

NATIONAL Assessment Centre Services

[Ref: JA-102]

28/01/20

Date Inc: 28/01/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20001500/13	SAS e-filing		
Veh No: 5GB5810C	E-mail (within 8hrs, Aft 2hrs)		
D.O.A: 25/01/20 2240	i-Motor Claim Form	MT/1081979+001	
OD: TP: <u>Reporting Only</u>	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: PBK86155 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: ()

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NA2001345

Invoice Preparation Checklist

Item	Amount (\$)	Amount (\$)
	Est Bill	Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$30)		
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) NI: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
ON:		
*N5: Courtesy Car / Tp 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: Idao Mobile	\$0	

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	28/01/2020 17:44
Date Of Accident	25/01/2020 22:40
Exact Location Of Accident	BUKIT BATOK RD TWDS JUNC 10
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGB5810C
Insured/Policyholder	
Name Of Registered Owner	ROYAL STAR TRANSPORT
Co Reg No	5XXXX501D
Email Address	KELVINNGZW@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96602346
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ISIS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5108691840
Cover Note Number	
Driver	
Name of Driver	NG ZHI WEI,KELVIN
NRIC No	SXXXX911E
Date Of Birth	07/12/1985
Occupation	INDOOR
Date Of Driving Pass	20/05/2005
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96602346
Fax Number	
Contact Number	
EEmail Address	KELVINNGZW@GMAIL.COM

Address	BLK 669B EDGEFIELD PLAINS #08-686
Postcode	822669
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 - 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?	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

PLS REFER TO THE ATTACHED 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	FBK8615S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	THONG GHIM ANN, NICHOLAS (TANG JIN, AN)
NRIC/Passport Number	SXXXX902H
Contact Number	97901995
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Address	BLK 669B EDGEFIELD PLAINS #08-686
Postcode	822669
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	- - -
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Vehicle Category	MOTORCYCLE
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NRIC/Passport Number	SXXXX902H
Contact Number	97901995
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**.
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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:

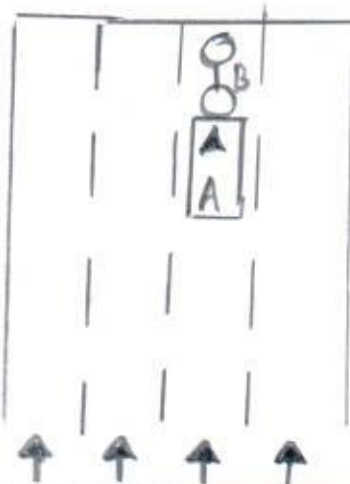
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A - SGB5810C

B - FBK8615S

BUKIT BATOK RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 10:30pm My Vehicle SGB5810C and motorcycle FBK8615S. Was at the traffic light stop. Both Vehicle was stationary, at a slight moment when the traffic light turns green, I accelerated the vehicle. Before I can realise the motorcycle was still at stationary my car bumper touched onto the motorcycle FBK8615S causing his number plate to be dented and touches his tyre. Manage to Exchange contacts and shift the motorcycle number plate to position and left. Both Motorcycle and riders and passenger are not injured.

DECLARATION

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



Police Officer's Signature
Date & Time:

[Signature]

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

[Signature] 28/01/20

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

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.5108691840

Date of Accident25/01/2020 22:40

Vehicle No.(For Motor)SGB5810C

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5108691840	5108691840-000011	ROYAL STAR TRANSPORT	53356501D	GFM	Third Party	SGB5810C	SGB5810C	09/12/2019	03/04/2020

Continue

Claim Handling

Accident MT/1081979

Policy No.	5106691840	Vehicle No.	SGB5810C	GST Registr
Certificate No.	5106691840-600011			
Policyholder Name	ROYAL STAR TRANSPORT			Policyholder I
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	96602346	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
Accident Details				
Report Date	29/01/2020 12:20	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/01/2020	Time of Accident hh:mm	22:40	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	BUKIT SATOK RD TWDS JUNG 10			
Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cov
Additional Excess				
Total OD Excess Applicable	0.00	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 26 #11-166	Address 2	JALAN BERSEH	Address 3
Address 4	SINGAPORE 200026	Address Type	Singapore address	Post Code
Unit No.	11-166	Related Policy Number	5112030060	
OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	NG ZHI WEI,KELVIN	Driver NRIC	SXXXXX111E	Driver DOB
Register Date of Driver License	20/05/2005	Driver Age	34	Driving Experi
Contact No.(Mobile)	96602346	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 659B	Address 2	EDGEFIELD PLAINS	Address 3
Address 4	SINGAPORE 822669	Address Type	Singapore address	Post Code
Unit No.	#08-686			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
Modification History				

Claim 001 OD-MX New

Claim Type	OD-MX	Insured Name	R
Contact No.(Mobile)	94877133	Contact No. (Home)	
Email Address		OI Vehicle Number	S
Claim Description	SGB5810C / FBK8615S ON 25 Jan 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	29/01/2020 12:27
Print AK letter		Workshop Repairer	ROSLINDA

Save Submit

Attachment

Accident No. M173061979

Claim No. 001

Last Doc. Received * Yes No

Upload Date 29/01/2020 09:00

Path *

Category *

Confid

Choose File No file chosen

Clear

Please Select ▼ NO

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Choose File No file chosen

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Choose File No file chosen

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Choose File No file chosen

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Message: Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 12:27		NRIC/ Driving License	Y	Normal	NRIC/ Dr
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 12:27		SAS		Normal	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 12:27		Photos		Normal	P
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 12:27		Photos		Normal	P
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 12:27		Photos		Normal	P
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 12:27		Photos		Normal	P
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 12:27		Photos		Normal	P

Video List

Uploaded By/Date	Folder Date	File Name	?
Display in New Window Scan and uploading			