

NATIONAL Assessment Centre Services.

(wef 1 Jan'05) MHA/V0020508

Date In: 14/12-18:06	Job description	Date & Time Completed	Done by
Ref No: NA/INC 2002622/14	SAS e-filing		
Veh No: 45B1884	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/12-17:15	i-Motor Claim Form	14/12/2002622/14	14/12/2002622/14
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: 451812C

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

NA 2001V13

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Inc Bill

Add Bill

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

2) DA: Damage Assessment (\$100); INC (\$30)

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: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QJ*

*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: Idac Mobile 30

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	14/02/2020 16:56
Date Of Accident	01/02/2020 17:15
Exact Location Of Accident	SUPREME COURT LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB1868Y
Insured/Policyholder	
Name Of Registered Owner	PAKEAST TECH PTE LTD
Co Reg No	1XXXXX636M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98990249
Alternative Phone No	OFFICE-98990249

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T
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	NO
Policy Number	5103700095-01
Cover Note Number	

Driver

Name of Driver	MALIK MUHAMMAD RAFIQ
NRIC No	SXXXX491C
Date Of Birth	07/10/1975
Occupation	OUTDOOR
Date Of Driving Pass	17/01/2007
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98990249
Fax Number	
Contact Number	OFFICE-98990249
EEmail Address	NOEMAIL

Address	BLK 417 TAMPINES STREET 41 #09-359
Postcode	520417
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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 STRAIGHT ALONG THE STATED VENUE. SUDDENLY VEHICLE B REVERSED AND HIT ONTO MY VEHICLE REAR LEFT PORTION.

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	GY1812C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHIDAMBARAM SARAVANAN
NRIC/Passport Number	GXXXX669X
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

SKETCH PLAN

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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.

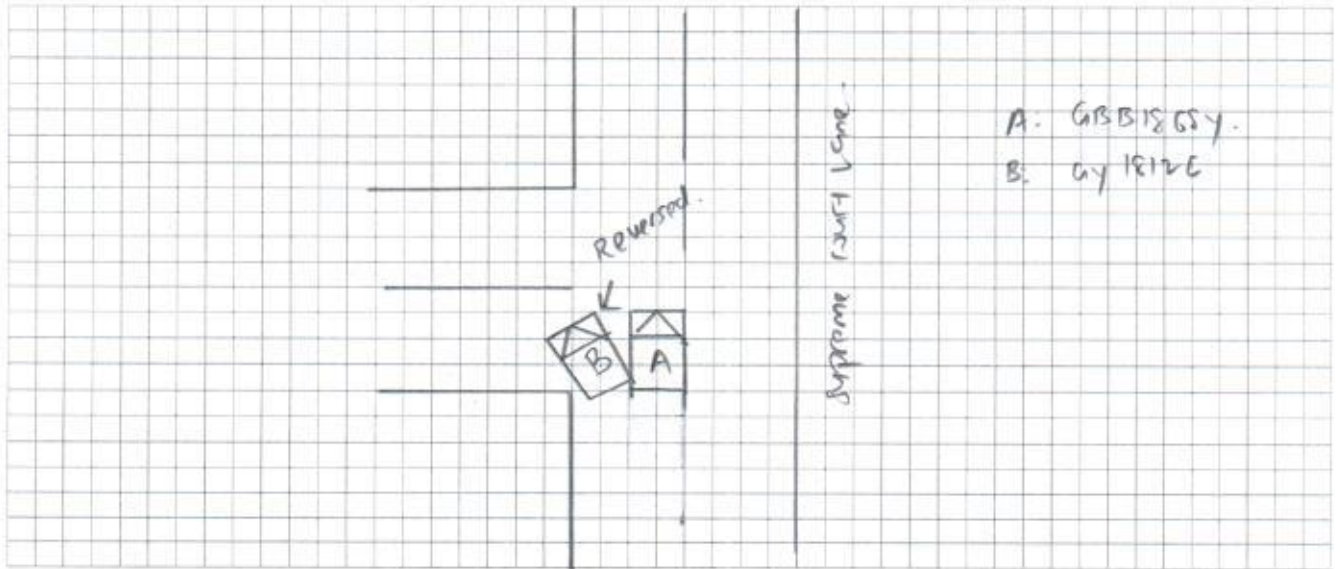


Policyholder's Signature
Date & Time:

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. Date of Accident

Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5103700095-01		PAKEAST TECH PTE LTD	199803636M	GCV	Comprehensive	GBB1868Y	GBB1868Y	13/09/2019	07/09/2020

Claim Handling

Accident MT/1082762

Policy No.	5103700095-01	Vehicle No.	GBB1868Y	GST Registration No.	
Certificate No.					
Policyholder Name	PAKEAST TECH PTE LTD			Policyholder NRIC	199803636M
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	85863072	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	11
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	04/02/2020 09:23	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	01/02/2020	Time of Accident hh:mm	17:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SUPREME COURT LANE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	04/02/2020 09:24:58 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	74 DESKER ROAD	Address 2	SINGAPORE 109597	Address 3	
Address 4		Address Type	Singapore address	Post Code	209597
Unit No.		Related Policy Number	5103700095-01		

OT Driver Info

Driver Name	Unnamed driver Name	Driver Type		Driver DOB	
Register Date of Driver License		Driver NRIC		Driving Experience	
Contact No.(Mobile)		Driver Age		Contact No.(Home)	
Address 1		Contact No.(Office)		Address 3	
Address 4		Address 2		Post Code	
Unit No.		Address Type	Foreign address		
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 *	OD-HX	Insured Name	PAKEAST TECH PTE LTD	Insured NRIC	199803636M
Contact No.(Mobile)	81183072	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	GBB1868Y	TP Vehicle Number	GY1812C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBB1868Y / GY1812C DN 1 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	14/02/2020 17:41	Claim Close Date		Date Received	14/02/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1082762	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/02/2020 17:44


Path *

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?
Browse...		Clear	Please Select	Confidential	Urgency *
Browse...		Clear	Please Select	Normal	Normal
Browse...		Clear	Please Select	Normal	Normal
Browse...		Clear	Please Select	Normal	Normal
Browse...		Clear	Please Select	Normal	Normal
Browse...		Clear	Please Select	Normal	Normal
Browse...		Clear	Please Select	Normal	Normal
Browse...		Clear	Please Select	Normal	Normal


☐ Send Message


Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?
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Uploaded By/Date	Folder Date	File Name		Source	Action
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Feb 2020 17:44		NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-14
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Feb 2020 17:43		SAS		Normal	SAS 2020-2-14
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Feb 2020 17:42		Photos		Normal	Photos 2020-2-14
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Feb 2020 17:42		Photos		Normal	Photos 2020-2-14
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Feb 2020 17:42		Photos		Normal	Photos 2020-2-14
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Feb 2020 17:42		Photos		Normal	Photos 2020-2-14
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Feb 2020 17:42		Photos		Normal	Photos 2020-2-14
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Feb 2020 17:42		Photos		Normal	Photos 2020-2-14
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 14 Feb 2020 17:42		Photos		Normal	Photos 2020-2-14

 Video List



Display in New Window

Scan and uploading