NATIONAL Assessment Centre Services (Ref: Jan'20) MNA1200 43198

Date In: 30/01/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC2000161813	SAS e-filling		
Veh No: GBB1879R	E-mail (within 8hrs. ADC 2hrs)		
D.O.A: 29/01/20 1615	i-Motor Claim Form	MT/1082279-001	
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: SJS2942A 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

NA20009145

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cal. 1:

Cal. 2 / 3:

Invoice Preparation Checklist		Amt ($) in Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
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) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
*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		

MNA120013198 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 30/01/2020 09:31
SUBMITTED BY: Roslinda Binte Abdul Wahab

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	30/01/2020 09:31
Date Of Accident	29/01/2020 16:15
Exact Location Of Accident	SLE TWDS CTE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB1879R
Insured/Policyholder	
Name Of Registered Owner	T.A.G CONSTRUCTION PTE LTD
Co Reg No	2XXXXX399H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62955800
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5101981887-01
Cover Note Number	
Driver	
Name of Driver	CHINNIAH PANDI
Passport No/FIN	GXXXX756W
Date Of Birth	26/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	05/08/2019
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82982411
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 3004 UBI AVE 3 #02-96
Postcode	408860
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	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	3
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)	3
Passenger 1	NAME: : COLLEAGUE GENDER: : MALE
Passenger 2	NAME: : COLLEAGUE GENDER: : MALE

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

I WAS TRAVELLING STRAIGHT ALONG SLE TWDS CTE ON THE 3RD LANE OF A5-LANES RD.WHILE TRAVELLING SUDDENLY MY TYRE BURST AND MY VEH SPINNING INTO THE 1ST LANE AND STOP IMMEDIATELY WITHOUT ANY CONTACT TO OTHERS VEH.THE TAXI(C) MANAGED TO STOP WITHOUT ANY CONTACT TO MY VEH BUT THE VEH(B) BEHIND THE TAXI OVERTAKE THE VEH B AND GRAZED VEH B LEFT SIDE PORTION AND HIT ONTO MY FRT LEFT SIDE PORTION OF MY VEH.

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	SJS2942A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOHN SO KING JIAT
NRIC/Passport Number	GXXXX659L

Contact Number	84411569
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD3700C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM HOCK SENG
NRIC/Passport Number	SXXXX667A
Contact Number	93321761
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.

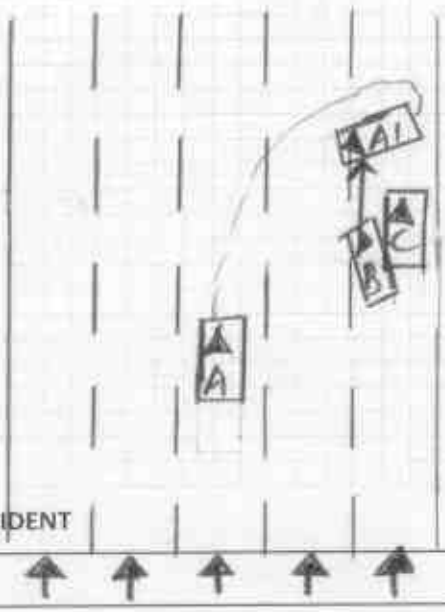
*
Policyholder's Signature
Date & Time:

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

30/01/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A-GBB1879R
B-SJSJ942A
C-SHD3700C



SLE TWDS CTE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the 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.:
		30/01/20

I WAS TRAVELLING STRAIGHT ALONG SLE TWDS CTE ON THE 3RD LANE OF A5-LANES RD.WHILE TRAVELLING SUDDENLY MY TYRE BURST AND MY VEH SPINNING INTO THE 1ST LANE AND STOP IMMEDIATELY WITHOUT ANY CONTACT TO OTHERS VEH.THE TAXI(C) MANAGED TO STOP WITHOUT ANY CONTACT TO MY VEH BUT THE VEH(B) BEHIND THE TAXI OVERTAKE THE VEH B AND GRAZED VEH B LEFT SIDE PORTION AND HIT ONTO MY FRT LEFT SIDE PORTION OF MY VEH.

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: 29/01/2020 16:15

Vehicle No.(For Motor): GBB1879R | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5101981887-01		T.A.G CONSTRUCTION PTE LTD	200804399H	GCV	Third Party	GBB1879R	GBB1879R	03/09/2019	02/09/2020

Continue

Claim Handling

Accident MT/1082279

Policy No.	[illegible]	Vehicle No.	GBB1879R	GST Registrati
Certificate No.				
Policyholder Name	T.A.G CONSTRUCTION PTE LTD			Policyholder Nl
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party	Loading
Contact No.(Mobile)	0	Contact No.(Office)	62955800	Contact No.(H
Email Address		Special Remark		eCode
KFK	○ No ○ Yes	TCA	○ No ○ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

Accident Details

Report Date	30/01/2020 18:32	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/01/2020	Time of Accident hh:mm	16:15	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	SLE TAGS CTE			

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 Cover
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	1/07
GST Registration No.	200804399H	GST Status Verified	Yes

Modification History

30/01/2020 18:35:16 System changed GST Registered from No to Yes
30/01/2020 18:35:16 System changed GST Registration No. from null to 200804399H
30/01/2020 18:35:16 System changed GST Registration Date from null to 1/07/2008

Policyholder Mailing Address

Address 1	BLK 3004 #02-96	Address 2	UBI AVENUE 3	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#02-96	Related Policy Number	5115552296	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	CHIN HIAN AVOO	Driver NRIC	GXXXX756W	Driver DOB
Register Date of Driver License	05/06/2019	Driver Age	33	Driving Experi
Contact No.(Mobile)	82982411	Contact No.(Office)	0	Contact No.(H
Address 1	BLK 3004	Address 2	UBI AVENUE 3	Address 3
Address 4	SINGAPORE 408860	Address Type	Singapore address	Post Code
Unit No.	#02-96			
Does he own a Singapore Registered car?	○ Yes ○ No	Driver Vehicle No.		Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	○ Yes ○ No

Modification History

Claim 001 New

Claim Type *			OD-MX	Insured Name	T.A
Contact No.(Mobile)				Contact No. (Home)	
Email Address				OI Vehicle Number	GB
Claim Description			GBB1879R / SJS2842A ON 29 Jan 2020		
Preferred Workshop		Insured Liability	Not at Fault		
Request No Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered			30/01/2020 18:36	Claim Close Date	
Report Taken By			ROSLINDA		

Print AK letter

Save | Submit

Attachment

Accident No:	[illegible]	Claim No:	[illegible]
Last Doc. Received	(•) Yes ( ) No	Upload Date	30/01/2020 18:37

Path *		Category *	Confidential
Choose File No file chosen	Clear	Please Select ▾	NO
Choose File No file chosen	Clear	Please Select ▾	NO
Choose File No file chosen	Clear	Please Select ▾	NO
Choose File No file chosen	Clear	Please Select ▾	NO
Choose File No file chosen	Clear	Please Select ▾	NO
Choose File No file chosen	Clear	Please Select ▾	NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:37	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:37	SAS		Normal	S
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:37	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:37	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:37	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:37	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:37	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:37	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:36	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:36	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:36	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:36	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:36	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:36	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:36	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:36	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:36	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:36	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:36	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:36	Photos		Normal	Ph

Video List

Uploaded By/Date | Folder Date | File Name

Display in New Window | Scan and uploading