

NATIONAL Assessment Centre Services

Just 1 Jan 05 MHA 0001455

Date In: 31/1/05-14:12	Job description	Date & Time Completed	Done by
Ref No: 48/14C2061660724	SAS e-filing		
Veh No: YP3795P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 31/1/05-15:00	i-Motor Claim Form	31/1/05 14:41	
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: YQ 1631L

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

NA2000903

Invoice Preparation Checklist

Am (\$)

Am (\$)

Claimant's Particulars:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$50)

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: Idas DA + SMRT Survey \$160

8) NTUC Additional Services:-

OP:

*N5: Courtesy Car / Tpl 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: Idas Mobile \$30

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Sat 1:

Sat 2 / 3:

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 14:17
Date Of Accident	30/01/2020 15:00
Exact Location Of Accident	61 ALPS AVE DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP3795P
Insured/Policyholder	
Name Of Registered Owner	LOADED SERVICES PTE LTD
Co Reg No	2XXXXX432N
E mail Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65468936

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FK62FMZ1RDEB
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	YES
Policy Number	5108603162
Cover Note Number	

Driver

Name of Driver	GAN YU SUAH (YAN YOUSHAN)
NRIC No	SXXXX736C
Date Of Birth	28/10/1972
Occupation	OUTDOOR
Date Of Driving Pass	24/09/2010
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86557511
Fax Number	
Contact Number	OFFICE-86557511
E mail Address	NOEMAIL

Address	BLK 159 TAMPINES STREET 12 #06-85
Postcode	521159
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	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

ON STATED DATE AND TIME, WHILE I REVERSED MY VEHICLE AND ACCIDENTALLY HIT ONTO VEHICLE B FRONT LEFT DOOR.

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	YQ2031L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIU BIN
NFIC/Passport Number	GXXXX267M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.

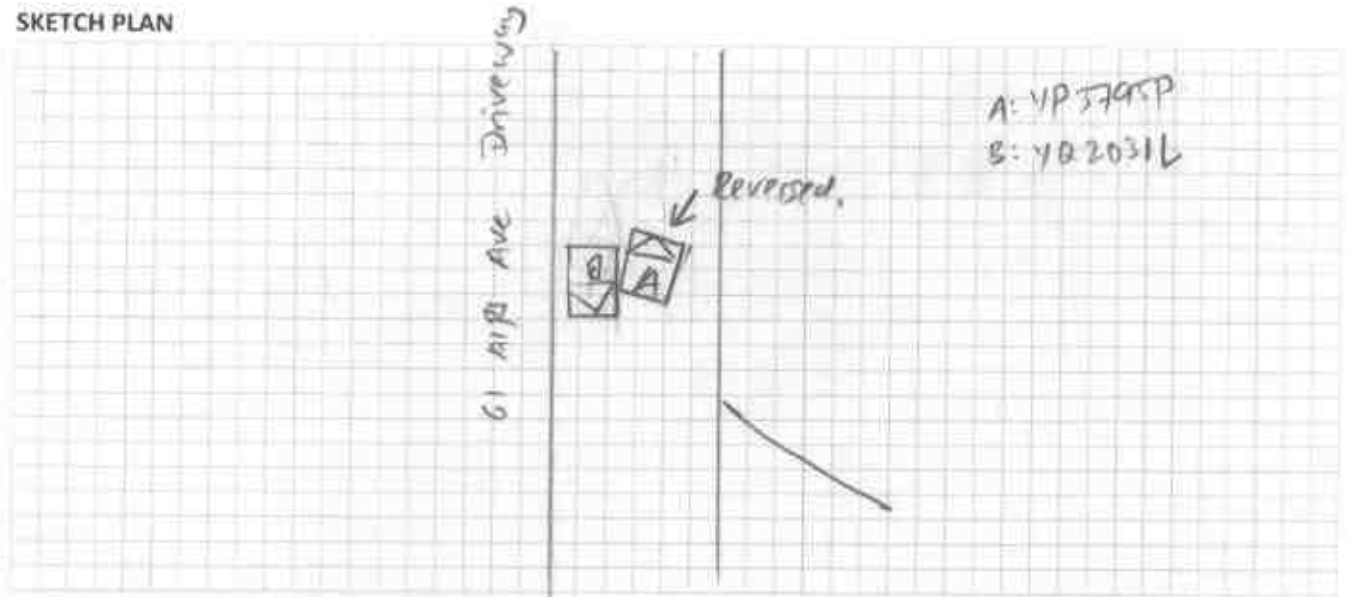


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 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.:

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_R00601

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

Policy Query

Policy No.	<input type="text" value="5100603162"/>	Date of Accident	<input type="text" value="30/01/2020 15:00"/>
Vehicle No. (For Motor)	<input type="text" value="YP3795P"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100603162	5100603162-000015	LOADED SERVICES PTE LTD	200010432N	GFM	Comprehensive	YP3795P	YP3795P	03/04/2019	02/04/2020

Policy Information

Policy No.	5108603162	Policyholder Name	LOADED SERVICES PTE LTD	Policyholder NRIC	200010432N
Certificate No.	5108603162-000015				
Address	P O BOX 973 AIRMAIL TRANSIT CENTRE POST OFFICE SINGAPORE 918116				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	01/04/2019	Effective Date	01/04/2019 00:00	Expiry Date	02/04/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess		Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	PRD-LINK INSURANCE AGENCY	Agent Tel.	65674755	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	P O BOX 973	Address 2	AIRMAIL TRANSIT CENTRE POST	Address 3	SINGAPORE 918116
Address 4		Address Type	Singapore address	Post Code	918116
Unit No.		Related Policy Number	5108604776		

Insured Object: 5108603162-000015

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue

Cancel

Claim Handling

Accident #HT/1082387

Policy No.	1108001182	Vehicle No.	HP2795P	GET Registration No.	200010432N
Company No.	1108001182-00001N				
Policyholder Name	LOADED SERVICES PTE LTD	Cover Type	Comprehensive	Vehicleholder NRIC	200010432N
Product Code	PLUST REGISTER INSURANCE	Contact No.(Office)	65448836	Leading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCR	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
NCD	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Endorsement(%)	0	eCode Reason	
NCD Free(Den)	No			Invalid NCD	No

Accident Details

Report Date	21/01/2020 14:39	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	30/01/2020	Time of Accident (Hr:min)	15:00	Country of Accident	Singapore
Reporting Centre		Damage Parts		ICM No.	
Accident Location	81 RUP RISE DRIVEWAY				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	800.00	TP Standard Excess	
TP Standard Excess	0.00	TP TP Excess	
Additional Excess		Driver is Covered?	
Total OD Excess Applicable	800.00	Total TP Excess Applicable	

GET Registered Information

GET Registered	Yes	GET Registration Date	22/01/2001
GET Registration No.	200010432N	GET Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	P O BOX 973	Address 2	ARKIS TRANSIT CENTRE POS	Address 3	SINGAPORE 918126
Address 4		Address Type	Singapore address	Post Code	918126
Unit No.		Related Policy Number	1108001182		

OC Driver Info

Driver Name	Uninsured Driver	Driver Type	Uninsured Driver	Driver DOB	26/10/1972
Uninsured driver Name	SAH RU SUKH (H&M HOLDINGS)	Driver NRIC	XXXXX738C	Driving Experience	8
Register State of Driver License	26/08/2010	Driver Age	47	Contact No.(Home)	0
Contact No.(Mobile)	88557911	Contact No.(Office)	0	Address 1	SINGAPORE 921159
Address 1	BLK 158	Address 2	TAMPINES STREET 11	Address 3	SINGAPORE 921159
Address 4		Address Type	Singapore address	Post Code	921159
Unit No.	00-00	Driver Vehicle No.		Driver /Insurer Company	
Does he own a Singapore registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

Swear/affirm to Best Test Reading?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim GET **New**

Claim Type *	OD-PR	Insured Name	LOADED SERVICES PTE LTD	Insured NRIC	200010432N
Contact No.(Mobile)	91450240	Contact No.(Home)	NO	Contact No.(Office)	65448836
Email Address	loaded@singnet.com.sg	OT Vehicle Number	HP2795P	TP Vehicle Number	1108001182
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NRIC *			
Claimant Address					
Claim Description	HP2795P / VQ2011L ON 30 Jan 2020				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Translation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	QCR Report	Received
Date Reported	31/01/2020 14:42	Claim Close Date		Date Received	31/01/2020 00:00
Report Taken By	Jason				

☒ How AK learn

Save **Submit**

Attachment


or

Account No.	HT/1082387	Claim No.	001
Last Date Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/01/2020 14:42

Page *

Category *	Confidential	Urgency *	Description *
Browse	OK	Please Select	
Browse	OK	Please Select	
Browse	OK	Please Select	
Browse	OK	Please Select	
Browse	OK	Please Select	
Browse	OK	Please Select	

☐ Send Message

Attachment List						
Attachment	Uploaded By/Date	Category	?	Urgency	Description	Has Sent? (CD)
 NAC_PAYA_URL_800001(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 14:42	NAC_PAYA_URL_800001(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 14:42	NRIC Driving License	1	Normal	NRIC Driving License 2020-1-31	
 NAC_PAYA_URL_800001(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 14:42	NAC_PAYA_URL_800001(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 14:42	SAS		Normal	SAS 2020-1-31	
 NAC_PAYA_URL_800001(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 14:42	NAC_PAYA_URL_800001(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 14:42	Photos		Normal	Photos 2020-1-31	
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View List						
Uploaded By/Date	Folder Date	File Name		Status	Action	
<div> <div>Details in new Window</div> <div>Download and upload</div> </div>						