

NATIONAL Assessment Centre Services		Date: 24/09/21	MNA20013538
Date In: 30/01/20	Job description	Date & Time Completed	Done by:
Ref No: NA/INC2000/619/13	SAS e-filing		
Veh No: GBH6211C	E-mail (w/ding 2hrs, A/C 2hrs)		
D.O.A: 29/01/20 1705	I-Motor Claim Form	MT/1082283-001	
OD: (TP) Reporting Only	I-Motor W/O (w/ding OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksp		
Preferred Wksp / INC Assign Wksp / QW: (TEAMWORK	Tel:	Fax:	
TP Particulars:	Veh No: SHF614C	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)			
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			
Injury: ()			
Date/Time	Actions		

NA2000943		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
				In Bill	Add Bill
Claimant's Particulars:		1) AR: Accident Reporting (\$30)			
Driver/Owner:		2) DA: Damage Assessment (\$100)	INC (\$10)		
Contact No:		3) TF: Towing Fee	\$40/\$45		
Damaged Portion:		4) FT: Follow-Through Survey	\$120		
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey)	\$30		
Auditors' Comments:		For claiming against INC Only (wef 10 Jan 2005)			
Tel. 1:		6) TR: Re-inspection	\$75		
Tel. 2/3:		7) N1: Idas DA + SMRT Survey	\$160		
		8) NTUC Additional Services:-			
		OD:			
		*N5: Courtesy Car / Tp. Allowance	\$5		
		*N6: Repair Co-ordination	\$10		
		*N7: Post Repair Inspection	\$25		
		*N8: DV / Collect Excess Coordination	\$3		
		TP (N11): TP (N-in INC) against INC	\$20		
		9) N12: Idas 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 GUA 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 15:18
Date Of Accident	29/01/2020 17:05
Exact Location Of Accident	CANTONMENT RD TWDS OUTRAM RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH6211C
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Insured/Policyholder

Name Of Registered Owner	AL MULTI SERVICE
Co Reg No	5XXXX807E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84338866

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	5111398330
Cover Note Number	

Driver

Name of Driver	LIM SIAK LENG
NRIC No	SXXXX567D
Date Of Birth	13/02/1976
Occupation	OUTDOOR
Date Of Driving Pass	08/01/2016
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84338866
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 4 JALAN MINYAK #12-318
Postcode	163004
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 - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

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?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF614C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE


- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must be **completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

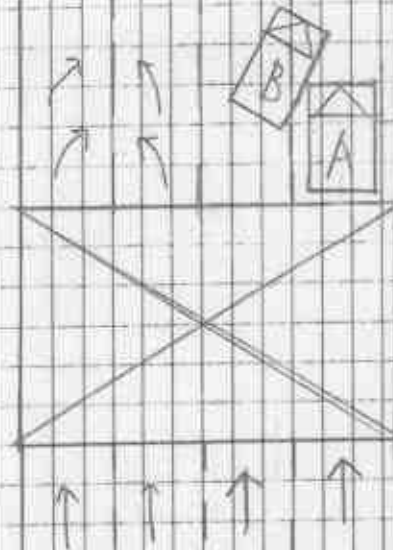


Policy holder's signature
Date / time:


Driver's signature
(if driver is not policy holder)
Date / time:


reporting centre personnel's Signature
Date / time:

SKETCH PLAN



Veh A: GBH 6211C

Veh B: SHF 614C

CANTONMENT RD
TURNS OUTRAM RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight on cantonment road towards Outram Road on the stated date and time. Suddenly, Veh B (SHF 614C) cut into my lane without signalling and collided onto the front left portion of my vehicle.

DECLARATION

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



Policy holder's signature
Date & time:

[Signature]
Driver's signature
(if driver is not policy holder)
Date & time:

[Signature] 30/01/20
reporting centre personnel's Signature
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	29 / 01 / 20	(DD/MM/YY)
Time of accident	1705	(HH:MM)
Exact location of accident	cantment Road toward outan Road	

DETAILS OF VEHICLE

Vehicle registration number	GBH 6211 C		
Vehicle make and model	Nissan NV 350		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input checked="" type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	AL Multi Service	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number			
Contact	8433 8866		
Address	Blk 59 Lengkok Bahru #10-551 S(150059)		

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Lim Siak Leng	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7604567D		
Contact	8433 8866		
Address	Blk 4 Jalan Minyak #12-318 S(163004)		
Email address			
Date of birth	13/02/1976		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	08/01/2016		

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, relationship of the driver and insured: <u>Employee.</u>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Weather condition	Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others: _____	
Road surface	Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>	
No of passenger	<u>3</u>	(Inclusive of driver)

PASSENGER 1

Name	
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2

Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1

Name	
------	--

WITNESS 2

Name	
------	--

THIRD PARTY VEHICLE 1	
Vehicle registration number	SHF614C
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 17:05

Vehicle No. (For Motor)

GBH6211C

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5111398130		AL MULTI SERVICE	S3384807E	GCV	Comprehensive	GBH6211C	GBH6211C	02/08/2019	01/08/2020

Claim Handling

Accident NT/1082283

Policy No.	5311398230	Vehicle No.	GBH6211C	GST Registrat
Certificate No.				
Policyholder Name	AL MULTI-SERVICE			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	84138866	Contact No.(Office)	0	Contact No.(H)
Email Address		Special Remark		eCode
KFR	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	30/01/2020 18:44	Accident Report Within 24 hrs.	Yes	Accident Type
Date of Accident	29/01/2020	Time of Accident hh:mm	17:05	Country of Acc
Reporting Centre		Orange Force		ICH No.
Accident Location	CANTONMENT RD TWO'S OUTRAMPED			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	120.00	
OD Standard Excess	500.00	TP Standard Excess	0.00	
YED OD Excess	0.00	YED TP Excess	0.00	Driver is Driver
Additional Excess				
Total OD Excess Applicable	500.00	Total TP Excess Applicable	0.00	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	20/01/2020 18:43:37 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 55 #10-501	Address 2	15796204 BAHND	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	110-051	Related Policy Number	5311398230	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	138 5284 LENO	Driver NRIC	S40005620	Driver DOB
Regular Date of Driver License	30/11/2019	Driver Age	43	Driving Experi
Contact No.(Mobile)	84138866	Contact No.(Office)	0	Contact No.(H)
Address 1	BLK 4	Address 2	SALAK HIDEWAY	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#12-118			
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Modification History

Claim 001 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Preferred No.

Finalisation

Date Registered

Report Taken By

Print All Letter

OD-MY	Insured Name	AL
	Contact No.	NI
	Vehicle Number	GB

GBH6211C / SHF614C ON 29 Jan 2020

30/01/2020 18:44 Claim Close Date

ROSINDA

Save Submit

Attachment

Accident No.	407118022K3	Claim No.	1091
Last Doc Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/01/2020 18:45
Path *		Category *	
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
Media Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:45	NRIC/ Driving License	Normal	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:45	SAS	Normal	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:45	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:44	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:44	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:44	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:44	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:44	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:44	Photos	Normal	Ph

Video List

Uploaded By/Date	Folder Date	File Name	

Display in New Window Scan and uploading