

NATIONAL Assessment Centre Services

Form No. 101-102

Rev. 10/01

Date In: 22/02/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20003019/13	SAS e-filing		
Veh No: QZ43255	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 22/02/2020 0720	I-Motor Claim Form	MT/ 1085412-001	
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: QBE5562L	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 repaler.
() 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

NA2001490	Invoice Preparation Checklist	Amo (\$)	Amo (\$)
		Inc Bill	Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp 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	

QC Checked by (Engr-In-Charge):	
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Auditors' Comments:	
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Cal. 1:	
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Cal. 2 / 3:	
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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	22/02/2020 11:46
Date Of Accident	22/02/2020 07:20
Exact Location Of Accident	TPE TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GZ4325S
Insured/Policyholder	
Name Of Registered Owner	CREATIVE PRECISION ENGINEERING
Co Reg No	5XXXX785W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66426208
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5059188238-06
Cover Note Number	
Driver	
Name of Driver	TOH BOCK ENG
NRIC No	SXXXX463D
Date Of Birth	03/08/1960
Occupation	OUTDOOR
Date Of Driving Pass	30/01/1981
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90178321
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 147 YISHUN STREET 11 #10-71
Postcode	760147
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	RAINING
Road Surface	WET

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?	NO
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

I WAS TRAVELLING STRAIGHT ALONG TPE TWDS CHANGI AIRPORT ON THE 3RD LANE OF A4-LANES RD. WHEN I SAW VEH FROM MY RIGHT SWERVED INTO MY LANE, I STOP MY VEH BUT MY VEH SWERVED TO THE RIGHT DUE TO THE ROAD SURFACE WET. THERE'S WAS ONCOMING VEH ON THE 2ND LANE HIT ONTO MY FRT RIGHT SIDE PORTION OF MY VEH.

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	GBE5562L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KARRE SRIDHAR
NRIC/Passport Number	GXXXX335M
Contact Number	87746624
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.

Creative Precision Engineering
Blk 301B Bedok North Ave 4 #07-221
Singapore 489947
Tel: 842 6208
Fax: 842 2770

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

TAE TWAS CHANGI AIRPORT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Pls refer to the statement.

DECLARATION

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

Creative Precision Engineering
 Blk 3016 Bedok North Ave 4 #07-22
 Singapore 489947
 Tel: 842 6208
 Fax: 748 2770

Policyholder's Signature
 Date & Time:


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

 22/02/20
 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 : MNA120003647 Vehicle Registration No: GZ4325S
Name (as shown in NRIC) : TOM BOCK ENG NRIC/FIN/Passport No : SXVXX463D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 147 YISHUN ST 11 #10-71 Singapore(760147)
Contact (Tel) : _____ Mobile No. : 9078321
Email Address : _____
Date of Accident : 22/02/20 Time of Accident : 07:20
Place of Accident : TPE TWA5 CHANGI AIRPORT
Insurance Company: NTUC

(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 POLICY NO

Policyholder / Driver's Signature
Date:

Sym 22/02/20

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

ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 02 / 2020) (DD/MM/YYYY), TIME: (07 : 20) (HH:MM)

LOCATION: TPE (Changi Airport)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 4243255
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mitsubishi
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 66426208
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9078321
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS DRIZZLING)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: QRES562L MODEL: _____
b) DRIVER'S NAME: KARRE SRIDHAR
c) NRIC/FIN/PASSPORT: 66906335M CONTACT: 8746624

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

fax =

VIDEO =

THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5059188238-06
The Policyholder	: CREATIVE PRECISION ENGINEERING BLK 3016 #07-22 BEDOK NORTH AVENUE 4 SINGAPORE 489947

Period of Insurance	: 20 Apr 2019 To 19 Apr 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,090.92

Interest Insured

Cover Type	: Third Party, Fire & Theft		
Make/Model	: MITSUBISHI/L300		
Capacity	: 1.12 ton(s)	Number of Seater	: 2
Registration Number	: GZ43255	Registration Date	: 20 Apr 2006
Chassis Number	: JMAJNP15V6A001044	Insure with COE	: Yes
Excess (Section 1)	: N/A	NCD Entitlement	: 15%
Excess (Section 2)	: N/A	Loyalty Discount	: 5%
Hire Purchase Company	: UNITED OVERSEAS BANK LIMITED		

Memo A : N/A

Endorsement Operative : M2

Agency	: SIX PHASE E & T (00000612223)
Date of Issue	: 01 Apr 2019 14:38 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Claim Handling

Accident MT/1085412

Policy No.	5059188238-06	Vehicle No.	GZ4325S	GST Registration No.	
Certificate No.					
Policyholder Name	CREATIVE PRECISION ENGINEERING			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	0	Contact No.(Office)	66426208	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<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(%)	15	Private Hire	
<div>▼ Accident Details</div>					
Report Date	22/02/2020 15:12	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	22/02/2020	Time of Accident hh:mm	07:20	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE TWDS CHANGI AIRPORT				
<div>▼ Total Excess Applicable</div>					
Excess Type	Per Accident	Windscreen Excess		0.00	
OD Standard Excess		TP Standard Excess		0.00	
YIED OD Excess		YIED TP Excess			Driver Is Covered?
Additional Excess					
Total OD Excess Applicable		Total TP Excess Applicable			
<div>▼ Benefits</div>					
<div>▼ GST Registered Information</div>					
GST Registered	Yes	GST Registration Date	01/03/2000		
GST Registration No.	52804785W	GST Status Verified	Yes		
Modification History	22/02/2020 15:14:53 System changed GST Registered from No to Yes 22/02/2020 15:14:53 System changed GST Registration No. from null to 52804785W 22/02/2020 15:14:53 System changed GST Registration Date from null to 01/03/2000				
<div>▼ Policyholder Mailing Address</div>					
Address 1	BLK 3016 #07-22	Address 2	BEDOK NORTH AVENUE 4	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5059188238-06		
<div>▼ OI Driver Info</div>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TOH BOCK ENG	Driver NRIC	5XXX463D	Driver DOB	
Register Date of Driver License	30/01/1981	Driver Age	59	Driving Experience	
Contact No.(Mobile)	90178321	Contact No.(Office)	0	Contact No.(Home)	
Address 1	BLK 147	Address 2	YISHUN STREET 11	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	#10-71				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<div>Declaration</div>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	CREATIVE PRECISION ENGINEER	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address	97385076	OI Vehicle Number	GZ4325S	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GZ4325S / G8E5562L ON 22 Feb 2020				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	22/02/2020 15:20	Claim Close Date		Date Received	
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save

Submit

Attachment

Accident No.

MT/1085412

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

22/02/2020 00:00

Path *

Category *

Confidential

Urgency

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Message

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV
CES) on 22 Feb 2020 15:17

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-2-

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV
CES) on 22 Feb 2020 15:17

SAS

Normal

SAS 2020-2-22

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV
CES) on 22 Feb 2020 15:16

Photos

Normal

Photos 2020-2-22

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV
CES) on 22 Feb 2020 15:16

Photos

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CES) on 22 Feb 2020 15:16

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CES) on 22 Feb 2020 15:16

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CES) on 22 Feb 2020 15:16

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CES) on 22 Feb 2020 15:16

Photos

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Photos 2020-2-22

Video List

Uploaded By/Date

Folder Date

File Name

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Display In New Window

Scan and uploading