

NATIONAL Assessment Centre Services

{Ref: J2102}

2

Date In: 26/02/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20003213/13	SAS e-filing		
Veh No: Q803402J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/02/20 1240	I-Motor Claim Form	MT/1085909-001	
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: 51188020	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: 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	Action

NA 2001855	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: 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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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	

Ent. 2 / 3:

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	26/02/2020 12:28
Date Of Accident	25/02/2020 12:40
Exact Location Of Accident	ANG MO KIO AVE 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD3402J
Insured/Policyholder	
Name Of Registered Owner	GIANO PTE LTD
Co Reg No	1XXXXX265N
Email Address	KENJITAN100@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96189788
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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	5095727704-02
Cover Note Number	
Driver	
Name of Driver	TAN HONG WEI KENJI
NRIC No	TXXXX590D
Date Of Birth	11/09/2000
Occupation	OUTDOOR
Date Of Driving Pass	20/07/2019
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83336746
Fax Number	
Contact Number	
E Mail Address	KENJITAN100@GMAIL.COM

Address	15 GAMBIR WALK
Postcode	538975
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 - HEAD TO REAR
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: : NADHIRAH GENDER: : FEMALE

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?	YES
Remarks/ Reasons:	NOT RECORDED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ8802D
Vehicle Make/Model/Colour	MITSUBISHI ATTRAGE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHENG KENG
NRIC/Passport Number	SXXXX628F
Contact Number	94779867
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.
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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**.
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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:

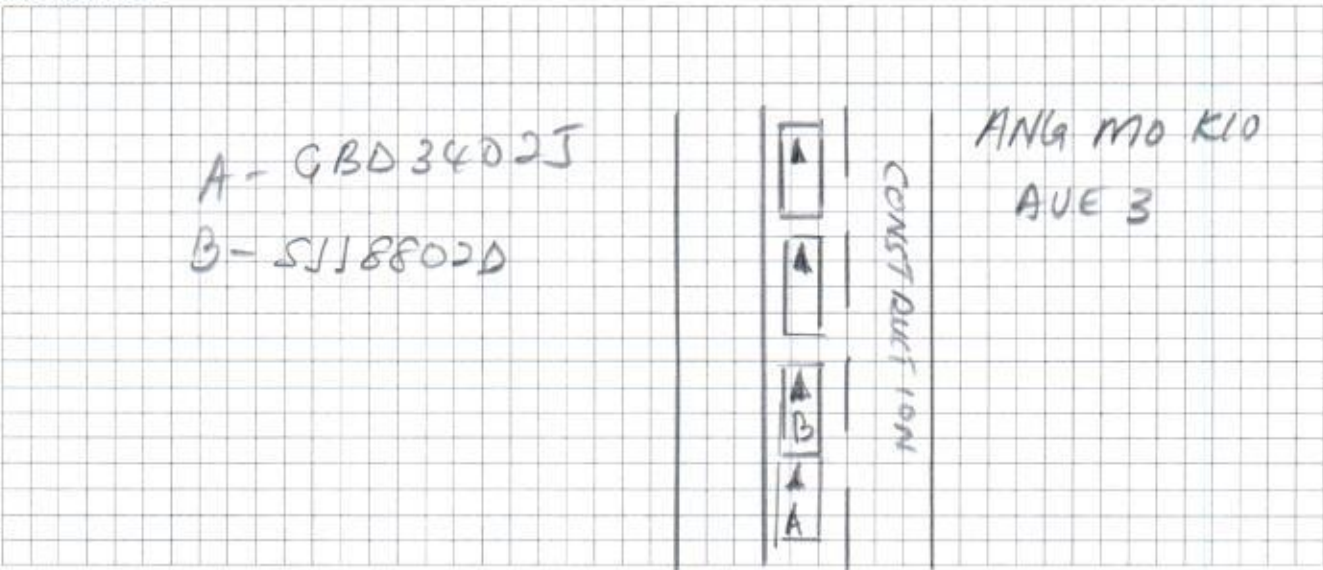
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/2/2020 12:46PM

 26/02/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

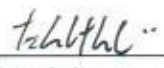
We were travelling along Ang Mo Kio Avenue 3 towards AMK HUB. The road was congested with slow moving traffic. Cars were in close proximity, bumper to bumper. When the traffic light turned green, the cars started to move off. Because of the congestion and construction, movement was limited to about 20 km/h. However, car (B) had to jam brake in order to stay safely behind other vehicles in front. Van (A) did not brake in time and had a direct collision with Car (B). Following the accident (with no injury), both vehicles proceeded to move off to the side to exchange contact particulars.

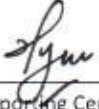
DECLARATION

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


Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3


Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/2/2020 12:46PM

 26/02/20
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 : MNA120025292 Vehicle Registration No: GBD3402J
Name (as shown in NRIC) : TAN HONG WEI KENJI NRIC/FIN/Passport No : TXXXX5900
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 15 GAMBAR WALK Singapore (538975)
Contact (Tel) : _____ Mobile No. : 83336746
Email Address : _____
Date of Accident : 25/02/20 Time of Accident : 1240
Place of Accident : ANG MO KIO AVE 3
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:

sfym 26/02/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

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="25/02/2020 12:40"/>
Vehicle No.(For Motor)	<input type="text" value="GBD3402J"/>	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"/>	5095727704-02		GIANO PTE LTD	199300265N	GCV	Comprehensive	GBD3402J	GBD3402J	13/11/2019	12/10/2020

Continue

Claim Handling

Accident MT/1085909

Policy No.	5095727704-02	Vehicle No.	GBD3402J	GST Registration No.	
Certificate No.					
Policyholder Name	GIANO PTE LTD			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	96189788	Contact No.(Office)	0	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	26/02/2020 14:52	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	25/02/2020	Time of Accident hh:mm	12:40	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	ANG MO KIO AVE 3				
<div>▼ Total Excess Applicable</div>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	1,000.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	1,600.00	Total TP Excess Applicable			
<div>▼ Benefits</div>					
<div>▼ GST Registered Information</div>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<div>▼ Policyholder Mailing Address</div>					
Address 1	15 GAMBIR WALK	Address 2	SINGAPORE 538975	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5095727704-02		
<div>▼ OI Driver Info</div>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN HONG WEI KENJI	Driver NRIC	TXXXX590D	Driver DOB	
Register Date of Driver License	20/07/2019	Driver Age	19	Driving Experience	
Contact No.(Mobile)	83336746	Contact No.(Office)	0	Contact No.(Home)	
Address 1	15 GAMBIR WALK	Address 2	SINGAPORE 538975	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
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		
<div>Modification History</div>					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	GIANO PTE LTD	Insured NRIC	
Contact No.(Mobile)	96189788	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBD3402J	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBD3402J / SJJ8802D ON 25 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	
Date Registered	26/02/2020 16:48	Claim Close Date		Date Received	
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save

Submit

Attachment

Accident No. MT/1085909

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 26/02/2020 15:13

Path *

Category *

Confidential

Urgency

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

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NO

Normal

Browse...

Clear

Please Select

NO

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Clear

Please Select

NO

Normal

Media Upload

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 26 Feb 2020 16:48

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-2-

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 26 Feb 2020 15:13

SAS

Normal

SAS 2020-2-26

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 26 Feb 2020 15:12

Photos

Normal

Photos 2020-2-26

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 26 Feb 2020 15:12

Photos

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Photos 2020-2-26

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 26 Feb 2020 15:12

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 26 Feb 2020 15:12

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Photos 2020-2-26

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 26 Feb 2020 15:07

Photos

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Photos 2020-2-26

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading