

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA120030912

Date In: 11/3/20-10:14	Job description	Date & Time Completed	Done by
Ref No: 11M/LC2000385VPM	SAS e-filing		
Veh No: YL 333E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 6/3/20-13:20	i-Motor Claim Form	11/10/20 8:48:20-031	11/3/20 10:22
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: 3649777

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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars:	Invoice Preparation Checklist	Amt (\$) Inc Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
	QN*		
	*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: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Pat 1:

Pat 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	11/03/2020 10:14
Date Of Accident	06/03/2020 13:20
Exact Location Of Accident	BLK 253 JURONG EAST ST 24 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL333E
Insured/Policyholder	
Name Of Registered Owner	MENTRADE MARINE ENGINEERING PTE LTD
Co Reg No	2XXXXX591C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97513233
Alternative Phone No	OFFICE-97513233

Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85EU3ES
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	5113130881
Cover Note Number	

Driver

Name of Driver	ONG CHUAN HOCK
NRIC No	SXXXX791Z
Date Of Birth	14/01/1958
Occupation	OUTDOOR
Date Of Driving Pass	27/02/1979
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97513223
Fax Number	
Contact Number	OFFICE-97513223
Email Address	NOEMAIL

Address	BLK 106 BUKIT BATOK CENTRAL #05-205
Postcode	650106
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?	
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

REFER TO 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	SLW9717T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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.



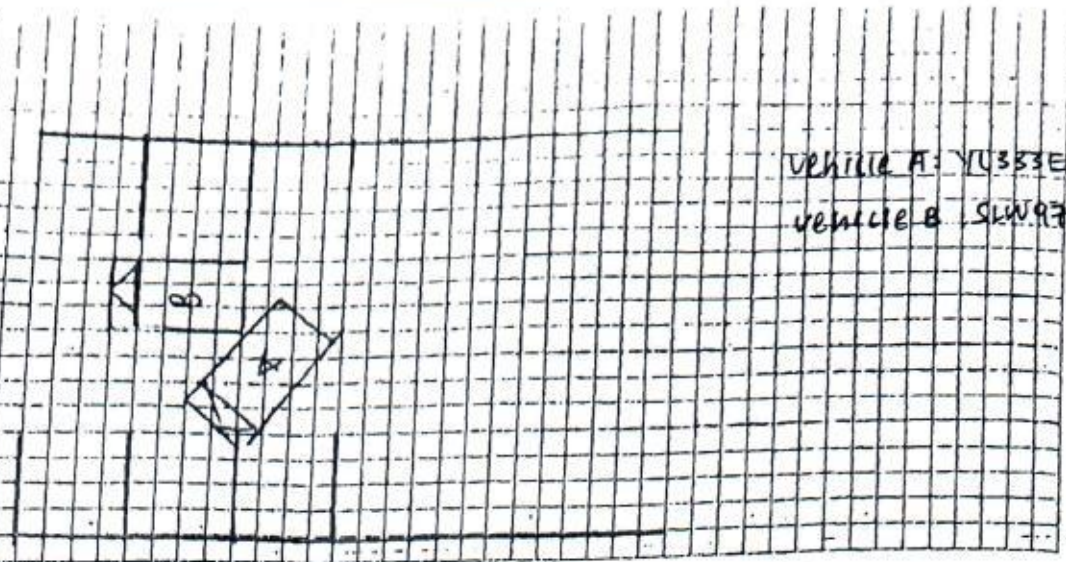

 Policyholder's Signature _____
 Date & Time: _____



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



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



Vehicle A: YU333E
Vehicle B: SLW9317T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,

I was traveling on my vehicle bearing carplate number YU333E,

While I was reversing, I did not notice that vehicle B was

at the back, hence I reversed to hit vehicle.




DECLARATION

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.:

Date of Accident : 06/03/2020 Accident Time: 1320 (24-HR-Format)
Accident Place : Carpark of 61K2523 Jurong East street 24
Vehicle Reg. No. (Car Plate No.) : YL333E
Vehicle Make/Model : ISUZU
Insurance Company : NTUC INCOME Policy No. 5102948475-01
Owner or Company Name / IC No. : Mentrade Marine 200004591 C
Owner or Company Contact No. : Owner's Hp 9751 3223 Company Tel
DRIVER'S Name / IC No. : Ong Chuan Hock / 254 7791 Z
DRIVER'S Date Of Birth : 14/01/1958 DRIVER'S License Pass Date 22/02/1999
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : 61K 106 Bukit Batok Central
DRIVER'S Contact No. / Alt No. : 1) 9751 3223 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address :
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES (NO)
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLW 9717T
Vehicle Make/Model:
Name Driver:
IC No. Driver:
Driver's Contact & Add:

Vehicle Reg. No:
Vehicle Make/Model:
Name Driver:
IC No. Driver:
Driver's Contact & Add:

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="06/03/2020 13:20"/>							
Vehicle No.(For Motor)	<input type="text" value="YL333E"/>	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"/>	5113130881		MENTRADE MARINE ENGINEERING PTE LTD	200004591C	GCV	Comprehensive	YL333E	YL333E	18/10/2019	17/10/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1087482

Policy No.	5113130881	Vehicle No.	YL333E	GST Registration No.	200004591C
Certificate No.					
Policyholder Name	MENTRADE MARINE ENGINEERING PTE LTD			Policyholder NRIC	200004591C
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	NIL	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	<div>No</div>
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(%)	20	Private Hire	No
<div>🔍 Accident Details</div>					
Report Date	09/03/2020 17:31	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	06/03/2020	Time of Accident hh:mm	13:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CARPARK OF BLK 253 JURONG EAST STREET 24				
<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		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
<div>🔍 Benefits</div>					

GST Registered Information

GST Registered	Yes	GST Registration Date	16/10/2000
GST Registration No.	200004591C	GST Status Verified	Yes
Modification History	09/03/2020 17:32:43 System changed GST Registered from No to Yes 09/03/2020 17:32:43 System changed GST Registration No. from null to 200004591C 09/03/2020 17:32:43 System changed GST Registration Date from null to 16/10/2000		

▼ Policyholder Mailing Address

Address 1	64 PENJURU LANE	Address 2	SINGAPORE 609209	Address 3	
Address 4		Address Type	Singapore address	Post Code	609209
Unit No.		Related Policy Number	SI02947843-01		

OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	MENTRADE MARINE ENGINEER	Insured NRIC	200004591C	
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	62548666	
Email Address		OI Vehicle Number	YL333E	TP Vehicle Number	SLW97177	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	YL333E / SLW97177 ON 6 Mar 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	11/03/2020 10:27	Claim Close Date		Date Received	11/03/2020 00:00	
Report Taken By	Jackson					
<input type="checkbox"/> Print AK letter						

Save Submit

Attachment

Accident No.	MT/1087482	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/03/2020 10:28

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="Clear"/>	<input type="text" value="NO"/> <input type="button" value="Clear"/>	<input type="text" value="Normal"/> <input type="button" value="Clear"/>	<input type="text"/>
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="Clear"/>	<input type="text" value="NO"/> <input type="button" value="Clear"/>	<input type="text" value="Normal"/> <input type="button" value="Clear"/>	<input type="text"/>
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="Clear"/>	<input type="text" value="NO"/> <input type="button" value="Clear"/>	<input type="text" value="Normal"/> <input type="button" value="Clear"/>	<input type="text"/>
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="Clear"/>	<input type="text" value="NO"/> <input type="button" value="Clear"/>	<input type="text" value="Normal"/> <input type="button" value="Clear"/>	<input type="text"/>
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="Clear"/>	<input type="text" value="NO"/> <input type="button" value="Clear"/>	<input type="text" value="Normal"/> <input type="button" value="Clear"/>	<input type="text"/>
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="Clear"/>	<input type="text" value="NO"/> <input type="button" value="Clear"/>	<input type="text" value="Normal"/> <input type="button" value="Clear"/>	<input type="text"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Map Sent?	
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(CO)

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 11 Mar 2020 10:28	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 11 Mar 2020 10:28	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 11 Mar 2020 10:28	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 11 Mar 2020 10:28	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 11 Mar 2020 10:27	SAS		Normal	SAS 2020-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 11 Mar 2020 10:27	Photos		Normal	Photos 2020-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 11 Mar 2020 10:27	Photos		Normal	Photos 2020-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 11 Mar 2020 10:27	Photos		Normal	Photos 2020-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 11 Mar 2020 10:27	Photos		Normal	Photos 2020-3-11
Video List					
Uploaded By/Date	Folder Date	File Name		Source	Action
		Display in New Window	Scan and uploading		