

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA12004345-01

Date In: 21/5/20-15:45	Job description	Date & Time Completed	Done by
Ref No: NA/14C2005873/24	SAS e-filing		
Veh No: 6877766D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/5/20-11:40	i-Motor Claim Form	27/10/2028-001	21/5/20 15:45
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: SR4375E

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

NA2004345

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2/3:

Invoice Preparation Checklist

Amf (\$)

Amf (\$)

Int Bill

Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 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:-
- 9) N12: Idac 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	21/05/2020 15:45
Date Of Accident	21/05/2020 11:40
Exact Location Of Accident	SLIP RD UBI RD 2 TWDS KPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7366D
Insured/Policyholder	
Name Of Registered Owner	CERTOSA EXPRESS (PTE) LTD
Co Reg No	2XXXXX428N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5
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	NO
Policy Number	5108442409-01
Cover Note Number	

Driver

Name of Driver	QIU SHUIFU, CHARLIE
NRIC No	SXXXX818G
Date Of Birth	17/12/1976
Occupation	OUTDOOR
Date Of Driving Pass	07/12/2018
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92224994
Fax Number	
Contact Number	OFFICE-92224994
EEmail Address	NOEMAIL

Address	BLK 125 YISHUN STREET 11 #12-393
Postcode	760125
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

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	SLR4375E
Vehicle Make/Model/Colour	MAZDA CX3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIP KUO WEI
NRIC/Passport Number	SXXXX398C
Contact Number	96909435
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.

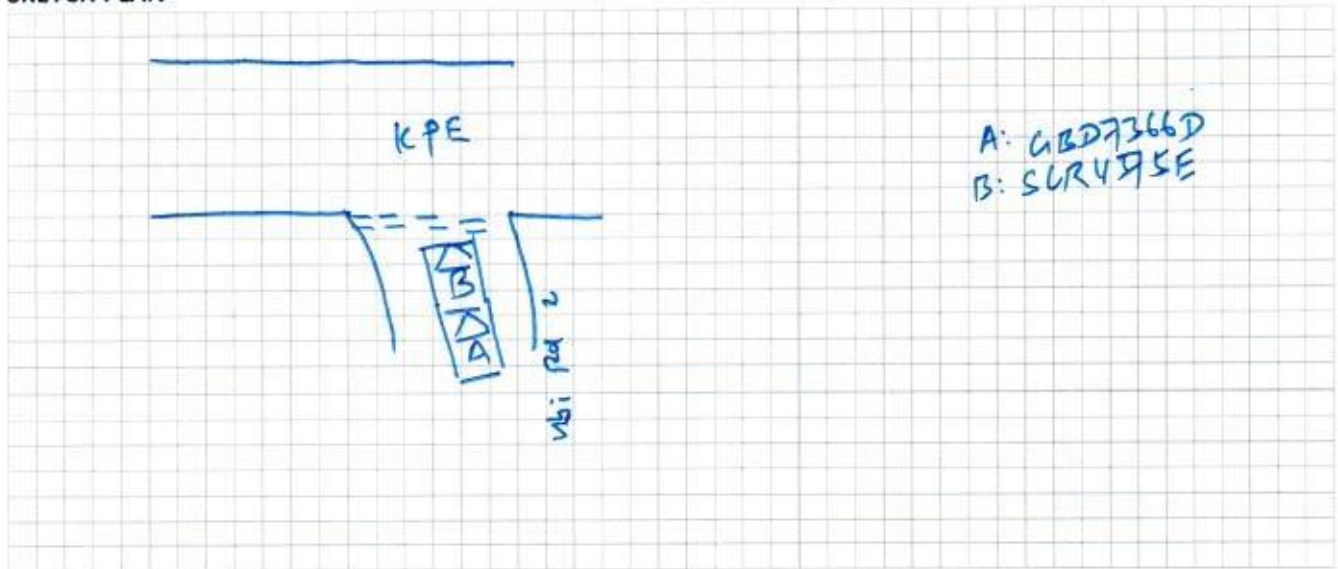


Policyholder's Signature
Date & Time:

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

On stated date and time, I was exiting the slip rd. I check my blindspot on my right before I can proceed filter out. When I look back to front view, vehicle B stopped in front of my vehicle. I couldn't brake my vehicle in time and hit onto vehicle B 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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 05 / 20 (DD/MM/YYYY), TIME: 11 : 42 (HH:MM)

LOCATION: Slip ROAD to KPE Tunnel

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G3D 7366D
 b) INSURANCE COMPANY: N TUC
 c) POLICY NUMBER: 5108442407-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN NV 200
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Delivery
 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: CERTOSA EXPRESS (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: — CONTACT: nil.
 c) ADDRESS: 50 UBI Ave 3 #01-18 S40866

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Qin Shuifu, Charlie (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S76418189 CONTACT: 92224994
 c) ADDRESS: —

*d) DATE OF BIRTH: (17 / 12 / 1976) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: —

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: —

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLR 4375E MODEL: MAZDA CX3
 b) DRIVER'S NAME: LIP KUO WEI
 c) NRIC/FIN/PASSPORT: 88303308C CONTACT: 96309435

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: — MODEL: —
 e) DRIVER'S NAME: —
 f) NRIC/FIN/PASSPORT: — CONTACT: —

email = qiushuifu@gmail.com

fax = —

VIDEO = —

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120047345 Vehicle Registration No: GBD7366D
Name(as shown in NRIC) : CERTOSA EXPRESS (PTE) LTD NRIC/FIN/Passport No : 2XXXXX428N
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 21/05/2020 Time of Accident : 11:40
Place of Accident : SLIP RD UBI RD 2 TWDS KPE
Insurance Company : NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend name of registered owner

Policyholder / Driver's Signature
Date:

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

THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5108442409-01
The Policyholder	: CERTOSA EXPRESS (PTE) LTD 50 UBI AVENUE 3 #01-18 FRONTIER SINGAPORE 408866

Period of Insurance	: 31 Mar 2020 To 30 Mar 2021
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,419.33

Interest Insured

Cover Type	: Comprehensive		
Make/Model	: NISSAN/NV200		
Capacity	: 0.71 ton(s)	Number of Seater	: 2
Registration Number	: GBD7366D	Registration Date	: 31 Mar 2015
Chassis Number	: VSKYBAM20Z0092558	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 10%
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Hire Purchase Company	: N/A		

Memo A : N/A

Endorsement Operative : N/A

Agency	: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue	: 02 Mar 2020 11:14 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

eBaoTech

General Claim

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="21/05/2020 11:40"/>							
Vehicle No. (For Motor)	<input type="text" value="GBD7366D"/>	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"/>	5108442409-01		CERTOSA EXPRESS (PTE) LTD	200105428N	GCV	Comprehensive	GBD7366D	GBD7366D	31/03/2020	30/03/2021
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5108442409-01	Policyholder Name	CERTOSA EXPRESS (PTE) LTD	Policyholder NRIC	200105428N
Certificate No.					
Address	50 UBI AVENUE 3 #01-18 FRONTIER SINGAPORE 408866				
Product Name	COMMERCIAL VEHICLE INSURAI Plan			Group Policy Flag	N
Policy Issue Date	02/03/2020	Effective Date	31/03/2020 00:00	Expiry Date	30/03/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	50 UBI AVENUE 3	Address 2	#01-18 FRONTIER	Address 3	SINGAPORE 408866
Address 4		Address Type	Singapore address	Post Code	408866
Unit No.		Related Policy Number	5108442409-01		

Insured Object: GBD7366D

Endorsements

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

Claim Handling

Accident MT/1093028

Policy No.	5108442409-01	Vehicle No.	GBD7366D	GST Registration No.	200105428N
Certificate No.					
Policyholder Name	CERTOSA EXPRESS (PTE) LTD	Cover Type	Comprehensive	Policyholder NRIC	200105428N
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value=""/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	21/05/2020 15:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/05/2020	Time of Accident (hh:mm)	11:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD UBI RD 2 TWDS KPE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	500.00	TP Standard Excess	0.00
YIED OD Excess	1000.00	YIED TP Excess	
Additional Excess			
Total OD Excess Applicable	1600.00	Total TP Excess Applicable	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	24/09/2001
GST Registration No.	200105428N	GST Status Verified	Yes
Modification History	21/05/2020 15:54:31 System changed GST Registration Date from 01/01/2015 to 24/09/2001 21/05/2020 15:54:31 System changed GST Status verified from No to Yes		

Policyholder Mailing Address

Address 1	50 UBI AVENUE 3	Address 2	#01-18 FRONTIER	Address 3	SINGAPORE 408866
Address 4		Address Type	Singapore address	Post Code	408866
Unit No.		Related Policy Number	5108442409-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	17/12/1976
Unnamed driver Name	QIU SHUJIE, CHARLIE	Driver NRIC	SXXXX816G	Driving Experience	1
Register Date of Driver License	07/12/2018	Driver Age	43	Contact No.(Home)	0
Contact No.(Mobile)	92224994	Contact No.(Office)	0	Address 3	CHONG PANG VIEW
Address 3	BLK 125	Address 2	YISHUN STREET 11	Address 4	760125
Address 4	SINGAPORE 760125	Address Type	Singapore address	Post Code	760125
Unit No.	12-393				
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
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CERTOSA EXPRESS (PTE) LTD	Insured NRIC	200105428N
Contact No.(Mobile)	97878780	Contact No.(Home)		Contact No.(Office)	67427454
Email Address		OI Vehicle Number	GBD7366D	TP Vehicle Number	SLR4375E
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBD7366D / SLR4375E ON 21 May 2020				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/05/2020 15:55	Claim Close Date		Date Received	21/05/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1093028	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/05/2020 15:56

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		

Downloaded

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 May 2020 15:56	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-5-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 May 2020 15:56	SAS		Normal	SAS 2020-5-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 May 2020 15:56	Photos		Normal	Photos 2020-5-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 May 2020 15:56	Photos		Normal	Photos 2020-5-21	
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