

NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

19 MAY 2000 5872

Date In: 13/01/2020 18:05	Job description	Date & Time Completed	Done by
Ref No: X/BA/MC20000829/4	SAS e-filing		
Veh No: GBC 9742C	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 13/01/2020 15:05	I-Motor Claim Form	11/10/19946 201	14/01/2020 09:58
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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: GBC 5029P

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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: ()

At ()

By ()

Signature: ()

Signature: ()

Signature: ()

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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	13/01/2020 18:05
Date Of Accident	13/01/2020 15:05
Exact Location Of Accident	TUAS ROAD ROUND ABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9742C
Insured/Policyholder	
Name Of Registered Owner	BIMSHOP
Co Reg No	5XXXX233W
Email Address	STEVENSZE@BIMSHOP.COM.SG
Mobile Phone No	(LOCAL) +65-96876529
Alternative Phone No	OFFICE-96876529

Vehicle Particulars

Manufacturer	SUZUKI
Model	EVERY TURBO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5090930283-02
Cover Note Number	

Driver

Name of Driver	SZE BENG YEW
NRIC No	SXXXX639J
Date Of Birth	27/04/1978
Occupation	OUTDOOR
Date Of Driving Pass	16/10/2003
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96876529
Fax Number	
Contact Number	OTHERS-96876529
Email Address	STEVENSZE@BIMSHOP.COM.SG

Address	BLK 38 BEO CRESCENT
	#05-36
Postcode	160038
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 - ROUNDABOUT
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?	NO
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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC5629P
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GOVINDASAMY PERIASAMY
NRIC/Passport Number	GXXXX436Q
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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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.

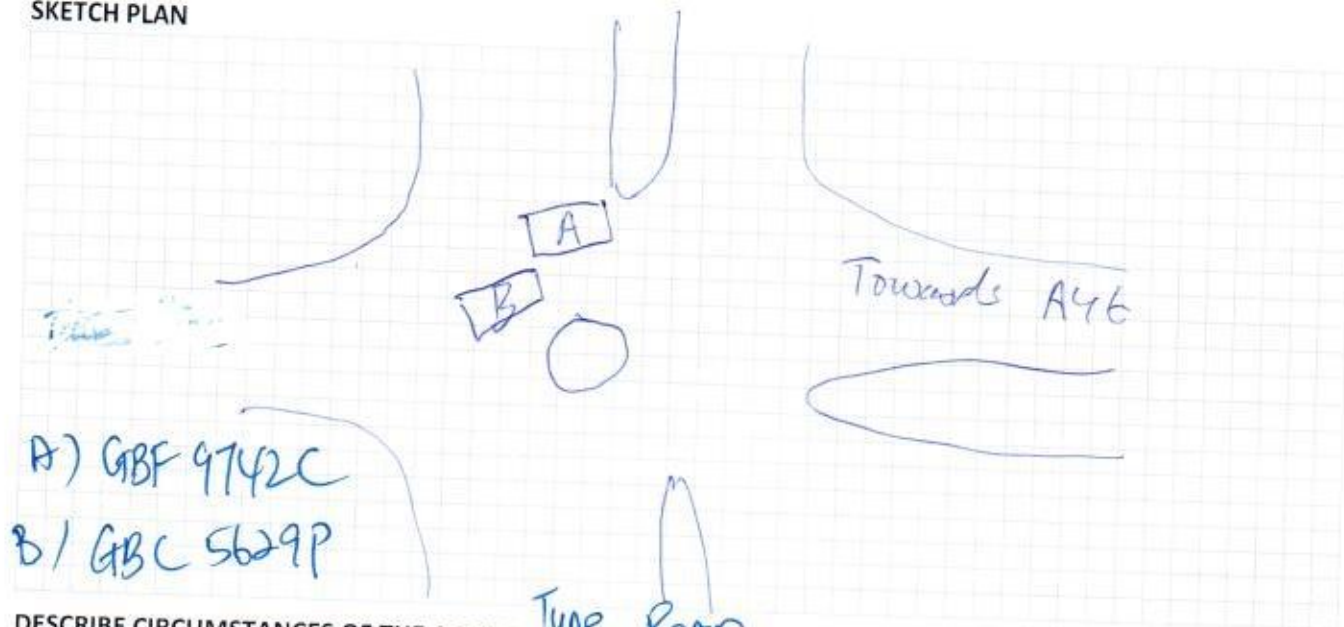


Policyholder's Signature
Date & Time:

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

13/01/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A) GBF 9742C
B) GBC 5629P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Tuas Road

I was travelling from Tuas Road into the roundabout to get to the 3rd exit towards A46 (City).
I was travelling on the outer lane when suddenly the other party B who was travelling on the inner lane ~~swipe~~ swerve out to make a last minute exit hitting the rear and side of my van.

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.:

13/01/2020

Rafael [Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: (13/01/) (DD/MM/YYYY), TIME: (15:06) (HH:MM)
 LOCATION: Tuas Road Roundabout

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF 9742 C
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Suzuki Gypsy Turbo DA17
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Sze Beng Yew (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S78116395 CONTACT: 96876529
 c) ADDRESS: Blk 38 Bed Crescent #05-36
Singapore 160038

* CONTINUE TO 3. IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Binslip (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 96876529
 c) ADDRESS: Blk 38 Bed Crescent #05-36
Singapore 160038

* d) DATE OF BIRTH: 27/01/1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26/8/2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear

b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBC 5629 P MODEL: Nissan Cabstar
 b) DRIVER'S NAME: Govindasamy Periasamy
 c) NRIC/FIN/PASSPORT: G7SD5436R CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
 (including driver)
 (01)

* No of passengers
 (including driver)
 (01)

* No of passengers
 (including driver)
 ()

Email: stevensze@binslip.com.sg
 VIDEO

Claim Handling

Accident HT/1079946

Policy No.

5090930283-02

Vehicle No.

GBF9742C

GST Registration No.

Certificate No.

Policyholder Name

BUMSHOP

Policyholder NRIC

53109233W

Product Code

COMMERCIAL VEHICLE INSURAT

Cover Type

Comprehensive

Loading

0

Contact No.(Mobile)

96876529

Contact No.(Office)

Contact No.(Home)

Email Address

Special Remark

eCode

No

KPK

No Yes

TCA

No Yes

eCode Reason

NCD Protection

No

NCD Entitlement(%)

15

Private Hire

No

Accident Details

Report Date

14/01/2020 09:54

Accident Report Within 24 hrs

Yes

Accident Type

Side Swipe

Date of Accident

13/01/2020

Time of Accident hh:mm

15:05

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

TUAS ROAD ROUND ABOUT

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

0.00

Driver Is Covered?

Covered

Additional Excess

Total OD Excess Applicable

600.00

Total TP Excess Applicable

0.00

Benefits

GST Registered Information

GST Registered

No

GST Registration Date

GST Registration No.

GST Status Verified

Yes

Modification History

Policyholder Mailing Address

Address 1

BLK 38 #05-36

Address 2

BEO CRESCENT

Address 3

THE BEO CRESCENT

Address 4

SINGAPORE 160038

Address Type

Singapore address

Post Code

160038

Unit No.

05-36

Related Policy Number

5090930283-02

01 Driver Info

Driver Name

Unnamed Driver

Driver Type

Unnamed Driver

Driver DOB

27/04/1978

Unnamed driver Name

SZE BENG YEW

Driver NRIC

SXXXX639J

Driving Experience

16

Register Date of Driver License

16/10/2003

Driver Age

41

Contact No.(Home)

Contact No.(Mobile)

96876529

Contact No.(Office)

Contact No.(Home)

Address 1

BLK 38 #05-36

Address 2

BEO CRESCENT

Address 3

THE BEO CRESCENT

Address 4

SINGAPORE 160038

Address Type

Foreign address

Post Code

160038

Unit No.

05-36

Does he own a Singapore Registered car?

Yes No

Driver Vehicle No.

GBF9742C

Driver Insurer Company

NTUC

Declaration

Breathalyzer or Blood Test Reading?

0 mg

Any Injury?

Yes No

Modification History

Claim 001 New

Claim Type *

OD-MX

Insured Name

BUMSHOP

Insured NRIC

53109233W

Contact No.(Mobile)

Contact No.(Home)

NIL

Contact No.(Office)

NIL

Email Address

01 Vehicle Number

GBF9742C

TP Vehicle Number

GBCS629P

Claim Description

GBF9742C / GBCS629P ON 13 Jan 2020

Name of Preferred Workshop

Preferred Workshop

Insured Liability

Not at Fault

Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

14/01/2020 09:57

Claim Close Date

Date Received

14/01/2020 00:00

Report Taken By

ROSLI WAHAB

Print AK letter

Save

Submit

Attachment

Accident No.

HT/1079946

Claim No.

001

Last Doc. Received

Yes No

Upload Date

14/01/2020 09:58

Path *

Category *

Confidential

Urgency *

Description *

Choose File

No file chosen

Clear

Please Select

NO

Normal

Choose File

No file chosen

Clear

Please Select

NO

Normal

Choose File

No file chosen

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No file chosen

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Please Select

NO

Normal

Message Read

Send Message

Upload

Attachment List

Attachment

Uploaded By/Date


Category

Urgency

Description

Msg Sent? (CO)

Action




NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 14 Jan 2020 09:58

Photos

Normal

Photos 2020-1-14

Edit




NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 14 Jan 2020 09:58

Photos

Normal

Photos 2020-1-14

Edit



NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 14 Jan 2020 09:58














Photos

Normal


Photos 2020-1-14

Edit

Claim Handling(accident reporting Claim Task)

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 09:58	Photos	Normal	Photos 2020-1-14	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 09:58	Photos	Normal	Photos 2020-1-14	Edit
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 09:57	Photos	Normal	Photos 2020-1-14	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 09:57	Photos	Normal	Photos 2020-1-14	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 09:57	Photos	Normal	Photos 2020-1-14	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 09:57	Photos	Normal	Photos 2020-1-14	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 09:57	Photos	Normal	Photos 2020-1-14	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 09:57	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-14
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 09:57	SAS	Normal	SAS 2020-1-14	Edit


Video List

Video List

Uploaded By/Date

Folder Date

File Name

Source

Action

Display in New Window

Scan and uploading

Policy Query

Policy No.		Date of Accident	13/01/2020 10:01							
Vehicle No. (For Motor)	GBF9742C	Certificate Number								
<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
*	S090930283-02		BIMSHOP	S3109233W	OCV	Comprehensive	GBF9742C	GBF9742C	17/05/2019	16/05/2020
<input type="button" value="Continue"/>										