

NATIONAL Assessment Centre Services. (part 1 Jan 2013) MMA 1200 51873

Date In: 16/6/20 13:26	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 2000 6335164	SAS e-filing		
Web No: GBH 29027	E-mail (within 3hrs, AIC 2hrs)		
IPDA: 15/6/20 15:30	I-Motor Claim Form	M711094549-001	16/6/20 14:04
OT: (IP) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
IP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
IP Particulars:	Ych No: SMH 6036L	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 () / Non-INC ()	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	Action

NA2003271	Invoice Preparation Checklist	Am (5)	SAIR (5)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Bgr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2013)		
	6) TR: Re-inspection \$75		
	7) N1: Idao 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		
	TE (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	16/06/2020 13:26
Date Of Accident	15/06/2020 15:30
Exact Location Of Accident	FILTER LANE ALONG YISHUN AVE 1 & LENTOR AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2902T
Insured/Policyholder	
Name Of Registered Owner	AN DIGITAL LOCK PTE. LTD.
Co Reg No	2XXXXX194K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90998233

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	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	5117154154
Cover Note Number	

Driver

Name of Driver	ANG XI DE
NRIC No	SXXXX237D
Date Of Birth	29/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	31/10/2006
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90998233
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 889D WOODLANDS DR 50 #16-269
Postcode	734889
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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH6036L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH TOH FOOK @ RAZIF GOH BIN ABDULLAH
NRIC/Passport Number	SXXXX309F
Contact Number	98258432
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.
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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**.
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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.

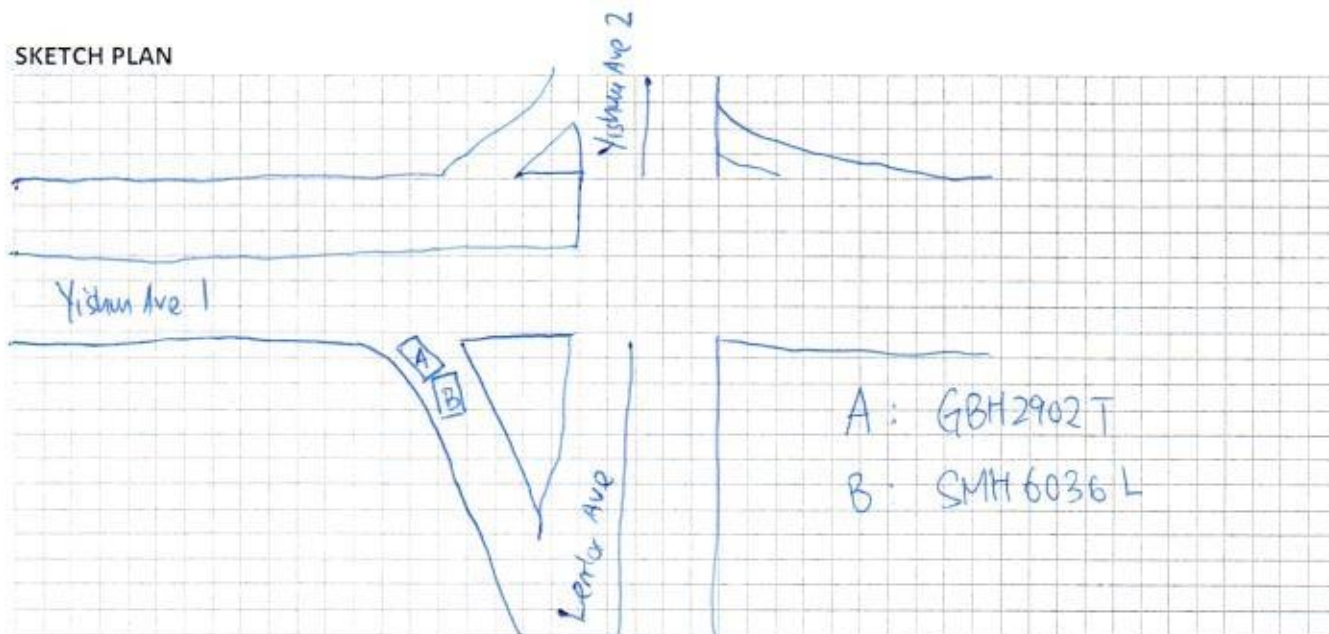


Policyholder's Signature
Date & Time:

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

While waiting to exit the Alter lane to Yishun Avenue 1, driving company vehicle 'A' (GBH2902T), vehicle 'B' (SMH6036L) was overlooking to the right for ongoing vehicle as well which cause the accident to happen. Damage was caused at the rear door and bumper. Signal light appear on dashboard after collision

DECLARATION

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



[Signature]

[Signature]

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="16/06/2020 11:42"/>
Vehicle No.(For Motor)	<input type="text" value="GBH2902T"/>	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"/>	5117154154		AN DIGITAL LOCK PTE. LTD.	201703194K	GCV	Comprehensive	GBH2902T	GBH2902T	17/04/2020	16/04/2021

15 ACCIDENT STATEMENT 15 : 30

ACCIDENT DATE: (12 / 06 / 2020) (DD/MM/YYYY), TIME: (12 : 43) (HH:MM)

LOCATION: Filter Lane along Yishun Ave 1 and Lorlar Ave

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH2902T
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5117154154
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN NV200 1.5M
 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: AN DIGITAL LOGIC PTE LTD (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: 207703194K CONTACT: 90998233
 C) ADDRESS: 140 Pagar Lebar Road #01-10 S409015

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ang Xi Re (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S87352370 CONTACT: 90998233
 c) ADDRESS: 8890 Woodlands Dr 50 #16-269 S734889

*d) DATE OF BIRTH: (29 / 10 / 1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 14

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: SMH6036L MODEL: NISSAN
 b) DRIVER'S NAME: Goh Tuh Fook @ Razif Goh Bin Abdullah
 c) NRIC/FIN/PASSPORT: S2562309E CONTACT: 98258432

9. THIRD PARTY VEHICLE

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

*No of passenger
(Including driver)
(1)

*No of passenger
(Including driver)
(1)

*No of passenger
(Including driver)
(1)

Email = rricky.ang@gmail.com

fax =

VIDEO = Yes.

Claim Handling

Accident MT/1094549

Policy No.	5117154154	Vehicle No.	GBH2902T	GST Registrat
Certificate No.				
Policyholder Name	AN DIGITAL LOCK PTE. LTD.			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	90998233	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(%)	15	Private Hire

▼ Accident Details

Report Date	16/06/2020 14:00	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/06/2020	Time of Accident hh:mm	15:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	FILTER LANE ALONG YISHUN AVE 1 & LENTOR AVE			

▼ Total Excess Applicable

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

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/10/2017
GST Registration No.	201703194K	GST Status Verified	Yes
Modification History	16/06/2020 14:01:52 System changed GST Registered from No to Yes 16/06/2020 14:01:52 System changed GST Registration No. from null to 201703194K 16/06/2020 14:01:52 System changed GST Registration Date from null to 01/10/2017		

▼ Policyholder Mailing Address

Address 1	140 PAYA LEBAR ROAD	Address 2	#01-10 AZ @ PAYA LEBAR	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-10	Related Policy Number	5117154154	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	ANG XI DE	Driver NRIC	SXXXX237D	Driver DOB
Register Date of Driver License	31/10/2006	Driver Age	32	Driving Experi
Contact No.(Mobile)	90998233	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 889D #16-269	Address 2	WOODLANDS DRIVE 50	Address 3
Address 4	SINGAPORE 734889	Address Type	Singapore address	Post Code
Unit No.	16-269			
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault	
Repair No.	<input type="text"/>	Preferred		
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered			Received	
Report Taken By				

OD-MX	Insured Name	AN
NIL	Contact No. (Home)	NI
	OI Vehicle Number	GB

GBH2902T / SMH6036L ON 15 Jun 2020

16/06/2020 14:02	Claim Close Date	<input type="checkbox"/>
SHAN HUI		

☒ Print AK letter

Attachment

Accident No. MT/1094549 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 16/06/2020 14:04

Path *

No file chosen
 No file chosen
 No file chosen
 No file chosen
 No file chosen
 No file chosen

Category * Confider
 NO
 NO
 NO
 NO
 NO
 NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	16 Jun 2020 14:04	NRIC/ Driving License	Y	Normal	NRIC/ Dri
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	16 Jun 2020 14:04	NRIC/ Driving License	Y	Normal	NRIC/ Dri
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	16 Jun 2020 14:04	NRIC/ Driving License	Y	Normal	NRIC/ Dri
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	16 Jun 2020 14:03	Photos		Normal	Ph

Video List

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