NATIONAL Assessment Centre Services

MNA1200 13586

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 3hrs, OD 2hrs)		
i-Motor Claim Form	MT/108285-001	
i-Motor W/O (Within OD 2hrs TP 4hrs)		
i-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

Date In: 30/01/20
Ref No. NA/INC2000/620/13
Veh No: GBH3387Z
D.O.A: 30/01/20 1410
OD / TP: (Reporting Only)
TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:

TP Particulars: Veh No: SLP3496G 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

NA2000941

Claimant's Particulars:-
Driver/Owner:
Contact No:
Damaged Portion:
QC Checked by (Engr-In-Charge):
Auditors' Comments:-
Cat. 1:
Cat. 2/3:

Invoice Preparation Checklist		Amt ($) in Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80) $40/$45		
3) TF : Towing Fee	$120		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005)	$75		
6) TR : Re-inspection	$160		
7) N1 : Idac DA + SMRT Survey			
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	$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 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	30/01/2020 16:06
Date Of Accident	30/01/2020 14:10
Exact Location Of Accident	GEYLANG ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH3387Z
Insured/Policyholder	
Name Of Registered Owner	EMAC PTE LTD
Co Reg No	1XXXXX873G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67487270
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
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	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	5108405880
Cover Note Number	
Driver	
Name of Driver	CHIA KIAT NYIK
NRIC No	SXXXX338B
Date Of Birth	19/10/1955
Occupation	OUTDOOR
Date Of Driving Pass	25/09/1981
Driving Experience	38 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96624565
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 83 MACPHERSON LANE #10-247
Postcode	360083
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 - OPENING DOOR OF VEHICLE
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)	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

MY VEH WAS STATIONARY AT THE ROADSIDE OF GEYLANG ROAD. MY PASSENGER OPEN THE DOOR OF THE VEH AND SLIGHTLY HIT ONTO THE VEH B SIDE MIRROR.

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	SLP3496G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAI NEE KHONG
NRIC/Passport Number	SXXXX763B
Contact Number	96576713
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

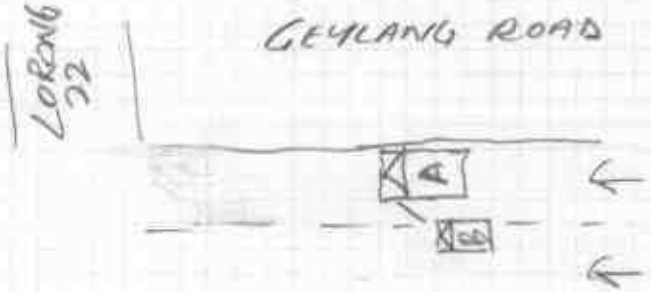
   (e) the information so collected under (d) above may be shared / disclosed:

   (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 - GBH3387Z
B - SLP3496G

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	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

20/01/20


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2627338B
CHIA KIAT NYIK
謝傑業
CHINESE
10-10-1955
M
MALAYSIA


REPUBLIC OF SINGAPORE
S2627338B
CHIA KIAT NYIK


S2627338B
MALAYSIAN
O+
07-09-1955


05• $

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 30/01/2020 16:26
Vehicle No.(For Motor) GBH3387Z
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5108405880		EMAC PTE LTD	199408873G	GCV	Comprehensive	GBH3387Z	GBH3387Z	25/04/2019	24/04/2020

Continue

Claim Handling

Accident MT/1082285

Policy No.	5100405680	Vehicle No.	GBH3387Z	GST Registrati
Certificate No.				
Policyholder Name	EMAC PTE LTD			Policyholder N
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	0	Contact No.(Office)	67487270	Contact No.(H
Email Address		Special Remark		eCode
ATR	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

Accident Details

Report Date	30/01/2020 18:57	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/01/2020	Time of Accident hh:mm	14:10	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	GEYLANG ROAD			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/0
GST Registration No.	M201295670	GST Status Verified	Yes
Modification History	30/01/2020 18:55:56 System changed GST Registered from No to Yes 30/01/2020 18:55:56 System changed GST Registration No. from null to M201295670 30/01/2020 18:55:56 System changed GST Registration Date from null to 01/02/1995		

Policyholder Mailing Address

Address 1	1 KAKI BUKIT ROAD 1	Address 2	#03-18 ENTERPRISE ONE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-11	Related Policy Number	5068594779-06	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	CHIA KIAT NYIK	Driver NRIC	SXXXX338B	Driver DOB
Register Date of Driver License	25/00/1981	Driver Age	64	Driving Experi
Contact No.(Mobile)	96634565	Contact No.(Office)	0	Contact No.(H
Address 1	BLK 93	Address 2	MACPHERSON LANE	Address 3
Address 4	SINGAPORE 360093	Address Type	Singapore address	Post Code
Unit No.	#10-287			
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	EM
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GB
Claim Description	GBH3387Z / SLP3496G ON 30 Jan 2020		

Preferred Workshop Contact No. | Insured Liability: Fully at Fault | Preferred Repair Option: Preferred Workshop, Name unknown | GIA report: Received

Bonus Finalisation: Yes

Date Registered	30/01/2020 18:57	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	[illegible]

Path *		Category *	Confiden
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 18:58	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:58	SAS		Normal	S
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:58	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:57	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:57	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:57	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:57	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:57	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2020 18:57	Photos		Normal	Ph

Video List

Uploaded By/Date	Folder Date	File Name

Display in New Window | Scan and uploading