

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 17/04/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20005271/13	SAS e-filing		
Veh No: 4P2993R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/04/20 1715	i-Motor Claim Form	MT/1091524-001	
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: PA6870X	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

NA20002705	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int. Bill	Add Bill
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)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 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	17/04/2020 12:54
Date Of Accident	16/04/2020 17:25
Exact Location Of Accident	ALONG LOYANG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP2993R

Insured/Policyholder	
Name Of Registered Owner	NYQ SERVICES PTE LTD
Co Reg No	1XXXXX353Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62274449

Vehicle Particulars	
Manufacturer	DAF
Model	-
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5110295170
Cover Note Number	

Driver	
Name of Driver	CHRISTOPHER LIN HONGFA
NRIC No	SXXXX717I
Date Of Birth	24/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	08/09/1999
Driving Experience	20 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91045555
Fax Number	
Contact Number	
EMail Address	AMIBABES.SG@GMAIL.COM

Address	BLK 99 ALJUNIED CRESCENT #02-387
Postcode	380099
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 - OPENING DOOR OF VEHICLE
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)	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

I WAS TRAVELLING ALONG LOYANG AVE ON THE 3RD LANE OF A4-LANES RD. SUDDENLY I HEARD SOMEONE HORNED AT ME AND I MOVE OFF TO THE EXTREME LEFT LANE AND STOP MY VEH. THAN THE VEH B DRIVER CAME AND APPROACHED AND TOLD ME THAT MY SIDE DOOR ACCIDENTALLY OPEN AND MY FIBER STORAGE BOX FELL OFF AND HIT HIS VEH. THE DAMAGE IS ONLY AT THE RED MARKING AND FOR THE BLUE MARKING IS THE OLD DAMAGE.

#### 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	PA6870X
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

### 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.

NYQ SERVICES PTE LTD

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 - XP2993R  
B - PA6870X

LOYANG AVE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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

NYQ SERVICES PTE LTD

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.	<input type="text" value="5110295170"/>	Date of Accident	<input type="text" value="16/04/2020 17:25"/>
Vehicle No. (For Motor)	<input type="text" value="YP2993R"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5110295170	5110295170-000008	NYQ SERVICES PTE LTD	199102353Z	GFM	Comprehensive	YP2993R	YP2993R	08/06/2019	07/06/2020



Claim Handling

Accident MT/1091524

Policy No.	5110295170	Vehicle No.	YP2993R	GST Registration No.	199102353
Certificate No.	5110295170-000008				
Policyholder Name	NYQ SERVICES PTE LTD			Policyholder NRIC	199102353
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	62274449	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	17/04/2020 16:20	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	16/04/2020	Time of Accident hh:mm	17:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG LOYANG AVE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	1,500.00	TP Standard Excess		Driver Is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess		Total TP Excess Applicable	0.00		
Total OD Excess Applicable	1,500.00				

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/03/2009
GST Registration No.	199102353Z	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	39 KEPPEL ROAD	Address 2	#02-01 TANJONG PAGAR DISTR	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	099065
Unit No.	02-01	Related Policy Number	5110295170		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/09/1971
Unnamed driver Name	CHRISTOPHER LIN HONGFA	Driver NRIC	SXXXX717I	Driving Experience	20
Register Date of Driver License	08/09/1999	Driver Age	43	Contact No.(Home)	0
Contact No.(Mobile)	91045555	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	BLK 99	Address 2	ALJUNIED CRESCENT	Post Code	380099
Address 4		Address Type	Singapore address		
Unit No.	#02-387				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	NYQ SERVICES PTE LTD	In NS
Contact No.(Mobile)		Contact No.		Co
Email Address		(Home)		Nc
Claim Description		Vehicle Number	YP2993R	(O
				TP
				NL
				Ne
				Pr
				Wh
Preferred Workshop		Insured Liability	Fully at fault	
Preferred Repair Option	Yes	Preferred Workshop, Name unknown		
Date Registered		GIA report	Received	
Report Taken By		Claim Close Date	17/04/2020 16:25	De
		Workshop Repairer	ROSLINDA	To
				bu
				Re
Print AK letter				

Save Submit

Attachment

Accident No.	MT/1091524	Claim No.	001
Last Doc. Received	Yes No	Upload Date	17/04/2020 00:00
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
			Category *
			Confidential
			Urgency *

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

















Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:25	Photos		Normal	Photos 2020-4-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:25	SAS		Normal	SAS 2020-4-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:25	Photos		Normal	Photos 2020-4-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:25	Photos		Normal	Photos 2020-4-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:25	Photos		Normal	Photos 2020-4-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:25	Photos		Normal	Photos 2020-4-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:25	Photos		Normal	Photos 2020-4-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:25	Photos		Normal	Photos 2020-4-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:25	Photos		Normal	Photos 2020-4-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:25	Photos		Normal	Photos 2020-4-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:25	Photos		Normal	Photos 2020-4-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:24	Photos		Normal	Photos 2020-4-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:24	Photos		Normal	Photos 2020-4-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:24	Photos		Normal	Photos 2020-4-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:24	Photos		Normal	Photos 2020-4-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2020 16:24	Photos		Normal	Photos 2020-4-17

Video List

Uploaded By/Date	Folder Date	File Name		Source
		Display in New Window	Scan and uploading	