

NATIONAL Assessment Centre Services

Date In: 24/02/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC 20003050/13	SAS e-filing		
Veh No: GBH4701T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/02/20 0850	I-Motor Claim Form	MT/1085570-001	
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: (HUP 800N	Tel:	Fax:
TP Particulars:	Veh No: G492235	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: 67886616)	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 2001556	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
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:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments:	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cal 1:	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
Cal 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	24/02/2020 11:53
Date Of Accident	24/02/2020 08:50
Exact Location Of Accident	SIMS AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH4701T
Insured/Policyholder	
Name Of Registered Owner	PMS POOL MAINTENANCE AND SERVICES (PRIVATE) LIMITE
Co Reg No	2XXXXX451W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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	THIRD PARTY
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	5101113012-01
Cover Note Number	
Driver	
Name of Driver	KHOR KIM SIONG
NRIC No	SXXXX243I
Date Of Birth	18/06/1968
Occupation	OUTDOOR
Date Of Driving Pass	18/04/2016
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97909037
Fax Number	
Contact Number	
EMAIL Address	NOEMAIL

Address	BLK 733 YISHUN AVE 5 #10-364
Postcode	760733
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?	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)	2
Passenger 1	NAME: : COLLEAGUE 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

PLS REFER TO THE ATTACHED STATEMENT.

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	GU9233S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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.

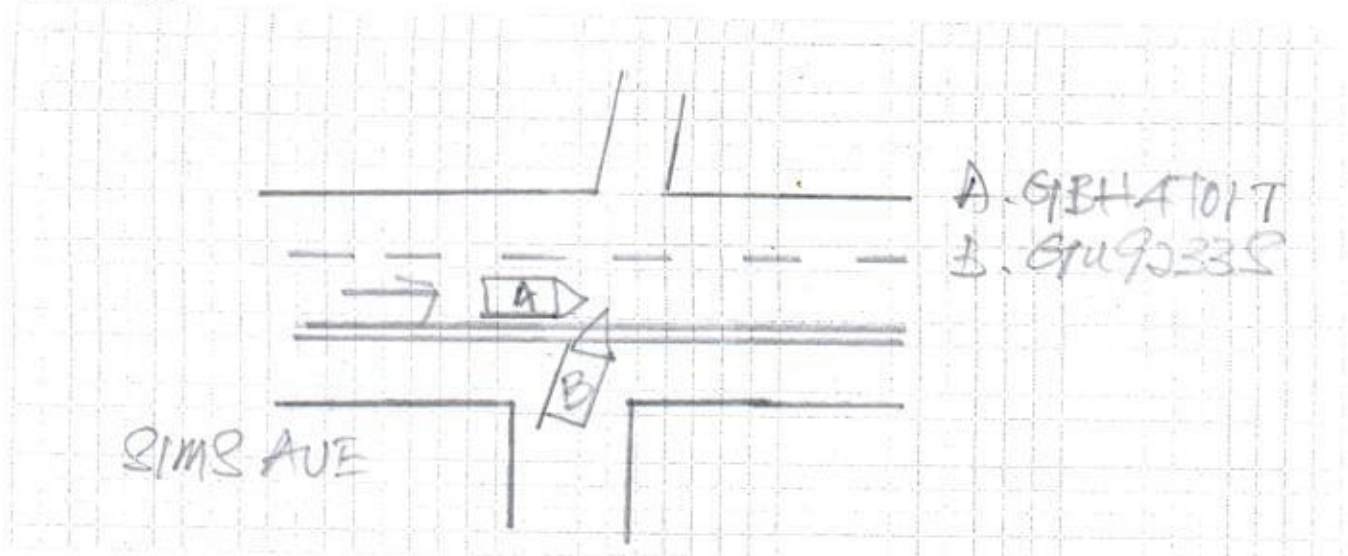

Policyholder's Signature
Date & Time: _____



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


 24/02/20
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG SIMS AVE TOWARDS BACK OUT OF
 SUDDEN VAN DASH OUT FROM MINOR ROAD AND HIT ONTO
 MY VAN RT FRONT PORTION.

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.:



[Signature] 24/02/20

ACCIDENT REPORT			
VEHICLE NO :	61B447017 MAKE/MODEL: 7/HACE		
DATE OF ACCIDENT	24 / 02 / 2019 2020		
TIME OF ACCIDENT	0850 AM/PM		
LOCATION OF ACCIDENT	81MS AVE		
EXACT PURPOSE USE DURING ACCIDENT	WORKING		
NAME OF OWNER	MR/MRS/MDM/MS PMS POOL MAINTENANCE AND SERVICES P/L		
CONTACT NO			
NRIC	201432451 W		
CLAIM TYPE:	OD <input checked="" type="checkbox"/> THIRD PARTY <input type="checkbox"/> REPORTING ONLY		
INSURANCE COMPANY	NYAC		
TYPE OF COVERAGE	<input checked="" type="checkbox"/> COMPREHENSIVE	<input type="checkbox"/> THIRD PARTY	<input type="checkbox"/> THIRD PARTY FIRE & THEFT
POLICY NO:			
NAME OF DRIVER	AS ABOVE / IF NOT: KHOR KIM SIONG		
ANY PASSENGERS	FEMALE / MALE <input checked="" type="checkbox"/>		
NRIC	868192431		
DATE OF BIRTH	18 / 06 / 1968		
OCCUPATION	<input checked="" type="checkbox"/> OUTDOOR / <input type="checkbox"/> INDOOR		
DRIVING PASS DATE	18 APR 2016		
GENDER	MALE / FEMALE		
CONTACT NO	OFFICE: 97909037 HOME:		
ADDRESS	BLK 733 YIRHUN AVE 5 #10-364 (S) 760733		
DRIVER HAVE ANY OWN VEHICLE	NO / IF YES: VEHICLE REGISTRATION NO:		
RELATIONSHIP WITH VEHICLE OWNER	EMPLOYEE / OTHERS: DRIVER		
WEATHER CONDITION	<input checked="" type="checkbox"/> CLEAR / <input type="checkbox"/> RAINING / <input type="checkbox"/> OTHER:		
ROAD SURFACE	<input checked="" type="checkbox"/> DRY / <input type="checkbox"/> WET / <input type="checkbox"/> OTHER:		
ANY INJURIES	NO / IF YES: (WHO?)		
CONTACT NO:	IF YES: (WHO?)		
POLICE REPORTING	NO / IF YES: (WHERE?)		
VEHICLE B	67U 9233S		
ANY PASSENGERS	FEMALE / MALE NO:		
NAME			
CONTACT NO			
VEHICLE C	ANY PASSENGERS: FEMALE / MALE NO:		
VEHICLE D	FEMALE / MALE NO:		
VEHICLE E	FEMALE / MALE NO:		
VEHICLE F	FEMALE / MALE NO:		
ANY WITNESS			
NAME			
WITNESS CONTACT			
Have you been approach by unknown person soliciting/offering accident claim assistance?			YES / NO
WORK SHOP PARTICULARS	HUP SOON BATTERIES AUTO & SERVICES		
CONTACT NO	65381368/6747 2755		
CONTACT PERSON	ALEX/JUN HAN/CONNIE		
FAX NO	6746 5922		
EMAIL ADDRESS	HUPSOON238@YAHOO.COM		

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="24/02/2020 08:50"/>
Vehicle No.(For Motor)	<input type="text" value="GBH4701T"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101113012-01		PMS POOL MAINTENANCE AND SERVICES (PRIVATE) LIMITED	201432451W	GCV	Preferred Workshop Plan	GBH4701T	GBH4701T	08/06/2019	07/06/2020

Continue

Claim Handling

Task Transfer Exit

Accident MT/1085570

LOS SAL SUB

Policy No.	5101113012-01	Vehicle No.	GBH4701T	GST Registration No.	
Certificate No.					
Policyholder Name	PMS POOL MAINTENANCE AND SERVICES (PRIVATE) LIMITED			Policyholder NRIC	201432451W
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address				eCode	No
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	No

Accident Details

Report Date	24/02/2020 15:21	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	24/02/2020	Time of Accident hh:mm	08:50	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	SIMS AVE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 5039 #01-471	Address 2	ANG MO KIO INDUSTRIAL PARK	Address 3	SINGAPORE 569542
Address 4		Address Type	Singapore address	Post Code	569542
Unit No.	01-471	Related Policy Number	5095315026-02		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KHOR KIM SIONG	Driver NRIC	SXXXX2431	Driver DOB	18/06/1968
Register Date of Driver License	18/04/2016	Driver Age	51	Driving Experience	3
Contact No.(Mobile)	97909037	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 733	Address 2	YISHUN AVENUE 5	Address 3	NEE SOON CENTRAL VISTA
Address 4	SINGAPORE 760733	Address Type	Singapore address	Post Code	760733
Unit No.	#10-364				
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
Modification History			

Investigation

Claim 001 OD-MX New

Claim Case Officer

Claim Type	OD-MX	Insured Name	PMS POOL MAINTENANCE AND I	Insured NRIC	201432
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	684891
Email Address		O1 Vehicle Number	GBH4701T	TP Vehicle Number	GU9231
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	GBH4701T / GU9233S ON 24 Feb 2020				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Receive
Date Registered	24/02/2020 15:29	Claim Close Date		Date Received	24/02/20
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Modification History

 Special Claim Creation Approval

Approval

Reason

Remarks

Attachment

Accident No.	MT/1085570
--------------	------------

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 24/02/2020 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
	Browse...	Clear	Please Select	NO	Normal
Previous Page					

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 24 Feb 2020 15:28	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 24 Feb 2020 15:28	SAS		Normal	SAS 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 24 Feb 2020 15:28	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 24 Feb 2020 15:28	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 24 Feb 2020 15:28	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 24 Feb 2020 15:28	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 24 Feb 2020 15:28	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 24 Feb 2020 15:27	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 24 Feb 2020 15:27	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 24 Feb 2020 15:27	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 24 Feb 2020 15:27	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 24 Feb 2020 15:27	Photos		Normal	Photos 2020-2-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE RVICES) on 24 Feb 2020 15:27	Photos		Normal	Photos 2020-2-24

Video List

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