

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

NA 2003837

Date In: 23/7/10 - 12:45	Job description	Date & Time Completed	Done by
Ref No: NA 1/NC 20076 0074	SAS e-filing		
Veh No: 6B4519VE	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/7/10 - 0:30	i-Motor Claim Form	NA 1577698-001	23/7/10 12:56
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: JHFS45T

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

NA 2003837	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
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) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	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:-		
	ON*		
	*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	23/07/2020 12:42
Date Of Accident	22/07/2020 13:30
Exact Location Of Accident	OUTSIDE LUCKY PLAZA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5192E
Insured/Policyholder	
Name Of Registered Owner	COPPERTRUCK TRADING
Co Reg No	5XXXX971L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97597086
Alternative Phone No	OFFICE-97597086

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
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	5109409122-01
Cover Note Number	

Driver

Name of Driver	CHEW POH JIANG (ZHOU BAOQIANG)
NRIC No	SXXXX103Z
Date Of Birth	25/02/1987
Occupation	OUTDOOR
Date Of Driving Pass	24/08/2009
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97597086
Fax Number	
Contact Number	OFFICE-97597086
EMail Address	NOEMAIL

Address	BLK 316B PUNGGOL WAY #04-711
Postcode	822316
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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	SHF545T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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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.

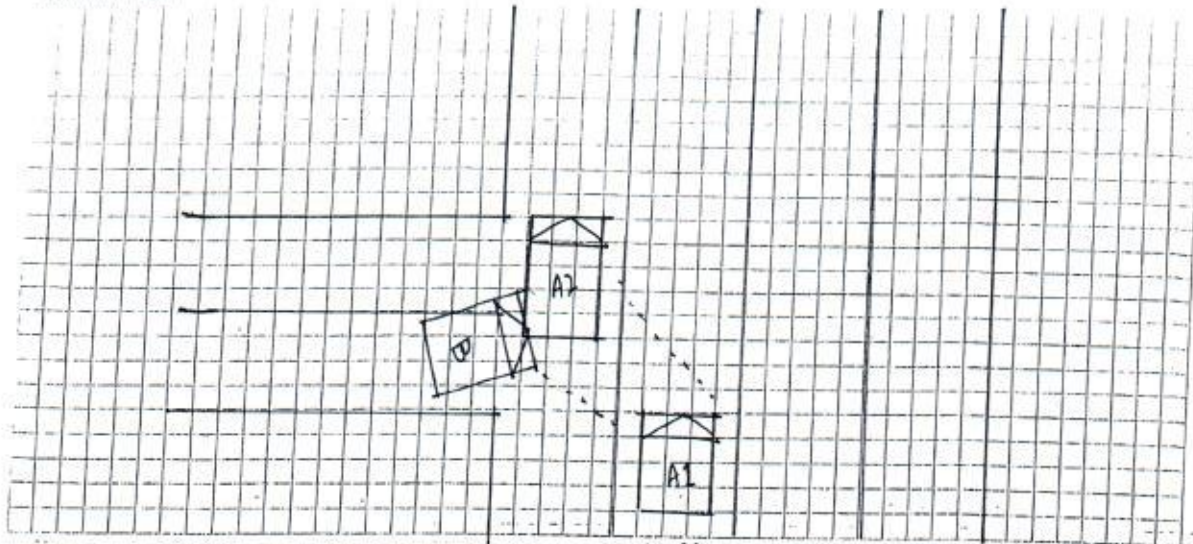


Policyholder's Signature
Date & Time:

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

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

Vehicle A:
GBH5192E
Vehicle B:
SHF545T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,

I was travelling on my vehicle bearing carplate number GBH5192E, while I was on the 3rd lane, I made a lane change to the 4th lane. Upon completion of the lane change, there was a taxi that made an abrupt turn out of the minor road which has since caused a collision with my vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time:

404220-13-000000-0000-0000

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

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

Date of Accident : 22/7/2020 Accident Time: 1333Hrs (24-HR-Format)
Accident Place : Outside lucky plaza
Vehicle Reg. No. (Car Plate No.) : GBH5192E
Vehicle Make/Model : Toyota Hiace
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : Coppertruck trading 53372971L
Owner or Company Contact No. : 97597086 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Chew Poh Liang (Zhou BaoQiang) 58705103Z
DRIVER'S Date Of Birth : 25-02-1987 DRIVER'S License Pass Date 24-08-2009
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : Blk 316B Punggol Way #04-711 5822316
DRIVER'S Contact No. / Alt No. : 1) 97597086 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 01
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SHF 5451

Vehicle Reg. No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Driver's Contact & Add: _____

eBaoTech

GeneralClaim

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="22/07/2020 13:30"/>
Vehicle No. (For Motor)	<input type="text" value="GBH5192E"/>	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"/>	5109409122-01		COPPERTRUCK TRADING	53372971L	GCV	Comprehensive	GBH5192E	GBH5192E	26/06/2020	25/06/2021

Policy Information					
Policy No.	5109409122-01	Policyholder Name	COPPERTRUCK TRADING	Policyholder NRIC	53372971L
Certificate No.					
Address	BLK 316B #04-711 PUNGGOL WAY WATERWAY CASCADIA SINGAPORE 822316				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/05/2020	Effective Date	26/06/2020 00:00	Expiry Date	25/06/2021 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	CAR INSURANCE AGENCY PTE. LTD.	Agent Tel.	63842777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					
Policyholder Mailing Address					
Address 1	BLK 316B #04-711	Address 2	PUNGGOL WAY	Address 3	WATERWAY CASCADIA
Address 4	SINGAPORE 822316	Address Type	Singapore address	Post Code	822316
Unit No.	04-711	Related Policy Number	5109409122-01		
Insured Object: GBH5192E					
Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content	
<div>Continue</div> <div>Cancel</div>					

Claim Handling

Accident MT/1097695

Policy No.	S109409122-01	Vehicle No.	GBH5192E	GST Registration No.	
Certificate No.					
Policyholder Name	COPPERTRUCK TRADING	Cover Type	Comprehensive	Policyholder NRIC	53372971L
Product Code	COMMERCIAL VEHICLE INSURA/	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	97597086	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	23/07/2020 12:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	22/07/2020	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	OUTSIDE LUCKY PLAZA				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver Is Covered?	
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess			
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable			

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	23/07/2020 12:55:43 System changed GST Status verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 316B #04-711	Address 2	PUNGGOL WAY	Address 3	WATERWAY CASCADIA
Address 4	SINGAPORE 822316	Address Type	Singapore address	Post Code	822316
Unit No.	04-711	Related Policy Number	S109409122-01		

▼ OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/02/1987
Unnamed driver Name	CHEW POH JIANG (ZHOU BAOQ)	Driver NRIC	S6705103Z	Driving Experience	10
Register Date of Driver License	24/08/2009	Driver Age	33	Contact No. (Home)	0
Contact No. (Mobile)	97597086	Contact No. (Office)	0	Address 3	WATERWAY CASCADIA
Address 1	BLK 316B	Address 2	PUNGGOL WAY	Post Code	822316
Address 4	SINGAPORE 822316	Address Type	Singapore address		
Unit No.	04-711				
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	COPPERTRUCK TRADING	Insured NRIC	53372971L
Contact No. (Mobile)	NIL	Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	GBH5192E	TP Vehicle Number	SHF545T
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBH5192E / SHF545T ON 22 Jul 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	23/07/2020 12:56	Claim Close Date		Date Received	23/07/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1097695	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/07/2020 12:57

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear Please Select	<input type="radio"/> Y	<input type="radio"/> Normal		
Browse... Clear Please Select	<input type="radio"/> N	<input type="radio"/> Normal		
Browse... Clear Please Select	<input type="radio"/> Y	<input type="radio"/> Normal		
Browse... Clear Please Select	<input type="radio"/> N	<input type="radio"/> Normal		
Browse... Clear Please Select	<input type="radio"/> Y	<input type="radio"/> Normal		
Browse... Clear Please Select	<input type="radio"/> N	<input type="radio"/> Normal		

