

NATIONAL Assessment Centre Services

Date In: 23/06/20	Job description	Date & Time Completed	Done by:
Ref No: NA/INC20006549/13	SAS e-filing		
Veh No: GBH9454Z	E-mail (within 5 days, NO 2hrs)		
D.O.A: 04/04/20 1350	i-Motor Claim Form	MS/1092791-002	
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: BARRIER	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

NA2003234	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT : 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 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt 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: 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	23/06/2020 09:27
Date Of Accident	04/04/2020 13:50
Exact Location Of Accident	SENGKANG GENERAL HOSPITAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9454Z
Insured/Policyholder	
Name Of Registered Owner	VERDECAS ENTERPRISE LLP
Co Reg No	TXXXXX564K
Email Address	JOVEL_WONG@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-85337661

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	5112369020
Cover Note Number	

Driver

Name of Driver	LOW RENHAO
NRIC No	SXXXX692F
Date Of Birth	13/08/1989
Occupation	OUTDOOR
Date Of Driving Pass	08/06/2012
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81255780
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 540 WOODLANDS DRIVE16 #10-89
Postcode	730540
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	COLLIDED INTO PROPERTY
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	1
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

PLS REFER TO THE ATTACHED 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	
Vehicle Make/Model/Colour	
Details Of Properties	GANTRY BARRIER
Vehicle Category	NA/UNKNOWN
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.

Verdecas Enterprise LLP
Reg No: T14LL0564K

Policyholder's Signature
Date & Time:

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

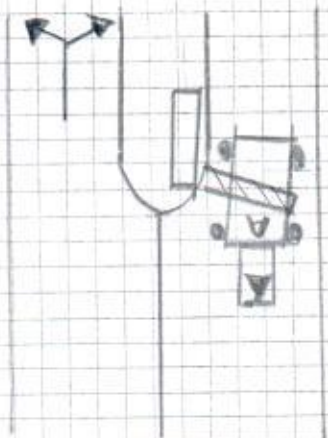
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

SENGKANG GENERAL
HOSPITAL

A - GBE9454Z

B - BARRIER



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was delivering to Sengkang Hospital. While i was entering through Sengkang hospital gantry, the barrier opened up in a slow motion. I enter when it was not fully up and hit it by the back top of my lorry box.

DECLARATION

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

Verdecas Enterprise LLP
Reg No: T14LL0564K

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: 4 / 4 / 2020 (DD/MM/YYYY), TIME: 13 : 50 (HH:MM)

LOCATION: Sengkang General Hospital

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH9454Z
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA DYNA
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 85337661
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LOW RENHAO (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8917692F CONTACT: 81255780
c) ADDRESS: BLK 540 WOODLANDS DRIVE 16, #10-89
SIPORE 730540

*d) DATE OF BIRTH: 13 / 08 / 1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 8

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: CANTRU BARRIER MODEL: _____
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: _____

Email = jovel_wong@hotmail.com

Fax =

VIDEO =

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

22/06/2020 16:13

Vehicle No.(For Motor)

GBH9454Z

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5112369020	5112369020-000011	VERDECAS ENTERPRISE LLP	T14LL0564K	GFM	Comprehensive	GBH9454Z	GBH9454Z	01/11/2019	11/09/2020

Continue

Claim Handling

Accident MT/1092791

Policy No.	S112369020	Vehicle No.	GBH9454Z	GST Registration No.	
Certificate No.	S112369020-000011				
Policyholder Name	VERDECAS ENTERPRISE LLP			Policyholder NRIC	T14LLO564
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	N/A	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
VCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	18/05/2020 09:03	Accident Report Within 24 hrs	Yes	Accident Type	Collided Int
Date of Accident	04/04/2020	Time of Accident hh:mm	13:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SENGKANG GENERAL AND COMMUNITY HOSPITAL LOADING BAY				

Total Excess Applicable

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

Benefits

GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address

Address 1	6 YISHUN INDUSTRIAL STREET	Address 2	#07-03 NORTH VIEW BIZHUB	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	768090
Unit No.	05-93	Related Policy Number	S112369020		

OT Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	No Yes	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	VERDECAS ENTERPRISE LLP	In NS
Contact No.(Mobile)	92290593	Contact No. (Home)		Co No (O
Email Address		OT Vehicle Number	GBH9454Z	TP Ve No
Claim Description	GBH9454Z / BARRIER ON 4 Apr 2020			Ne Pn Wi
Preferred Workshop		Insured Liability	Fully at Fault	
Repair Option	Expedited	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/06/2020 09:23	Claim Close Date		Da Re
Report Taken By	ROSINDA	Workshop Repairer		To Bu Re
<input type="checkbox"/> Print AK letter				

Save Submit

Attachment

Accident No.	MT/1092791	Claim No.	002		
Last Doc. Received	Yes No	Upload Date	24/06/2020 00:00		
Path *		Category *		Confidential	Urgency *
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

Microsoft Word

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jun 2020 09:22	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jun 2020 09:22	SAS		Normal	SAS 2020-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jun 2020 09:22	Photos		Normal	Photos 2020-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jun 2020 09:22	Photos		Normal	Photos 2020-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jun 2020 09:21	Photos		Normal	Photos 2020-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jun 2020 09:21	Photos		Normal	Photos 2020-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jun 2020 09:21	Photos		Normal	Photos 2020-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jun 2020 09:21	Photos		Normal	Photos 2020-6-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jun 2020 09:21	Photos		Normal	Photos 2020-6-24

Video List

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