NATIONAL Assessment Centre Services. [ref: Jan/06] . NAUA2000612

Date In: 14/01/2020 11:53	Job description	Date & Time Completed	Done by
Ref No: NBA/Fal2000844/1	SAS e-filling		
Veh No: GBH 9059R	E-mail (4/24hrs, AIC 2hrs)		
D.O.A: 17/12/2020 16:50	I-Motor Claim Form	MTH07628S-002	14/01/2020 12:15
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 / OW: (Tel: Fax:)

TP Particulars: Veh No: SMK 4378Y 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 ( )

( ) 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Date/Time	Action

NA2000462

Claimant's Information:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Sal. 1:

2/3:

Invoice Details	Amount	Audited
1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($100) INC ($40)	$40/$45	
3) TF : Towing Fee	$120	
4) FT : Follow-Through Survey	$30	
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (w.e.f 10 Jan 2000)	$75	
6) TR : Re-Inspection	$160	
7) N1 : Idas DA + SMRT Survey		
8) NTUC Additional Services:-		
OD:		
*N5: Courtesy Car / Tpt Allowance	$5	
*N6: Repair Coordination	$10	
*N7: Post Repair Inspection	$25	
*N8: DV / Collect Excess Coordination	$5	
TP (N11) : TP (Non INC) against INC	$20	
9) N12: Idas Mobile	$0	
Invoice dated	*Fee Charged*	
Invoice dated	*Fee Charged*	

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 14/01/2020 12:13

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 witholding 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	14/01/2020 11:53
Date Of Accident	17/12/2019 16:50
Exact Location Of Accident	JUNCTION OF EUNOS LINK/BEDOK RESERVOIR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9099R
Insured/Policyholder	
Name Of Registered Owner	BIG O (3) PTE. LTD.
Co Reg No	2XXXXX106G
Email Address	WITCHESWORK@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97860676
Alternative Phone No	OFFICE-91726239
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	VITO 114 CDI PANEL VAN LONG AT ABS 5DR
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	REPORTING ONLY
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	5100104126
Cover Note Number	
Driver	
Name of Driver	SEE CHAN HEE
NRIC No	SXXXX416C
Date Of Birth	08/01/1958
Occupation	OUTDOOR
Date Of Driving Pass	28/12/1976
Driving Experience	42 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97860676
Fax Number	
Contact Number	OTHERS-91726239
EMail Address	WITCHESWORK@YAHOO.COM

Address	BLK 523 JELAPANG ROAD #10-145
Postcode	670523
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	RAINING
Road Surface	WET

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK4378Y
Vehicle Make/Model/Colour	HONDA FIT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHI SIEW HUA
NRIC/Passport Number	
Contact Number	98804784
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:

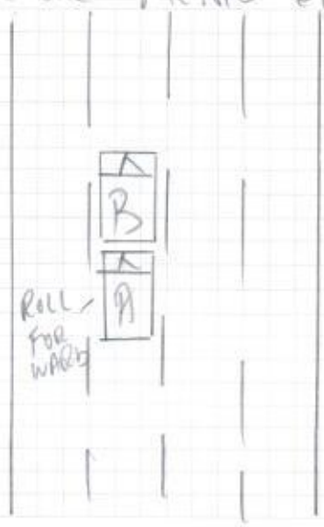
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Big O (3) Pte Ltd	14/1/20	14/01/2020
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 EUNOS LINK JUCTION OF BYDOR RESERVOIR RD.

A) GBX 9099R
B) SMK 4378Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 17.12.2019 AT ABOUT 16:50 HRS I WAS AT EUNOS LINK JUCTION OF BYDOR RESERVOIR RD. MY VAN WAS STATIONARY TO WAIT FROM TRAFFIC LIGHT TO CHANGE. SUDDENLY I FEEL CRAMP ON MY LEG & THE VAN ROLL FORWARD & BUMP INTO A CAR SMK 4378Y THAT ALL

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Big O (3) Pte Ltd	14/1/20	14/01/2020
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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 17.12.2018 (DD/MM/YYYY), TIME: 16:50 (HH:MM)

LOCATION: Fumos Link Junction of Bedok Reservoir Rd

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: GBH 9099R
   b) INSURANCE COMPANY: 5100104170
   c) POLICY NUMBER: NTUC
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL:
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
   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: BIG O (3) PTE. LTD (MALE / FEMALE) (WEMOH)
   b) NRIC/FIN/PASSPORT: 200901106G CONTACT: 97860676
   c) ADDRESS:

   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

   * No of passenger (including driver) (+)

   DRIVER
   a) NAME: SEE CHAN HEM (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT: 91726239
   c) ADDRESS: BLK 523 JALAPANG RD

   *d) DATE OF BIRTH: (__/__/__) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS
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)
   b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE
   * No of passenger (including driver) (__)
   a) VEHICLE NUMBER: SMK 4378Y MODEL: HONDA FIT
   b) DRIVER'S NAME: CH SIEW HUA
   c) NRIC/FIN/PASSPORT: CONTACT: 98804784
9. THIRD PARTY VEHICLE
   * No of passenger (including driver) (__)
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

email = WITCHESWORK@YAHOO.COM.
VIDEO

Claim Handling

Exit

Accident MT/1076283

Policy No.	5100104126	Vehicle No.	GBH9099R	GST Registration No.	200901106G
Certificate No.					
Policyholder Name	BIG O (3) PTE. LTD.			Policyholder NRIC	200901106G
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	18/12/2019 15:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	17/12/2019	Time of Accident hh:mm	16:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ELINOS LINK JUNCTION BEDOK RESERVOIR ROAD				

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	12/10/2009
GST Registration No.	200901106G	GST Status Verified	Yes

Modification History

18/12/2019 15:15:50 System changed GST Registered from No to Yes
18/12/2019 15:15:50 System changed GST Registration No. from null to 200901106G
18/12/2019 15:15:50 System changed GST Registration Date from null to 12/10/2009

Policyholder Mailing Address

Address 1	2 CONISTON GROVE	Address 2	SERANGOON GARDEN ESTATE	Address 3	SINGAPORE 558298
Address 4		Address Type	Singapore address	Post Code	558298
Unit No.		Related Policy Number	5100104126		

OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	BIG O (3) PTE. LTD.	Insured NRIC	200901106G
Contact No.(Mobile)	91836289	Contact No. (Home)		Contact No. (Office)	+
Email Address		OI Vehicle Number	GBH9099R	TP Vehicle Number	SMK4378Y
Claim Description	GBH9099R / SMK4378Y ON 17 Dec 2019			Name of Preferred Workshop	
Preferred Workshop Dataset No.		Insured Liability	Fully at Fault		
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/01/2020 12:15	Claim Close Date		Date Received	14/01/2020 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1076283	Claim No.	002
Last Doc. Received	Yes No	Upload Date	14/01/2020 12:15

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	Clear	Please Select	NO	Normal	
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	Clear	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 12:15	Photos	Normal	Photos 2020-1-14		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 12:15	Photos	Normal	Photos 2020-1-14		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 12:15	Photos	Normal	Photos 2020-1-14		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 12:15	Photos	Normal	Photos 2020-1-14		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 12:15	Photos	Normal	Photos 2020-1-14		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 12:15	Photos	Normal	Photos 2020-1-14		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Jan 2020 12:15	Photos		Normal	Photos 2020-1-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Jan 2020 12:15	Photos		Normal	Photos 2020-1-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Jan 2020 12:15	Photos		Normal	Photos 2020-1-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Jan 2020 12:15	Photos		Normal	Photos 2020-1-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Jan 2020 12:15	Photos		Normal	Photos 2020-1-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Jan 2020 12:15	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-14	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Jan 2020 12:15	SAS		Normal	SAS 2020-1-14	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_600676

Change Language | Change Password | Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) GBH9099R

Date of Accident 17/12/2019 11:32

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
*	5100104126		BIG O (3) PTE. LTD.	200901106G	DCV	Preferred Workshop Plan	GBH9099R	GBH9099R	19/04/2018	18/04/2020

Continue