

NATIONAL Assessment Centre Services

Print & Stamp My No: 00968

Date In: 31/12/11:58	Job description	Date & Time Completed	Done by
Ref No: NA2000904	SAS e-filing		
Veh No: 6B25924	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 30/12/11:14:20	i-Motor Claim Form	31/12/11:12:33	
OD: TP / Reporting Only	i-Motor W/O (Within: 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: (Tel:	Fax:
TP Particulars:	Veh No: 6B25924	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: (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

NA2000904	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add'l 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: Idas 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		
	IF (N11): TP (Non 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 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	31/01/2020 11:58
Date Of Accident	30/12/2019 14:00
Exact Location Of Accident	BLK 116 TECK WHYE LANE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5924A
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Insured/Policyholder

Name Of Registered Owner	SAI HUAT METAL FABRICATION PTE LTD
Co Reg No	2XXXXX048N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
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	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	5110304316
Cover Note Number	

Driver

Name of Driver	NGO HUA BOON MARK (WU HUAWEN)
NRIC No	SXXXX993J
Date Of Birth	31/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	10/05/2010
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94782402
Fax Number	
Contact Number	OFFICE-94782402
EMail Address	NOEMAIL

Address	BLK 645 YISHUN STREET 61 #08-324
Postcode	760645
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 - MAJOR/MINOR RD
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)	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

REFER TO 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	SLP2217C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NFIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
Nc. 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.

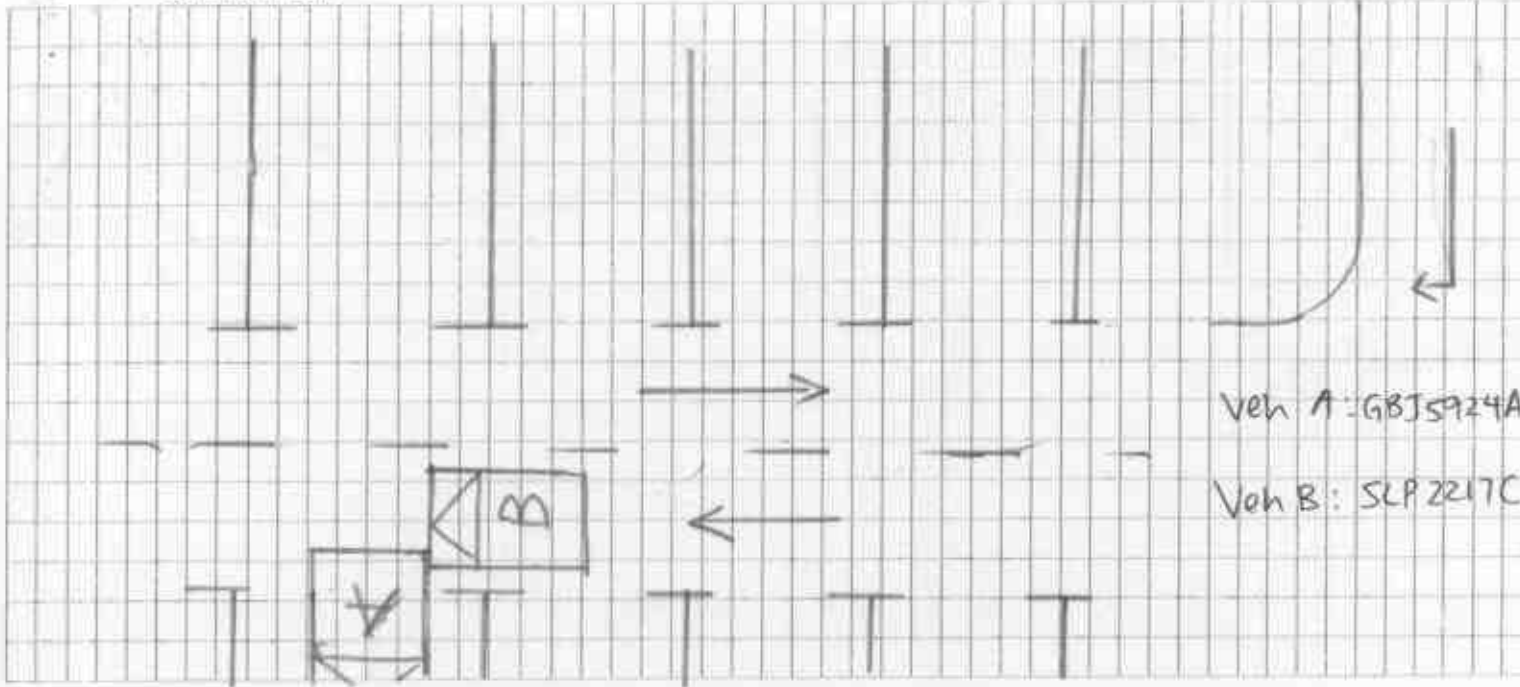
SAL HUAT
METAL FABRICATION

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was reversing out of the parking lot I had checked thoroughly before reversing and no car to be seen. While reversing, Veh B turned out from another road towards the gantry. Upon seeing, Veh B, I inched forward back into the lot for Veh B to pass. After stopping for about 5 secs, Veh B front left portion collided onto the rear left portion of my vehicle. I reckon that he was not paying attention to the road.

DECLARATION

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

SAI HUAT
METAL FABRICATION

Policy holder's signature
Date & time:

Driver's signature
(If driver is not policy holder)
Date & time:

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	30/12/2019 (DD/MM/YY)
Time of accident	14:00 (HH:MM)
Exact location of accident	Bik 116 Teck Whye Lane Carpark.

DETAILS OF VEHICLE	
Vehicle registration number	GBJ 5924A
Vehicle make and model	Toyota Dyna
Type of vehicle	Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input checked="" type="checkbox"/> Lorry <input checked="" 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 checked="" 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	SAI HUAT METAL FABRICATION Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	
Contact	94782402
Address	10 Admiralty St, Northlink Building #03-27

DRIVER	SAME AS INSURED ABOVE <input type="checkbox"/> (SKIP TO D.O.B)
Name	Ngohua Boon Mark Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S9031993J
Contact	94782402
Address	645 Yishun St. 61 #03-324 760645
Email address	
Date of birth	31/03/90
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input checked="" type="checkbox"/>
Driving date pass	10/05/2010

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	1 (Inclusive of driver)

PASSENGER 1	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input 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	SLP 2217C
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"/>

eBaoTech

General Claim

Hello, NAC_PAYA_U01_900601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NUC	Product	Cover Type	Vehicle No.	Insured Object	Comments Date	Expiry Date
<input type="radio"/>	5110504316		SAI HUAT METAL FABRICATION PTE LTD	201812048N	GCV	Preferred Workshop Plan	GBJ5924A	GBJ5924A	14/06/2019	13/06/2020

Claim Handling

Accident #17/5078103

Policy No.	SL10004218	Vehicle No.	DB1524A	GST Registration No.	2018120486
Certificate No.					
Policyholder Name	SAT HUNT METAL FABRICATION PTE LTD	Owner Type	Refined Workshop Plan	Policyholder NRIC	2018120486
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	NO	Special Remark		Contact No. (Home)	
Email Address		ICR	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode	
ATV	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private rvs	No

Accident Details

Report Date	02/01/2020 11:39	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	30/12/2019	Time of Accident (hh:mm)	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 116 TROCK WHITE LANE CARPARK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Not Applicable
ISI Standard Excess	800.00	TP Standard Excess	0.00		
VCD ISI Excess		MSD TP Excess			
Additional Excess		Total TP Excess Applicable	0.00		
Total ISI Excess Applicable	800.00				

Newly Registered Information

GST Registered	Yes	GST Registration Date	15/09/2018
GST Registration No.	2018120486	GST Status Verified	Yes
Modification History	01/01/2020 11:39:43 System changed GST Registered from No to Yes 02/01/2020 11:39:45 System changed GST Registration No. from null to 2018120486 02/01/2020 11:39:45 System changed GST Registration Date from null to 15/09/2018		

Policyholder Mailing Address

Address 1	12 ADORNALTY STREET	Address 2	403-27 NORTH LANE BUILDING	Address 3	SINGAPORE 757695
Address 4		Address Type	Singapore address	Post Code	757695
Unit No.	01-01	Related Policy Number	SL11330388		

OT Driver Info

Driver Name		Driver Type		Driver DOB	
Unrelated driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	CD-MR	Insured Name	SAT HUNT METAL FABRICATION	Insured NRIC	2018120486
Contact No. (Home)		Contact No. (Home)	NO	Contact No. (Office)	
Email Address		ISI vehicle Number	DB1524A	TP Vehicle Number	SL17237C
Claimant Type / Claimant Type *	Please Select	Type of Benefit *	Please Select		
Contact Name *		Claimant NRIC *			
Claimant Address					
Claim Description	DB1524A / SL17237C ON 30 JAN 2019				
Preferred Workshop Contact No.		Insured Liability *	Full at Fault	RA report	Received
Require Protection	Yes	Preferred Repair Option	Preferred Workshop, Rate unknown	Date Received	31/01/2020 00:00
Date Registered	31/01/2020 12:33	Claim Date Date			
Report Taken By	Jason				

☐ Print AX letter

Save Submit

Attachment

Accident No.	17/5078103	Claim No.	002
Law Doc. Attached	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/01/2020 12:33

Path *

	Browser	Clear	Category *	Confidential	Veracity *	Description *
	Browser	Clear				
	Browser	Clear				
	Browser	Clear				
	Browser	Clear				
	Browser	Clear				
	Browser	Clear				

Attachment List

Attachment	Uploaded By/Date	Category	Veracity	Description	Msg Sent?
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		1		(CC)	
	NAC_PAVA_U8L_800001 NATIONAL ASSESSMENT CENTRE SERVIC (CS) on 31 Jan 2020 12:33	NAC/ Driving License	Y	Normal	NAC/ Driving License 2020-1-31
	NAC_PAVA_U8L_800001 NATIONAL ASSESSMENT CENTRE SERVIC (CS) on 31 Jan 2020 12:33	SAS		Normal	SAS 2020-1-31
	NAC_PAVA_U8L_800001 NATIONAL ASSESSMENT CENTRE SERVIC (CS) on 31 Jan 2020 12:33	Photos		Normal	Photos 2020-1-31
	NAC_PAVA_U8L_800001 NATIONAL ASSESSMENT CENTRE SERVIC (CS) on 31 Jan 2020 12:33	Photos		Normal	Photos 2020-1-31
	NAC_PAVA_U8L_800001 NATIONAL ASSESSMENT CENTRE SERVIC (CS) on 31 Jan 2020 12:33	Photos		Normal	Photos 2020-1-31
	NAC_PAVA_U8L_800001 NATIONAL ASSESSMENT CENTRE SERVIC (CS) on 31 Jan 2020 12:33	Photos		Normal	Photos 2020-1-31
	NAC_PAVA_U8L_800001 NATIONAL ASSESSMENT CENTRE SERVIC (CS) on 31 Jan 2020 12:33	Photos		Normal	Photos 2020-1-31
	NAC_PAVA_U8L_800001 NATIONAL ASSESSMENT CENTRE SERVIC (CS) on 31 Jan 2020 12:33	Photos		Normal	Photos 2020-1-31
	NAC_PAVA_U8L_800001 NATIONAL ASSESSMENT CENTRE SERVIC (CS) on 31 Jan 2020 12:33	Photos		Normal	Photos 2020-1-31
Video List					
Uploaded By/Date	Folder Name	File Name	1	Source	Action
Display in New Window Edit and Reupload					