

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MNA 110031273**

Date In: 19/1/20 - 09:26	Job description	Date & Time Completed	Done by
Ref No: M7/INC2004223/24	SAS e-filing		
Veh No: 60D6360B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/1/20 - 11:30	i-Motor Claim Form	M7/1088822-001	19/1/20 09:38
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: J4C 58204	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	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
Contact No:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
Damaged Portion:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
QC Checked by (Engr-In-Charge):	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Auditors' Comments:-	9) QD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
Cat. 1:	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Cat. 2 / 3:	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	19/03/2020 09:26
Date Of Accident	18/03/2020 11:30
Exact Location Of Accident	LENTOR AVE TWDS YISHUN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6360B
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Insured/Policyholder

Name Of Registered Owner	CHUAN KIAN HUAT & COMPANY
Co Reg No	0XXXX300J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91487349
Alternative Phone No	OFFICE-91487349

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
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	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	5076793199-04
Cover Note Number	

Driver

Name of Driver	GOH KAH HOCK
NRIC No	SXXXX758E
Date Of Birth	18/12/1959
Occupation	INDOOR
Date Of Driving Pass	29/11/1977
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91487349
Fax Number	
Contact Number	OFFICE-91487349
EMail Address	NOEMAIL

Address	3D JALAN ISMAIL
Postcode	419251
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	COLLISION - CHANGE/CROSS LANE
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	SHC5820G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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.
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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**.
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:

* 連 華 公 司 *

CHUAN HUAN HUAT CO

25, 184/2, Geylang East Ave 2

Tel: 6875 4577 & 6875 2970

Fax: 6875 2970

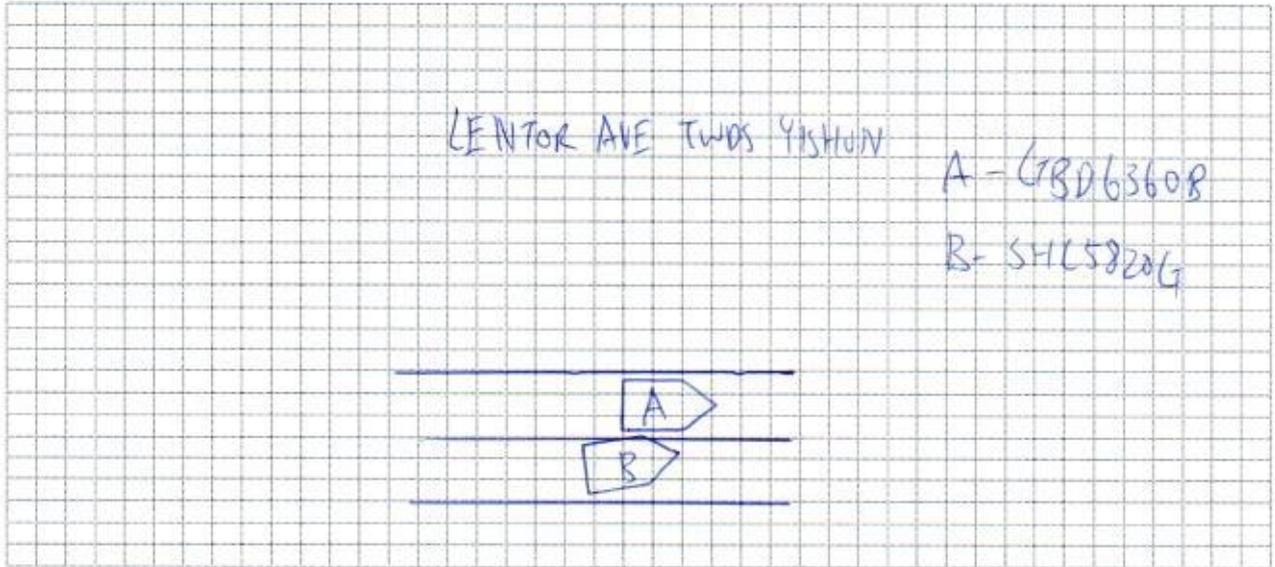


Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG LENTOR AVE TOWARDS YISHUN. THERE WAS CONSTRUCTION AHEAD SO I SLOW DOWN, AFEW SECONDS LATER VEHICLE B HIT ONTO THE RIGHT SIDE OF MY VEHICLE.

DECLARATION

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

Policyholder's Signature
Date & Time:

泉建發公司
CHUAN KIAN HUAT CO
911-1013, Geylang East Ave 3
tel: 686 768 8888/686 768 8888
171-4740 8723 Fax: 6717881

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

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

Accident Reporting Draft

VEHICLE NO: GBD6360B

MODEL: NISSAN NV350

DATE OF ACCIDENT	18/3/2020		
TIME OF ACCIDENT	1130 HRS	HRS	AM/PM
LOCATION OF ACCIDENT	LENTOR AVE TOWARDS YISHUN		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	CHUAN KIAN HUAT & COMPANY		
CONTACT NO.	91487349, 67430775		
NRIC	00172300J		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY THIRD PARTY		
INSURANCE CO.	NTUC		
TYPE OF COVERAGE	COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: GOH KAH HOCK		
NRIC	S1375758E	ANY PASSENGER: 0	
DATE OF BIRTH			
OCCUPATION	OUTDOOR / INDOOR		
DATE OF DRIVING PASS			
GENDER	MALE / FEMALE		
CONTACT NO.	91487349, 67430775	OFFICE:	HOME:
ADDRESS	1013 GEYLANG EAST AVE 3 #01-166 GEYLANG EAST INDUSTRIAL ESTATE S(389728)		
DRIVER HAVE ANY OWN VEHICLE	NO / IF YES: REG NO		
RELATIONSHIP	EMPLOYEE / IF NO: owner		
WEATHER CONDITION	CLEAR / RAINY / OTHER: CLEAR		
ROAD SURFACE	DRY / WET / OTHER: DRY		
ANY INJURIES	NO / IF YES:		
CONTACT NO.			
POLICE REPORT	NO / IF YES:		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	SHC5820G	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.	ANY PASSENGER:		
VEHICLE D NO.	ANY PASSENGER:		
VEHICLE E NO.	ANY PASSENGER:		
VEHICLE F NO.	ANY PASSENGER:		
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">Ryder</div> Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			

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="18/03/2020 11:30"/>							
Vehicle No.(For Motor)	<input type="text" value="GBD6360B"/>	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"/>	5076793199-04		CHUAN KIAN HUAT & COMPANY	001723003	GCV	Comprehensive	GBD6360B	GBD6360B	31/01/2020	30/01/2021
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5076793199-04	Policyholder Name	CHUAN KIAN HUAT & COMPANY	Policyholder NRIC	00172300J
Certificate No.					
Address	BLK 1013 #01-166/168 GEYLANG EAST AVE 3 SINGAPORE 389728				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy Issue Date	06/01/2020	Effective Date	31/01/2020 00:00	Expiry Date	30/01/2021 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	TAN KIM TECK	Agent Tel.	69969003	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 1013 #01-166/168	Address 2	GEYLANG EAST AVE 3	Address 3	SINGAPORE 389728
Address 4		Address Type	Singapore address	Post Code	389728
Unit No.		Related Policy Number	5064215822-06		

Insured Object: GBD6360B

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Accident MT/1088822

Policy No.	5076793199-04	Vehicle No.	GBD6360B	GST Registration No.	
Certificate No.					
Policyholder Name	CHUAN KIAN HUAT & COMPANY	Policyholder NRIC	001723001		
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	91487349	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	<input type="text" value="N"/>
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(%)	20	Private Hire	No

Accident Details

Report Date	19/03/2020 09:36	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	18/03/2020	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LENTOR AVE TWDS YISHUN				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	
OD Standard Excess	800.00	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	Yes	GST Registration Date	01/04/1994
GST Registration No.	M880033964	GST Status Verified	Yes
Modification History	19/03/2020 09:37:34 System changed GST Registered from No to Yes 19/03/2020 09:37:34 System changed GST Registration No. from null to M880033964 19/03/2020 09:37:34 System changed GST Registration Date from null to 01/04/1994		

Policyholder Mailing Address

Address 1	BLK 1013 #01-165/168	Address 2	GEYLANG EAST AVE 3	Address 3	SINGAPORE 389728
Address 4		Address Type	Singapore address	Post Code	389728
Unit No.		Related Policy Number	S064215822-06		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	18/11/1959
Unnamed driver Name	GOH KAH HOCK	Driver NRIC	SXXXX75BE	Driving Experience	42
Register Date of Driver License	29/11/1977	Driver Age	60	Contact No. (Home)	0
Contact No. (Mobile)	91487349	Contact No. (Office)	0	Address 1	
Address 1	30 JALAN ISMAIL	Address 2	SINGAPORE 419251	Address 3	
Address 4		Address Type	Singapore address	Post Code	419251
Unit No.					
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 *	OD-MX	Insured Name	CHUAN KIAN HUAT & COMPANY	Insured NRIC	001723001	
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	67430775	
Email Address		Ol Vehicle Number	GBD6360B	TP Vehicle Number	SHC820G	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	GBD6360B / SHC820G ON 18 Mar 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	Received	
Date Registered	19/03/2020 09:38	Claim Close Date		Date Received	19/03/2020 00:00	
Report Taken By	Jackson					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1088822	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/03/2020 09:41

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

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 09:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 09:40	SAS	Normal	SAS 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 09:39	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 09:39	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 09:39	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 09:39	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 09:39	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 09:39	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 09:39	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 09:38	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 09:38	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 09:38	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 09:38	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 09:38	Photos	Normal	Photos 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2020 09:38	Photos	Normal	Photos 2020-3-19	

Video List

Uploaded By/Date	Folder Data	File Name	Source	Action
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Display in New Window

Scan and uploading