

NATIONAL Assessment Centre Services		MMA 120041357	
Date In: 9/14/20 10:37	Job description	Date & Time Completed	Done by
Ref No. NA111111 20005106164	SAS e-filing		
Veh No: GBD 2003J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2013120 12:00	I-Motor Claim Form	MT/1090451 ⁰⁰²	9/14/20 11:24
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: GBB 1949J	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

MA 2002652		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
				Int. Bill	Add Bill
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$30)			
Contact No:		3) TF: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:		For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:		6) TR: Re-inspection \$75			
Cat 2/3:		7) NI: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		ON*			
		*N5: Courtesy Car / Tp 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: Idao 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	09/04/2020 10:37
Date Of Accident	20/03/2020 12:00
Exact Location Of Accident	INSIDE 17 DEFU LANE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2003J
Insured/Policyholder	
Name Of Registered Owner	LONG WIN AIRCONDITION ENGINEERING PTE LTD
Co Reg No	2XXXXX470G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65451718

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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	5082171305-03
Cover Note Number	

Driver

Name of Driver	WANG FOK ENG
NRIC No	SXXXX358I
Date Of Birth	02/09/1939
Occupation	INDOOR
Date Of Driving Pass	18/06/1971
Driving Experience	48 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94518008
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 222 SIMEI ST 4 #07-18
Postcode	520222
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)	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

WHILE REVERSING INSIDE THE 17 DEFU LANE 8, SUDDENLY VEH B COME FROM BEHIND, AS THE RESULT, I ACCIDENTALLY GRAZED ONTO VEH B LEFT FRONT PORTION. MY VEH NO SERIOUS DAMAGE THEN I NEVER MAKE ANY REPORT UNTIL I RECEIVED A LETTER FROM MY INSURANCE COMPANY INFO ME TO FILE A REPORT.

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	GBB1949T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.



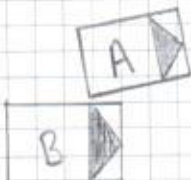
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

A = GBD 2003J
B = GBB 1949T



Inside 17 Defu Lane 8

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

DECLARATION

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

ROC:
20005470G
1007

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.:

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"/>	5082171305-03		LONG WIN AIRCONDITION ENGINEERING PTE LTD	200005470G	GCV	Comprehensive	GBD2003J	GBD2003J	26/07/2019	25/07/2020

Claim Handling

Accident MT/1090451

Policy No.	S082171305-03	Vehicle No.	GBD20031	GST Registration No.	200005470G
Certificate No.					
Policyholder Name	LONG WIN AIRCONDITION ENGINEERING PTE LTD			Policyholder NRIC	200005470G
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
MCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	02/04/2020 11:09	Accident Report Within 24 hrs	Yes	Accident Type	Collided into
Date of Accident	20/03/2020	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NO 15 DEFU LANE #				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/09/2000
GST Registration No.	200005470G	GST Status Verified	Yes
Modification History	02/04/2020 11:10:15 System changed GST Registration Date from 01/01/2015 to 01/09/2000 02/04/2020 11:10:15 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	1 TOH AVENUE	Address 2	TOH ESTATE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	508031
Unit No.		Related Policy Number	5108539630-01		

01 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
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	LONG WIN AIRCONDITION ENG	Insu
Contact No.(Mobile)		Contact No. (Home)		Cont
Email Address		Vehicle Number	GBD20031	TP
Claim Description	GBD20031 / GBB1949T ON 20 Mar 2020			Vehi
Preferred Workshop		Insured Liability	Partially at Fault	Num
Repair Option	Yes	Preferred Workshop, Name unknown		Nam
Date Registered		GIA report	Received	Preh
Report Taken By		Claim Close Date	09/04/2020 11:23	Worl

Print AK letter

Save Submit

Attachment

Accident No.	MT/1090451	Claim No.	002
Last Doc. Received	Yes No	Upload Date	09/04/2020 11:24
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Apr 2020 11:24	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Apr 2020 11:24	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Apr 2020 11:24	SAS		Normal	SAS 2020-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Apr 2020 11:24	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Apr 2020 11:24	Photos		Normal	Photos 2020-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Apr 2020 11:23	Photos		Normal	Photos 2020-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Apr 2020 11:23	Photos		Normal	Photos 2020-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Apr 2020 11:23	Photos		Normal	Photos 2020-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Apr 2020 11:23	Photos		Normal	Photos 2020-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Apr 2020 11:23	Photos		Normal	Photos 2020-4-9

Video List

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

Scan and uploading