

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MNA1V0038817

Date In: 11/4/05 - 12:19	Job description	Date & Time Completed	Done by
Ref No: NA/INC 73004763/24	SAS e-filing		
Veh No: 5JR39705	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/4/05 - 08:20	i-Motor Claim Form	11/7/09 07:14:00	11/4/05 12:00
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: P30719-VN	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

NA2002431	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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) 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:-		
	ON*		
	*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		
Auditors' Comments:-	Invoice dated	Fee Charged	
Pat. 1:	Invoice dated	Fee Charged	
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	01/04/2020 12:19
Date Of Accident	01/04/2020 08:20
Exact Location Of Accident	WOODLANDS LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR3970S
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Insured/Policyholder

Name Of Registered Owner	THONHENG PILING AND CONSYTRUCTION PTE LTD
Co Reg No	2XXXXX560W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63421257

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	5111591751
Cover Note Number	

Driver

Name of Driver	LAU TICK YONG
NRIC No	SXXXX942Z
Date Of Birth	18/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	25/04/2000
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98351149
Fax Number	
Contact Number	OFFICE-98351149
EEmail Address	NOEMAIL

Address	BLK 18 BEDOK SOUTH ROAD #11-49
Postcode	460018
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	COLLISION - HEAD TO REAR
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

ON STATED DATE AND TIME, AS I WANTED TO TURN LEFT TWDS CONSTRUCTION SITE, I TURN ON MY VEHICLE INDICATOR LIGHT AND STOPPED. A LORRY WAS BEHIND OF MY VEHICLE, HE OVERTAKE MY VEHICLE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. TP ARRIVE AT SCENE (TP5R)

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	FBD7192M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LIM MUI LUAN (LIN MEILUAN)
NRIC/Passport Number	SXXXX291A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

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.

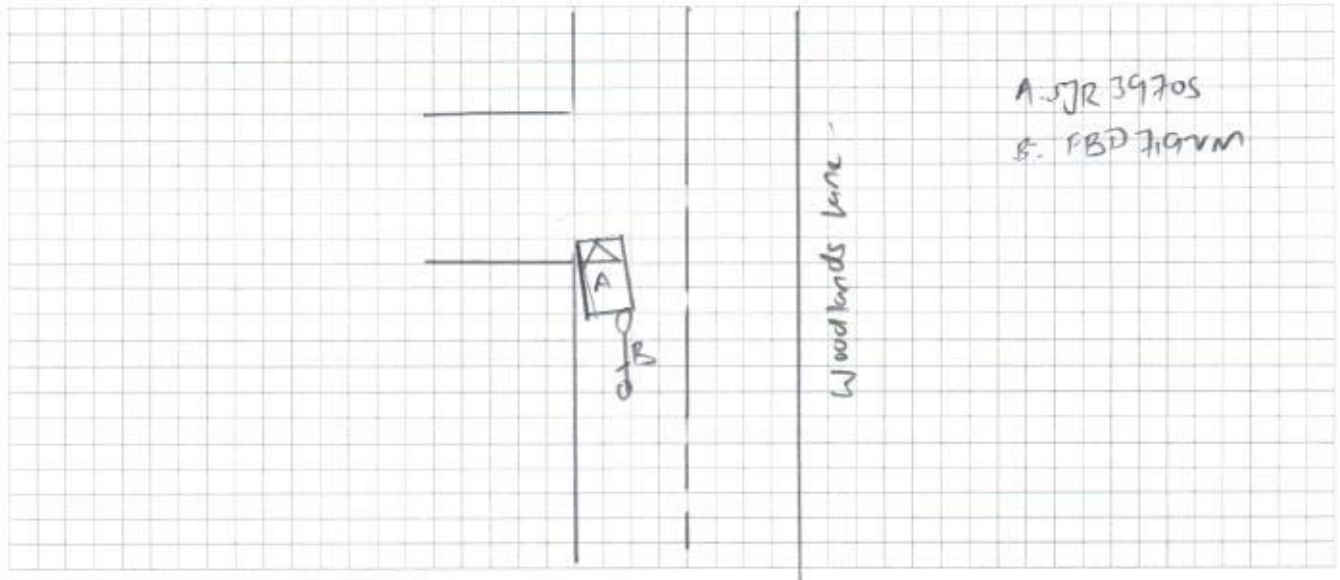


Policyholder's Signature
Date & Time:

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.:

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_600601

[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"/>	5111591751		THONHENG PILING AND CONSTRUCTION PTE LTD	200008560W	GPC	drivo CLASSIC	SJR3970S	SJR3970S	02/08/2019	01/08/2020

Policy Information

Policy No.	5111591751	Policyholder Name	THONHENG PILING AND CONST	Policyholder NRIC	200008560W
Certificate No.					
Address	241A JOO CHIAT ROAD SINGAPORE 427498				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/08/2019	Effective Date	02/08/2019 00:00	Expiry Date	01/08/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	LQ INSURANCE AGENCY PTE LTI	Agent Tel.	63340783	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	241A JOO CHIAT ROAD	Address 2	SINGAPORE 427498	Address 3	
Address 4		Address Type	Singapore address	Post Code	427498
Unit No.		Related Policy Number	5116613850		

Insured Object: SJR39705

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1090314

Policy No.	5111591751	Vehicle No.	SIR39705	GST Registration No.	200008560W
Certificate No.					
Policyholder Name	THONGHENG PILING AND CONSTRUCTION PTE LTD			Policyholder NRIC	200008560W
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	63421257	Contact No.(Home)	0
Email Address		Special Remark		eCode	11
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(%)	0	Private Hire	No
Accident Details					
Report Date	01/04/2020 12:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	01/04/2020	Time of Accident hh:mm	08:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS LANE				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	500.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	500.00	Total TP Excess Applicable			
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/03/2001		
GST Registration No.	200008560W	GST Status Verified	Yes		
Modification History	01/04/2020 12:34:19 System changed GST Registration Date from 01/01/2015 to 01/03/2001 01/04/2020 12:34:19 System changed GST Status verified from No to Yes				
Policyholder Mailing Address					
Address 1	24 LA 300 CHIAT ROAD	Address 2	SINGAPORE 427498	Address 3	
Address 4		Address Type	Singapore address	Post Code	427498
Unit No.		Related Policy Number	5116613850		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	18/10/1969
Unnamed driver Name	LAU TIOK YONG	Driver NRIC	SXXXX942Z	Driving Experience	19
Register Date of Driver License	25/04/2000	Driver Age	50	Contact No.(Home)	0
Contact No.(Mobile)	98351149	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 18	Address 2	BEDOK SOUTH ROAD	Address 3	SINGAPORE 460018
Address 4		Address Type	Singapore address	Post Code	460018
Unit No.	11-49				
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		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	THONGHENG PILING AND CONST	Insured NRIC	200008560W
Contact No.(Mobile)	93853336	Contact No.(Home)		Contact No.(Office)	63421257
Email Address		OI Vehicle Number	SIR39705	TP Vehicle Number	FBD7192M
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SIR39705 / FBD7192M ON 1 Apr 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	01/04/2020 12:42	Claim Close Date		Date Received	01/04/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1090314	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/04/2020 12:43		
Path *		Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal

REGISTRATION

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CD)	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Apr 2020 12:43	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-1		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Apr 2020 12:43	SAS		Normal	SAS 2020-4-1		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Apr 2020 12:43	Photos		Normal	Photos 2020-4-1		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Apr 2020 12:43	Photos		Normal	Photos 2020-4-1		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Apr 2020 12:43	Photos		Normal	Photos 2020-4-1		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Apr 2020 12:43	Photos		Normal	Photos 2020-4-1		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Apr 2020 12:43	Photos		Normal	Photos 2020-4-1		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Apr 2020 12:43	Photos		Normal	Photos 2020-4-1		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Apr 2020 12:43	Photos		Normal	Photos 2020-4-1		
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Apr 2020 12:43	Photos		Normal	Photos 2020-4-1		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Apr 2020 12:43	Photos		Normal	Photos 2020-4-1		

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
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Scan and uploading