

NATIONAL Assessment Centre Services: (wef 1 Jan'05) **NA/120007278**

Date In: 16/1/20 - 12:34	Job description	Date & Time Completed	Done by
Ref No: NA/12000 1006/24	SAS e-filing		
Veh No: PC79815	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/1/19 - 16/20	i-Motor Claim Form	16/1/20 12:34	16/1/20 12:34
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: SDH 2933E	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

NA/12000596	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		1st Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Dat. 1:	TP (N11): TP (Non INC) against INC \$20		
Dat. 2 / 3:	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	16/01/2020 12:34
Date Of Accident	16/12/2019 16:20
Exact Location Of Accident	CHANGI RD BEFORE STILL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7981S
Insured/Policyholder	
Name Of Registered Owner	BIZLINK CENTRE SINGAPORE LTD
Co Reg No	1XXXXX566R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64495652

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DX 2.8 AUTO
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107675717
Cover Note Number	

Driver

Name of Driver	KOH LAN HAI
NRIC No	SXXXX638Z
Date Of Birth	30/08/1956
Occupation	OUTDOOR
Date Of Driving Pass	03/05/1977
Driving Experience	42 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94760926
Fax Number	
Contact Number	OFFICE-94760926
Email Address	NOEMAIL

Address	BLK 209C PUNGGOL PLACE #02-1264
Postcode	823209
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	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)	5

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, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS IT WAS CONGESTED. AS THERE WAS SOME CONSTRUCTION CODE ON THE RIGHT SIDE OF LANE 1. MY VEHICLE WAS ON SLIGHTLY LEFT SIDE ON LANE 1. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B WAS ON LANE 2 AND TOO CLOSE TO MY VEHICLE. VEHICLE B REAR RIGHT PORTION INTACT WITH MY VEHICLE FRONT LEFT 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	SDH2933E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANTO NAZARETH
NRIC/Passport Number	SXXXX422B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

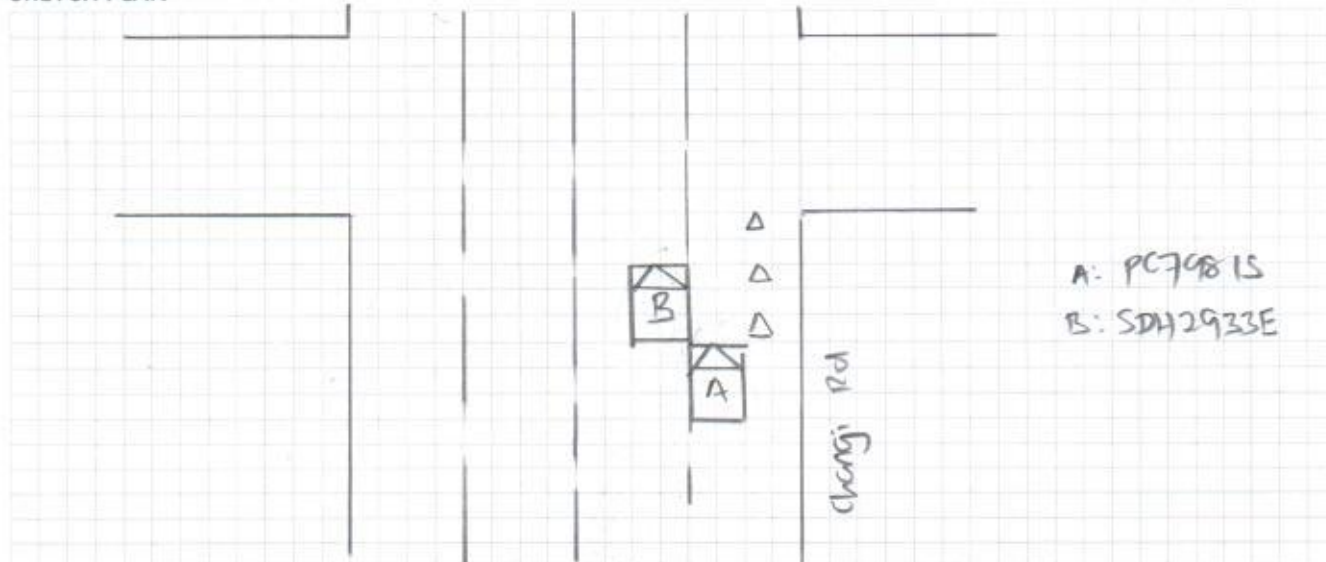


Policyholder's Signature
Date & Time:

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.	<input type="text"/>	Date of Accident	<input type="text" value="16/12/2019 16:20"/>							
Vehicle No. (For Motor)	<input type="text" value="PC79815"/>	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 checked="" type="radio"/>	S107675717		BIZLINK CENTRE SINGAPORE LTD	199500566R	GBS	Comprehensive	PC79815	PC79815	21/02/2019	20/02/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5107675717	Policyholder Name	BIZLINK CENTRE SINGAPORE L1	Policyholder NRIC	199500566R
Certificate No.					
Address	BLK 512 CHAI CHEE LANE #01-09 BEDOK INDUSTRIAL ESTATE SINGAPORE 469028				
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	20/02/2019	Effective Date	21/02/2019 00:00	Expiry Date	20/02/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	THINK ONE AUTOMOBILE & TRA	Agent Tel.	65553300	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 512 CHAI CHEE LANE	Address 2	#01-09 BEDOK INDUSTRIAL ES	Address 3	SINGAPORE 469028
Address 4		Address Type	Singapore address	Post Code	469028
Unit No.		Related Policy Number	5115449392		

Insured Object: PC7981S

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	21/02/2019 00:00	POI Move	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 21 Feb 2019 TO 20 Feb 2020</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 21 Feb 2019, the following policy details are amended as follows: CHASSIS NUMBER: GDH2011014987 ENGINE NUMBER: 1GD8345685 VEHICLE REGISTRATION NUMBER: PC7981S ORIGINAL REGISTRATION DATE: 21 Feb 2019</p>
2	21/02/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	

Continue

Cancel

Claim Handling

Accident MT/1080381

Policy No.	5107675717	Vehicle No.	PC7981S	GST Registration No.	199500566R
Certificate No.					
Policyholder Name	BIZLINK CENTRE SINGAPORE LTD			Policyholder NRIC	199500566R
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	64495652	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	16/01/2020 13:31	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	16/12/2019	Time of Accident hh:mm	16:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHANGI RD BEFORE STILL RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	05/04/2005
GST Registration No.	199500566R	GST Status Verified	Yes
Modification History	16/01/2020 13:33:05 System changed GST Registration Date from 01/01/2015 to 05/04/2005 16/01/2020 13:33:05 System changed GST Status verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 512 CHAI CHEE LANE	Address 2	#01-09 BEDOK INDUSTRIAL E5	Address 3	SINGAPORE 469028
Address 4		Address Type	Singapore address	Post Code	469028
Unit No.		Related Policy Number	5115449392		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	30/08/1956
Unnamed driver Name	ROH LAN HAI	Driver NRIC	SXXXX6382	Driving Experience	42
Register Date of Driver License	03/05/1977	Driver Age	63	Contact No.(Home)	0
Contact No.(Mobile)	94760926	Contact No.(Office)	0	Address 1	PUNGGOL CREST
Address 1	BLK 209C	Address 2	PUNGGOL PLACE	Address 3	PUNGGOL CREST
Address 4	SINGAPORE 623209	Address Type	Singapore address	Post Code	623209
Unit No.	02-1264				
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 *	CD-MX	Insured Name	BIZLINK CENTRE SINGAPORE L	Insured NRIC	199500566R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	64495652
Email Address		DI Vehicle Number	PC7981S	TP Vehicle Number	SDH2933E
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	PC7981S / SDH2933E ON 16 Dec 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/01/2020 13:33	Claim Close Date		Date Received	16/01/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1080381	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/01/2020 13:34

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent ¹ (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 Jan 2020 13:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 Jan 2020 13:34	SAS		Normal	SAS 2020-1-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 Jan 2020 13:34	Photos		Normal	Photos 2020-1-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 Jan 2020 13:33	Photos		Normal	Photos 2020-1-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 Jan 2020 13:33	Photos		Normal	Photos 2020-1-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 Jan 2020 13:33	Photos		Normal	Photos 2020-1-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 Jan 2020 13:33	Photos		Normal	Photos 2020-1-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 Jan 2020 13:33	Photos		Normal	Photos 2020-1-16

📺 Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
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