

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA 00082301

Date In: 2/2/12-14:27	Job description	Date & Time Completed	Done by
Ref No: NA/INC 00082301/24	SAS e-filing		
Veh No: GSP07187	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2/2/12-12:30	i-Motor Claim Form	2/2/12 15:08	
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:	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

<p>NA201180</p> <p>Claimant's Particulars :-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Sat. 1:</p> <p>Sat. 2 / 3:</p>	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
	1st Bill	Add Bill		
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	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: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
QJ1*				
*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: Idao 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	20/02/2020 14:51
Date Of Accident	05/02/2020 12:30
Exact Location Of Accident	THE STRATEGY GANTRY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6718T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GB MARKETING
Co Reg No	5XXXX139X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62586721

### Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
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	5087656992-03
Cover Note Number	

### Driver

Name of Driver	TANG WAI CHOON
NRIC No	SXXXX205E
Date Of Birth	23/06/1947
Occupation	OUTDOOR
Date Of Driving Pass	15/11/1978
Driving Experience	41 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96751105
Fax Number	
Contact Number	OFFICE-96751105
EMail Address	NOEMAIL

Address	BLK 20 TELOK BLANGAH CRESCENT #09-70
Postcode	090020
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	COLLIDED INTO PROPERTY
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	1
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 EXITING THE GANTRY FROM THE STRATEGY. AFTER IT DEDUCTED FROM MY ACCOUNT, THE BARRIER WAS OPENED. A FEW SECONDS LATER, I MOVED OUT A LITTLE , THE BARRIER RELEASE AND HIT ONTO MY VEHICLE FRONT 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



## 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.

**GB MARKETING**

Blk 1002 Toa Payoh Ind. Park  
#06-1417 Singapore 319074  
Tel: 6258 6721 Fax: 6259 2085

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

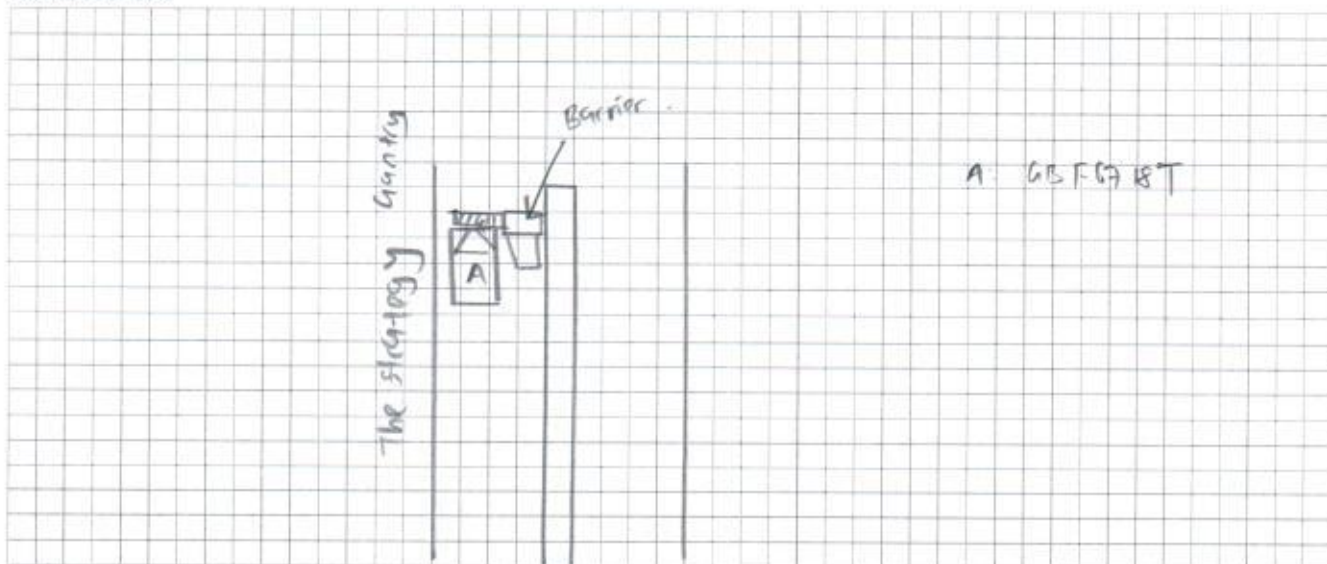
Date & Time:

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.

JB MARKETING  
Blk 1002 Toa Payoh Ind. Park  
#06-1417 Singapore 319074  
Tel: 6258 6721 Fax: 6259 2085

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.:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120022823 Vehicle Registration No: GBF6718T

Name(as shown in NRIC) : GB MARKETING NRIC/FIN/Passport No : 5XXXX139X

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore( )

Contact (Tel) : 62586721 Mobile No.:

Email Address : \_\_\_\_\_

Date of Accident : 05/02/2020 Time of Accident : 12:30

Place of Accident : THE STRATEGY GANTRY

Insurance Company: NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend company contact number

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**GB MARKETING**  
Blk 1002 Toa Payoh Ind. Park  
#06-1417 Singapore 319074  
Tel: 6258 6733 Fax: 6258 2005

Policyholder / Driver's Signature \_\_\_\_\_  
Date: \_\_\_\_\_

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

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"/>	Date of Accident	<input type="text" value="05/02/2020 12:30"/>							
Vehicle No.(For Motor)	<input type="text" value="GBF6718T"/>	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"/>	5087656992-03		GB MARKETING	53046139X	GCV	Comprehensive	GBF6718T	GBF6718T	26/01/2020	25/01/2021
<input type="button" value="Continue"/>										

Accident MT/1083916

#### Modification History

Claim 002 New

Claim Type *	DD-MX	Insured Name	GB MARKETING	Insured NRIC	53046139X
Contact No.(Mobile)	96751105	Contact No.(Home)		Contact No.(Office)	
Email Address		D1 Vehicle Number	GBF6718T	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBF6718T ON 5 Feb 2020				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/02/2020 15:08	Claim Close Date		Date Received	20/02/2020 00:00
Report Taken By	Jackson				
<input type="checkbox"/> Print AK letter					

Save Submit

**Attachment**

Accident No.	MT1083916	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/02/2020 15:17

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> <a href="#">Browse...</a> <a href="#">Clear</a>	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	<input type="text"/>
<input type="text"/> <a href="#">Browse...</a> <a href="#">Clear</a>	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	<input type="text"/>
<input type="text"/> <a href="#">Browse...</a> <a href="#">Clear</a>	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	<input type="text"/>
<input type="text"/> <a href="#">Browse...</a> <a href="#">Clear</a>	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	<input type="text"/>
<input type="text"/> <a href="#">Browse...</a> <a href="#">Clear</a>	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	<input type="text"/>
<input type="text"/> <a href="#">Browse...</a> <a href="#">Clear</a>	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	<input type="text"/>

[Print Page](#) ☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mtd Sent?	
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