

NATIONAL Assessment Centre Services (wef: 2005) MAY20036218

Date In: 24/03/2020 16:05	Job description	Date & Time Completed	Done by
Ref No: NBS/MC20004483/Y	SAS e-filing		
Veh No: GW 3451H	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: 23/03/2020 09:50	i-Motor Claim Form	M/1089476/001	24/03/2020 18:26
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: GBC 7633M	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	Actions

M/2002295	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	TR Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) ST: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QI:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TR (N11): TP (Non INC) against INC \$20		
	9) N12: Idno Mobile \$0		
Auditors' Comments:-	Invoice date:	Fee Charged	
Est 1:			
Est 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	24/03/2020 16:05
Date Of Accident	23/03/2020 09:50
Exact Location Of Accident	JUST OUTSIDE CARPARK OF BLK 213 HENDERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW3451H
Insured/Policyholder	
Name Of Registered Owner	ACE COMPUTER SYSTEMS
Co Reg No	5XXXX602B
Email Address	ACE88SG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93222968
Alternative Phone No	OFFICE-93222968

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5112048982
Cover Note Number	

Driver

Name of Driver	WAN YEW WENG RODNEY
NRIC No	SXXXX150G
Date Of Birth	04/10/1971
Occupation	INDOOR
Date Of Driving Pass	20/08/1992
Driving Experience	27 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93222968
Fax Number	
Contact Number	OTHERS-93222968
Email Address	ACE88SG@YAHOO.COM

Address	BLK 2 DELTA AVENUE #23-42
Postcode	161002
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: : FRIEND 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

PLEASE REFER TO SKETCH PLAN

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	GBC7653M
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	FARID BIN MAHAMMAD KUMARI
NRIC/Passport Number	8XXXXXXXXX5669
Contact Number	91713771
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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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.

ACE COMPUTER SYSTEMS

Blk 653A, Jurong West Street 61
#14-428 Singapore 641653
Tel: 6728 6028 Fax: 6728 8335
email: acecomputersystems@hotmail.com

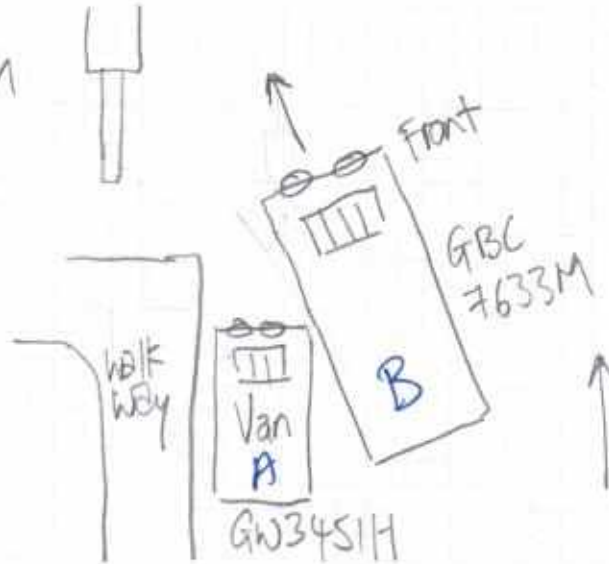
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

213
Henderson
Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stopped by the side of the road just before the entrance to Blk 213 Henderson Road carpark. When the van GBC 7633M come in on a very gentle angle and grazed the corner of my van GW3451H.

I was in the vehicle talking to my friend. Upon impact, I reversed the vehicle to check the damage to the vehicle and we proceeded into the carpark to exchange details.

DECLARATION

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

1053A, Jurong West Street 61

214-428 Singapore 641653

728 6028 Fax: 6728 8335

infersystems@hotmail.com

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.:

24/03/2020

Refd MATHAS

ACCIDENT STATEMENT

ACCIDENT DATE: 23/03/2002 (DD/MM/YYYY), TIME: 9:50 (HH:MM)

LOCATION: Just outside carpark of 213 Henderson Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GW3451H
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Hiace
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Working
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: ace computer Systems (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S885602B CONTACT: 93222968
 c) ADDRESS: Blk 653A Jurong West St 61 #14-423
CS

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wan Yew Weng Rodney (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: J571791506 CONTACT: 93222968
 c) ADDRESS: Blk 2, Delta Ave #23-42 S(161002)

* d) DATE OF BIRTH: 04/10/1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20/08/1992

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBC 7633M MODEL: Toyota Hiace
 b) DRIVER'S NAME: Farid Bin Mohammad Kurni
 c) NRIC/FIN/PASSPORT: 891013-01-5669 CONTACT: 91713771

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = ace88sg@yahoo.com
 VIDEO

Claim Handling

Accident NT/1089476

Policy No.	5112048852	Vehicle No.	GW3451H	GST Registration No.	
Policyholder Name	ACE COMPUTER SYSTEMS	Driver Type	Third Party	Policyholder NRIC	228055020
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		License	8
Contact No.(Mobile)	93222968	Special Remarks		Contact No.(Home)	
Email Address		TCA	No - Yes	eCode	No
APK	No	ACD Entitlement(%)	2	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	24/03/2020 18:25	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	23/03/2020	Time of Accident (in hrs)	04:00	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	JUST OUTSIDE CARPARK OF BLK 213 HENDERSON ROAD				

Total Excess Applicable

Excess Type	Per Accident	Whichever Excess		Driver is Covered?	Covered
OP Standard Excess	0.00	TP Standard Excess	0.00		
FIBD OP Excess	0.00	FIBD TP Excess	0.00		
Individual Excess					
Total OP Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status verified	Yes
Notification History	24/03/2020 18:22:34 System changed GST Status verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 553A #14-42B	Address 2	3, HONG WEI STREET A1	Address 3	SINGAPORE 410531
Address 4		Address Type	Singapore address	Post Code	641453
Unit No.	14-42B	Related Policy Number	5112048852		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	04/10/1971
Unnamed driver Name	WONG FENG WING HOON	Driver NRIC	40006020	Driving Experience	27
Register Date of Driver License	20/08/1993	Driver Age	48	Contact No.(Home)	
Contact No.(Mobile)	93222968	Contact No.(Office)		Address 1	DELTA AVENUE
Address 1	BLK 2 #13-43	Address 2	DELTA AVENUE	Address 3	DELTA AVENUE ESTATE
Address 4	SINGAPORE 181002	Address Type	Foreign address	Post Code	181002
Unit No.	23-43				
Does not own a Singapore Registered car?	Yes - No	Driver Vehicle No.	GW3451H	Driver Insurer Company	NTUC

Declaration					
Overstayed or Blank Tax Auditing?	0 Hrs	Any Injury?	Yes - No		

Notification History

Claim 001

New

Claim Type *	DD-Ms	Insured Name	ACE COMPUTER SYSTEMS	Insured NRIC	228055020
Contact No.(Mobile)	93	Contact No.		Contact No.(Office)	
Email Address		Vehicle Number	GW3451H	Vehicle Number	GW3451H
Claim Description	SW3451H / GW3451H ON 23 Mar 2020				
Indemnity	Insured Liability	Not at Fault		Name of Preferred Workshop	
Workshop	Insured	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Reported by	Yes			Claim Date	24/03/2020 18:25
Date Registered				Date Received	24/03/2020 00:00
Report Taken by					

Print An letter










Save Submit

Attachment

Accident No.	NT/1089476	Claim No.	001
Last Date Received	Yes No	Upload Date	24/03/2020 18:25
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	File Size (KB)	Action
	NAC_BURIT_MERAH_800076 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH) on 24 Mar 2020 18:25	Photo	Normal	Photos 2020-3-24		Edit
	NAC_BURIT_MERAH_800076 NATIONAL ASSESSMENT CENTRE SERVICE 3 (BURIT MERAH) on 24 Mar 2020 18:25	Photo	Normal	Photos 2020-3-24		Edit
	NAC_BURIT_MERAH_800076 NATIONAL ASSESSMENT CENTRE SERVICE 9 (BURIT MERAH) on 24 Mar 2020 18:25	Photo	Normal	Photos 2020-3-24		Edit

	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 Mar 2020 18:26	Photos		Normal	Photos 2020-3-24	Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 Mar 2020 18:26	Photos		Normal	Photos 2020-3-24	Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 Mar 2020 18:26	Photos		Normal	Photos 2020-3-24	Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 Mar 2020 18:26	Photos		Normal	Photos 2020-3-24	Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 Mar 2020 18:26	Photos		Normal	Photos 2020-3-24	Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 Mar 2020 18:26	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-24	Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 Mar 2020 18:26	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-24	Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 Mar 2020 18:26	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-24	Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 Mar 2020 18:26	SAS		Normal	SAS 2020-3-24	Edit

Video List

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

Hello, NAC_BUKIT_MERAH_800676

[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="23/03/2020 18:29"/>
Vehicle No. (For Motor)	<input type="text" value="GW3451H"/>	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 checked="" type="checkbox"/>	5112046982		ACE COMPUTER SYSTEMS	52885602B	GCV	Third Party	GW3451H	GW3451H	20/08/2019	19/08/2020