HUAT ENGINEERING	Insured NRIC	199301674K
Contact No.(Mobile)	92974677	Contact No.(Home)		Contact No.(Office)	62420010
Email Address		OT Vehicle Number	YP4209J	TP Vehicle Number	SLV8076X
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	YP4209J / SLV8076X ON 5 Jan 2020				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	06/01/2020 18:25	Claim Close Date		Date Received	06/01/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Attachment					
Accident No.	NT/1078756	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/01/2020 18:26		
Path *		Category *		Confidential	Urgency *
	Browse... Clear	Please Select		<input type="radio"/>	Normal
	Browse... Clear	Please Select		<input type="radio"/>	Normal
	Browse... Clear	Please Select		<input type="radio"/>	Normal
	Browse... Clear	Please Select		<input type="radio"/>	Normal
	Browse... Clear	Please Select		<input type="radio"/>	Normal
	Browse... Clear	Please Select		<input type="radio"/>	Normal

