NATIONAL Assessment Centre Services. [ref: 13/03] MNA 12003 7174

		Job description	Date & Time Completed	Done by
Date In:	27/3/20 11:42	SAS e-filling		
Ref No:	MAI INC20004580/64	E-mail (within 3hrs, AIC 2hrs)		
Veh No:	GBE 4300H	I-Motor Claim Form	MT/1083391-002	27/3/20 13:37.
D.O.A:	15/1/20 17:00.	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only		I-Photo Uploaded		
		Assessment/Survey Report		
TP Insurer:		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: SHB 177T. 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 Claim Completion)	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

MA20023 18

Claimants Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Sd.:

Date:

Invoice Preparation Checklist		Amt(S$) Claim	Amt(S$) Add'bln
1) AR : Accident Reporting ($30);		30.00	
2) DA : Damage Assessment ($100);	INC ($50)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (w.e.f 10 Jan 2005)			
6) TR : Re-Inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
*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	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 27/03/2020 12:19

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 witholding 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	27/03/2020 11:42
Date Of Accident	15/01/2020 17:00
Exact Location Of Accident	LOR 15 GEYLANG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE4300H
Insured/Policyholder	
Name Of Registered Owner	ACTIVE VISUAL PTE LTD
Co Reg No	2XXXXX540H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94480281
Vehicle Particulars	
Manufacturer	ISUZU
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5076186185-04
Cover Note Number	
Driver	
Name of Driver	CHEW SHENG KIT
NRIC No	SXXXX943E
Date Of Birth	16/01/1988
Occupation	INDOOR
Date Of Driving Pass	11/01/2018
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94480281
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 427 BEDOK NORTH RD #11-649
Postcode	460427
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 30 BEDOK NORTH ROAD , **POSTCODE:** 469676 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-2449999 - **FAX NO**: 62447258
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

I WAS TRAVELLING ALONG SIMS AVE WHILE APPROACHING LOR 15 GEYLANG, I INTEND TO TURN INTO LOR 15, BEFORE TURNING, I SAW THE TAXI WAS STATIONARY AT THE DOUBLE YELLOW LINE ALONG THE ROAD SIDE, AFTER MAKE SURE THE TAXI NEVER MOVE, I SLOWLY TURNING INTO LOR 15, SUDDENLY THE TAXI MOVE WITHOUT CHECKING ON THE LEFT SIDE TRAFFIC AND HIT ONTO MY VEH RIGHT REAR PORTION. AFTER THE INCIDENT, THE TAXI DRIVER SAY DON'T WANT TO REPORT TO INSURANCE, SO I NEVER FILE ANY INSURANCE REPORT, I ONLY WENT TO BEDOK NORTH NPC TO FILE A NOTICE OF REPORTING. UNTIL 24 OF MARCH, I RECEIVED A CALL FROM SMRT SAYING THAT I HAVE TAKE ALL RESPONSIBLE AND PAY ALL THE REPAIR COST OF THE TAXI DUE TO I NEVER FILE INSURANCE REPORT, THERE ALSO MENTIONED MY INSURANCE COMPANY ALREADY CLOSE THE CASE AND WILL NOT TAKE OVER THE CASE.

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 Witness 1

Name	MADAM GUO
Phone Number	91690976
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB177T
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.
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.

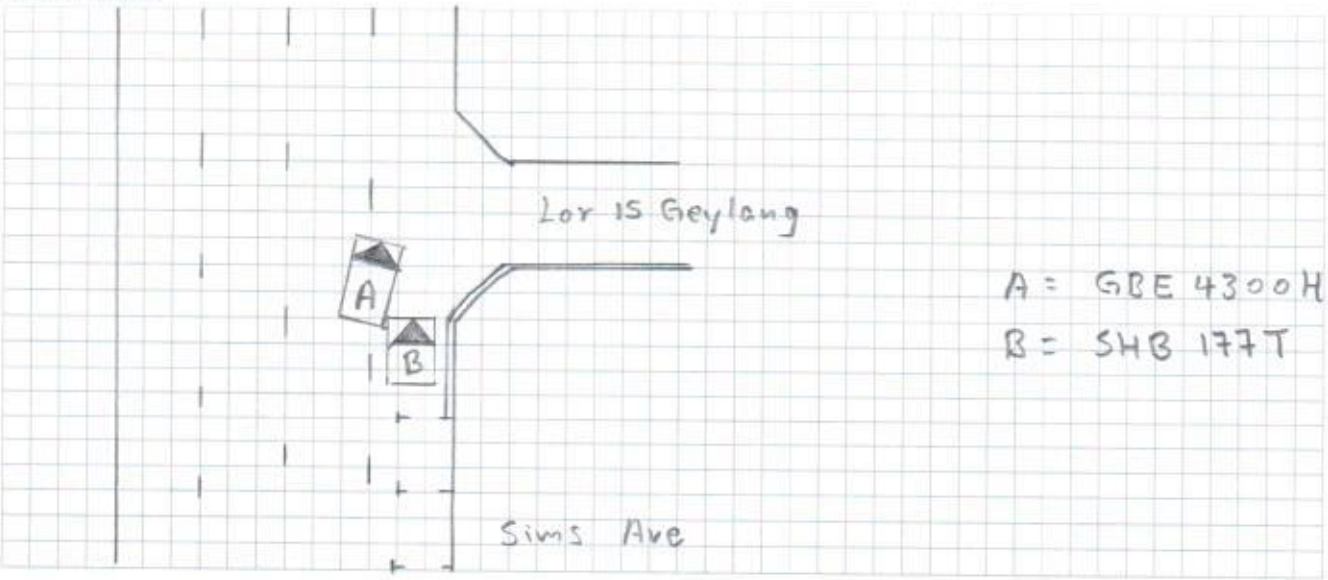
   (e) the information so collected under (d) above may be shared / disclosed:

   (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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

DECLARATION

I/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.:

ANNEX E

NOTICE OF REPORTING

This is to confirm that **Chew Sheng Kit**, NRIC: **S8864943E**, has reported to the Police a non-injury traffic accident which occurred at **Lorong 15 geylang** on **15/01/2015** at **5:00pm** involving the following vehicles:

GBE4300H (Isuzu lorry)

SHB 177T (Toyota Prius)

2. If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank / Name of Issuing officer: SSGT Muhammad Tarmizi

Date: **16/01/2020** Time: **0020hrs**

S/D Ref: **5**

Police Post/ Unit: **BEDOK NORTH NPC**

Original – To be issued to informant
Duplicate- to be submitted to Traffic Police

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 15/01/2020 11:39
Vehicle No.(For Motor) GBE4300H
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5076186185-04		ACTIVE VISUAL PTE LTD	200402540H	GCV	Comprehensive	GBE4300H	GBE4300H	11/12/2019	10/12/2020

Continue

Claim Handling

Accident MT/1083391

Policy No.	5076186185-04	Vehicle No.	GBE4300H	GST Registration No.	200402540H
Certificate No.					
Policyholder Name	ACTIVE VISUAL PTE LTD			Policyholder NRIC	200402540H
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Not available

Accident Details

Report Date	07/02/2020 12:06	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	15/01/2020	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	SIMS AVENUE				

Total Excess Applicable

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		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/2010
GST Registration No.	200402540H	GST Status Verified	Yes

Modification History
07/02/2020 12:07:27 System changed GST Registered from No to Yes
07/02/2020 12:07:27 System changed GST Registration No. from null to 200402540H
07/02/2020 12:07:27 System changed GST Registration Date from null to 01/01/2010

Policyholder Mailing Address

Address 1	1 KAKI BUKIT ROAD 1	Address 2	#04-12 ENTERPRISE ONE	Address 3	SINGAPORE 415934
Address 4		Address Type	Singapore address	Post Code	415934
Unit No.	04-12	Related Policy Number	5076186185-04		

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?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	ACTIVE VISUAL PTE LTD	Insured NRIC	200402
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	GBE4300H	TP Vehicle Number	SHB17
Claim Description	GBE4300H / SHB177T ON 15 Jan 2020			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Partially at Fault		
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	27/03/2020 13:36	Claim Close Date		Date Received	27/03/
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1083391	Claim No.	002
Last Doc. Received	Yes No	Upload Date	27/03/2020 13:37

Path *		Category *	Confidential	Urgency *	Desc
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 27 Mar 2020 13:37	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-27	

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2020 13:37	SAS	Normal	SAS 2020-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2020 13:37	Photos	Normal	Photos 2020-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2020 13:37	Photos	Normal	Photos 2020-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2020 13:37	Photos	Normal	Photos 2020-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2020 13:37	Photos	Normal	Photos 2020-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2020 13:37	Photos	Normal	Photos 2020-3-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Mar 2020 13:37	Photos	Normal	Photos 2020-3-27

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading