

NATIONAL Assessment Centre Services

[Part 1 Jan 03]

MNA 120045396

Date In: 9/5/20 10:15	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA1 INC 20005625144	E-mail (vehicle 3hrs, AIC 2hrs)		
Veh No: GBC 9222C	I-Motor Claim Form	MT/1092412-001	9/5/20 10:43
DDA: 8/5/20 12:45	I-Motor W/O (Window: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wk311		

Preferred Wesp / INC Assign Wesp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SLR 5466 U

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 401111: 6748 6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time

Action:

MA2002869

Comments Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Bug-In-Charge):

And/or Comments:

Page 1

Invoice Breakdown Checklist		Am't (\$)	AS Am't (\$)
1) AR: Accident Reporting (\$30)		30.00	
2) DA: Damage Assessment (\$100): INC (\$10)			
3) TP: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) PT: Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (w/c 10 Jan 20/03)			
6) TR: Re-inspection \$75			
7) NI: Idao DA + EMRT Survey \$160			
8) NTUC Additional Services:			
OD:			
*N5: Courtesy Car / Tpt Allowance \$3			
*N6: Repair Coordination \$10			
*N7: Post Repair Inspection \$25			
*N8: DV / Collect Excess Coordination \$3			
TP (N11): TP (Non INC) against INC \$20			
9) N12: Idao Mobile \$0			
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	09/05/2020 10:15
Date Of Accident	08/05/2020 12:45
Exact Location Of Accident	MOUNT SOPHIA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC9222C
Insured/Policyholder	
Name Of Registered Owner	PRIME AIR MECHANICAL ENGINEERING PTE LTD
Co Reg No	1XXXXX237K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68468234

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	5116414580
Cover Note Number	

Driver

Name of Driver	OH CHEN PIN
NRIC No	GXXXX183N
Date Of Birth	29/07/1985
Occupation	OUTDOOR
Date Of Driving Pass	17/01/2019
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93874284
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	402 BUKIT BATOK WEST AVE 7 #09-26
Postcode	650402
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?	YES
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: : FRANCIES DAVID RAJKUMAR 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

REFER TO STATEMENT.

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	SLR5466U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name OH CHEN PIN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBC9222C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name FRANCIES DAVID RAJKUMAR
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBC9222C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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)

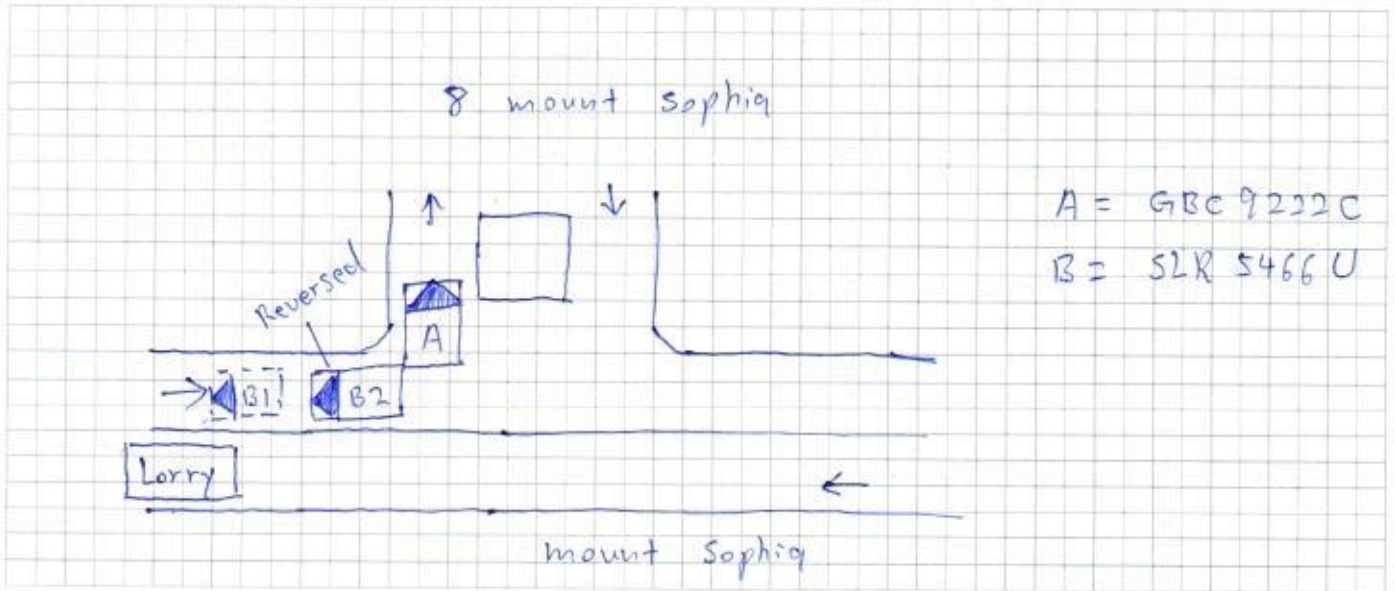
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along mount Sophia while turning into 8 mount Sophia. My veh was stationary at the guard house. Suddenly I felt an impact from behind. After the incident, I realized veh B was Reversing and hit onto my veh left rear portion.

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.:

Hello, NAC_PAYA_UBI_800601

[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="08/05/2020 10:15"/>
Vehicle No.(For Motor)	<input type="text" value="GBC9222C"/>	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 type="radio"/>	5116414580		PRIME AIR MECHANICAL ENGINEERING PTE LTD	199605237K	GCV	Preferred Workshop Plan	GBC9222C	GBC9222C	07/03/2020	06/03/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (08/05/20) (DD/MM/YYYY), TIME: (12:45) (HH:MM)

LOCATION: MOUNT SOPHIA

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GSC 9222C
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5116 414580
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: PRIME AIR MECHANICAL ENGINEERING (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: CONTACT: 6846 8234
C) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: OH CHEN PIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 622651832 CONTACT: 93874284
c) ADDRESS: 404 SUEIT BATOR WEST AVE 7 49-26
650402

* d) DATE OF BIRTH: (29/07/1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING: PASS

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) both

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: 2LR 5X66U MODEL: TOYOTA PRIUS

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Francis David Rajkumar

1) EMAIL: him

2) VIDEO:

No

(2)
NUMBER OF
PASSENGER
INCLUDING DRIVER

(1)
NUMBER OF
PASSENGER
INCLUDING DRIVER

()
NUMBER OF
PASSENGER
INCLUDING DRIVER

Claim Handling

Accident MT/1092412

Policy No.	5116414580	Vehicle No.	GBC9222C	GST Registrati
Certificate No.				
Policyholder Name	PRIME AIR MECHANICAL ENGINEERING PTE LTD			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	68468234	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
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(%)	20	Private Hire

▼ Accident Details

Report Date	09/05/2020 10:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/05/2020	Time of Accident hh:mm	12:45	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	MOUNT SOPHIA			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	1000.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	1600.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/1
GST Registration No.	199605237K	GST Status Verified	Yes
Modification History	09/05/2020 10:42:05 System changed GST Registered from No to Yes 09/05/2020 10:42:05 System changed GST Registration No. from null to 199605237K 09/05/2020 10:42:05 System changed GST Registration Date from null to 01/12/2003		

▼ Policyholder Mailing Address

Address 1	61 KAKI BUKIT AVENUE 1	Address 2	#04-19 SHUN LI INDUSTRIAL P.	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-19	Related Policy Number	5116414580	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	OH CHEN PIN	Driver NRIC	GXXXX183N	Driver DOB
Register Date of Driver License	17/01/2019	Driver Age	34	Driving Exper
Contact No.(Mobile)	93874284	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 402 #09-26	Address 2	BUKIT BATOK WEST AVENUE 7	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-26			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault	GIA report	Received	09/05/2020 10:43	Claim Close Date	<input type="checkbox"/>
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown					
Date Registered								
Report Taken By								

☒ Print AK letter

Attachment



Accident No.	MT/1092412	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/05/2020 10:43

Path *		Category *		Confider
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 10:43	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 10:43	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 10:43	Photos		Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 10:43	Photos		Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 10:43	Photos		Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 10:43	Photos		Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 10:43	Photos		Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 10:43	Photos		Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 10:43	Photos		Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 10:43	Photos		Normal	Pt
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 May 2020 10:43	Photos		Normal	Pt

Video List

Uploaded By/Date	Folder Date	File Name	
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	