

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 120032323

Date In: 14/1/20 - 09:30	Job description	Date & Time Completed	Done by
Ref No: NA/INC 2000422 PM	SAS e-filing		
Veh No: 6M1135A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 13/1/20 - 18:05	i-Motor Claim Form	M7/108895-001	14/1/20 10:37
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: FBP282

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

Invoice Preparation Checklist

Amt (\$)
 1st Bill

Amt (\$)
 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 : Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- Q1*
- *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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 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	14/03/2020 09:30
Date Of Accident	13/03/2020 18:05
Exact Location Of Accident	PIE TWDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU1133A
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Insured/Policyholder

Name Of Registered Owner	QI PLUMBING INSTALLATION SERVICES
Co Reg No	5XXXX062W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96443417
Alternative Phone No	OFFICE-96443417

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	5112692891
Cover Note Number	

Driver

Name of Driver	YE GUOQI
NRIC No	SXXXX652B
Date Of Birth	23/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	09/03/1996
Driving Experience	24 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96443417
Fax Number	
Contact Number	OFFICE-96443417
Email Address	NOEMAIL

Address	98 PUNGGOL DRIVE #11-19
Postcode	528798
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	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	3
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)	2
Passenger 1	NAME: : - 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO VEHICLE C REAR LEFT PORTION, THEN GRAZED ONTO MY VEHICLE REAR RIGHT 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP238Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LEE JOON KIAT
NRIC/Passport Number	SXXXX864H
Contact Number	83999421
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMK7247Y

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.

旗卫生水安装服务
QI PLUMBING INSTALLATION SERVICES

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

Sketch plan area with grid lines and handwritten notes:

- Vertical text on the left: P15 + 1005 CTE
- Diagram showing three vehicles labeled A, B, and C. Vehicle A is a triangle, B is a circle, and C is a rectangle. They are positioned near a vertical line.
- Handwritten notes on the right:
 - A: 6411739
 - B: F3P2382
 - C: SMK72471

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.


Large empty area for describing the circumstances of the accident.

DECLARATION

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



 旗上生水管安装服务
 QI PLUMBING INSTALLATION SERVICES

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2617652B



Name
YE GUOQI
叶国旗
Race
CHINESE
Date of birth
23-01-1964
Country/Place of birth
CHINA

Sex
M

6123792

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2617652B
Name
YE GUOQI
Birth Date 23 Jan 1964
Issue Date 17 Feb 2003

000211819E

6123792



IDENT No S2617652B



14-02-2019

98 PUNGGOL DRIVE
SINGAPORE 620798

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

PAGE DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 09 Mar 1996

Licence No: S2617652B

NP 428A

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5112692891		QI PLUMBING INSTALLATION SERVICES	52856062W	GCV	Comprehensive	GU1133A	GU1133A	15/10/2019	14/10/2020

Policy Information

Policy No.	5112692891	Policyholder Name	QI PLUMBING INSTALLATION SE	Policyholder NRIC	52856062W
Certificate No.					
Address	98 PUNGGOL DRIVE #11-19 RIVERPARC RESIDENCE SINGAPORE 828798				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy Issue Date	19/09/2019	Effective Date	15/10/2019 00:00	Expiry Date	14/10/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	META AGENCY PTE. LTD.	Agent Tel.	98585076	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	98 PUNGGOL DRIVE	Address 2	#11-19 RIVERPARC RESIDENCE	Address 3	SINGAPORE 828798
Address 4		Address Type	Singapore address	Post Code	828798
Unit No.	11-19	Related Policy Number	5112692891		

Insured Object: GU1133A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div style="text-align: center;"> <input type="button" value="Continue"/> <input type="button" value="Cancel"/> </div>				

Claim Handling

Accident MT/1088195

Policy No.	5112692891	Vehicle No.	GU1133A	GST Registration No.	
Certificate No.					
Policyholder Name	QI PLUMBING INSTALLATION SERVICES	Cover Type	Comprehensive	Policyholder NRIC	S2856062W
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96443417	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="N"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	14/03/2020 10:36	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	13/03/2020	Time of Accident hh:mm	18:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CTE				

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	
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	14/03/2020 10:37:16 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	98 PUNGGOL DRIVE	Address 2	#11-19 RIVERPARC RESIDENCE	Address 3	SINGAPORE 828798
Address 4		Address Type	Singapore address	Post Code	828798
Unit No.	11-19	Related Policy Number	5112692891		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	23/01/1964
Unnamed driver Name	YE GUOQI	Driver NRIC	SXXXX552B	Driving Experience	24
Register Date of Driver License	09/03/1996	Driver Age	56	Contact No.(Home)	0
Contact No.(Mobile)	96443417	Contact No.(Office)	0	Address 3	SINGAPORE 528798
Address 1	10 TAMPINES INDUSTRIAL AVE	Address 2		Post Code	528798
Address 4		Address Type	Singapore address		
Unit No.	11-19				
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
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Modification History

Claim 001 **New**

Claim Type *	DO-MX	Insured Name	QI PLUMBING INSTALLATION S	Insured NRIC	S2856062W
Contact No.(Mobile)	96443419	Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	GU1133A	TP Vehicle Number	PBP238Z
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GU1133A / PBP238Z ON 13 Mar 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/03/2020 10:37	Claim Close Date		Date Received	14/03/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1088195	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/03/2020 10:39

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

documents (1/10)

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Mar 2020 10:39	NRIC/ Driving License	Y	NRIC/ Driving License 2020-3-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Mar 2020 10:39	SAS	Normal	SAS 2020-3-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Mar 2020 10:38	Photos	Normal	Photos 2020-3-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Mar 2020 10:38	Photos	Normal	Photos 2020-3-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Mar 2020 10:38	Photos	Normal	Photos 2020-3-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Mar 2020 10:38	Photos	Normal	Photos 2020-3-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Mar 2020 10:38	Photos	Normal	Photos 2020-3-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Mar 2020 10:38	Photos	Normal	Photos 2020-3-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Mar 2020 10:38	Photos	Normal	Photos 2020-3-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Mar 2020 10:38	Photos	Normal	Photos 2020-3-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Mar 2020 10:38	Photos	Normal	Photos 2020-3-14	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	