

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) MHA Wbvl 8066

Date In: 12/12-12:35	Job description	Date & Time Completed	Done by
Ref No: HA 12001135/24	SAS e-filing		
Veh No: 0506	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/4/12-2:4	i-Motor Claim Form	12/108 3683-001	12/12 15:39
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: 54251E	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

HA2001135	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add 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 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*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 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	10/02/2020 12:35
Date Of Accident	08/02/2020 20:40
Exact Location Of Accident	KRANJI WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD513G
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#### Insured/Policyholder

Name Of Registered Owner	HOCK CHUAN HONG WASTE MANAGEMENT PTE LTD
Co Reg No	1XXXXXX775C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98618163
Alternative Phone No	OFFICE-98618163

#### Vehicle Particulars

Manufacturer	ISUZU
Model	CXZ50K
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5115052120
Cover Note Number	

#### Driver

Name of Driver	GUI XINMIN
Passport No/FIN	GXXXX786N
Date Of Birth	02/03/1973
Occupation	OUTDOOR
Date Of Driving Pass	30/12/2014
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98618163
Fax Number	
Contact Number	OFFICE-98618163
Email Address	NOEMAIL

Address	18 PASIR RIS AVENUE PASIR RIS BEACH PARK
Postcode	519685
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	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, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B OVERTAKING MY VEHICLE FROM BEHIND, HE CUT OUT OPPOSITE DIRECTION OF KRANJI WAY AND CUT BACK TOWARDS TO MY LANE AS THERE WAS DIVIDER AHEAD. VEHICLE B HIT ONTO MY VEHICLE RIGHT PORTION.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH2051E
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)	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.

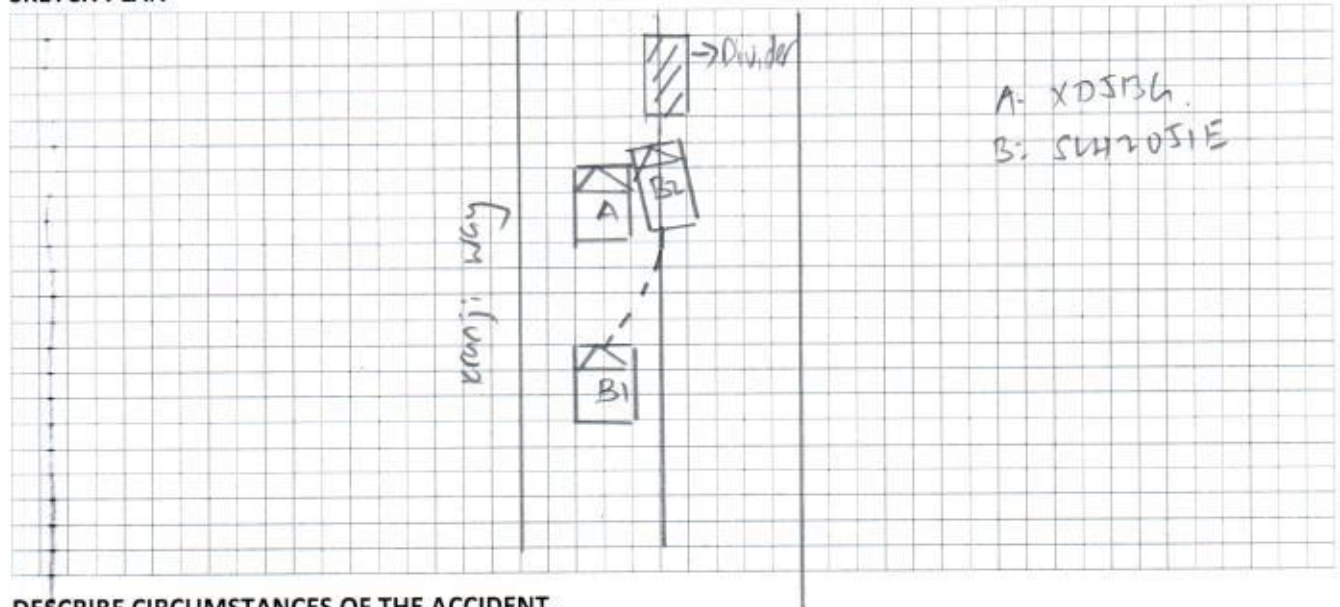


Policyholder's Signature  
Date & Time:

  
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

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text" value="5115052120"/>	Date of Accident	<input type="text" value="08/02/2020 20:40"/>							
Vehicle No.(For Motor)	<input type="text" value="XD513G"/>	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"/>	5115052120	5115052120-000007	HOCK CHUAN HONG WASTE MANAGEMENT PTE LTD	199305775C	GFM	Third Party, Fire & Theft	XD513G	XD513G	30/12/2019	29/12/2020
<input type="button" value="Continue"/>										

## Policy Information

Policy No.	5115052120	Policyholder Name	HOCK CHUAN HONG WASTE MA	Policyholder NRIC	199305775C
Certificate No.	5115052120-000007				
Address	18 PASIR RIS AVENUE SINGAPORE 519685				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	20/12/2019	Effective Date	30/12/2019 00:00	Expiry Date	29/12/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess		Own damage Excess		Windscreen Excess	
Additional Excess		OS Premium	29144.30		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	TIMES INS BROKERS (MOTOR B Agent Tel.		62528888	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	18 PASIR RIS AVENUE	Address 2	SINGAPORE 519685	Address 3	
Address 4		Address Type	Singapore address	Post Code	519685
Unit No.		Related Policy Number	5108329518-01		

## Insured Object: 5115052120-000007

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	30/12/2019 00:00	Basic Information Endorsement	000001287207364	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 30 Dec 2019, the following vehicles are subject to Endorsement M42(B) - THIRD-PARTY WORKING RISKS : VEHICLE NUMBER 1) XD1766L 2) XD2119Z 3) XD2499B 4) XD3334L 5) XD3349U 6) XD3894L 7) XD513G 8) XD5446J 9) XD5832C 10) XD8477A 11) XD8532Z 12) XD9127D 13) XD9367C 14) XD9548Y 15) XD9615L 16) XE1379R 17) XE223M 18) XE2674G 19) XE3763B 20) XE3806L 21) XE447J

## Certificate Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

Accident MT/1083683

Policy No.	5115052120	Vehicle No.	XD513G	GST Registration No.	199305775C
Certificate No.	5115052120-000007				
Policyholder Name	HOOK CHUAN HONG WASTE MANAGEMENT PTE LTD			Policyholder NRIC	199305775C
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	96618163	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

**▼ Accident Details**

Report Date	10/02/2020 15:19	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	08/02/2020	Time of Accident hh:mm	20:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KRANJI WAY				

**▼ Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	
OO Standard Excess		TP Standard Excess	
YIED OO Excess	0.00	YIED TP Excess	
Additional Excess		Driver is Covered?	
Total OO Excess Applicable	0.00	Total TP Excess Applicable	

**▼ Benefits**

Coverage		Sum Insured	999999999.99
Third Party Working Risk			

**▼ GST Registered Information**

GST Registered	Yes	GST Registration Date	28/07/2001
GST Registration No.	199305775C	GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	18 PASIR RIS AVENUE	Address 2	SINGAPORE 519685	Address 3	
Address 4		Address Type	Singapore address	Post Code	519685
Unit No.		Related Policy Number	5108329518-01		

**▼ Of Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/03/1973
Unnamed driver Name	GUI XINMIN	Driver NRIC	GXXXX786N	Driving Experience	5
Register Date of Driver License	30/12/2014	Driver Age	45	Contact No.(Home)	0
Contact No.(Mobile)	96618163	Contact No.(Office)	0	Address 3	SINGAPORE 519685
Address 1	18 PASIR RIS AVENUE	Address 2	PASIR RIS BEACH PARK	Post Code	519685
Address 4		Address Type	Singapore 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	

## Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	HOOK CHUAN HONG WASTE MA	Insured NRIC	199305775C
Contact No.(Mobile)	97326396	Contact No.(Home)	NIL	Contact No.(Office)	65827183
Email Address		OT Vehicle Number	XD513G	TP Vehicle Number	51H20518
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	XD513G / SUH2051E ON 8 Feb 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/02/2020 15:39	Claim Close Date		Date Received	10/02/2020 00:00
Report Taken By	Jackson				

☐ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1083683	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/02/2020 15:41

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

		Browse...	Clear	Please Select	NO	Normal	
		Browse...	Clear	Please Select	NO	Normal	

☐ Send Message

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 15:41	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 15:40	SAS		SAS 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 15:40	Photos		Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 15:40	Photos		Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 15:40	Photos		Photos 2020-2-10	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 15:40	Photos		Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 15:40	Photos		Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 15:39	Photos		Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 15:39	Photos		Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 15:39	Photos		Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 15:39	Photos		Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 15:39	Photos		Photos 2020-2-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 10 Feb 2020 15:39	Photos		Photos 2020-2-10	

**Video List**

Uploaded By/Date	Folder Date	File Name	Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>				