

NATIONAL Assessment Centre Services. [url: Jan'05]

Date In: 27/07/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20007734/13	SAS e-filing		
Veh No: GBK38745	E-mail (within 3hrs, AIC 2hrs)		
DTA: 27/07/20 1615	I-Motor Claim Form	MT/1098065	-001
DI: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		
Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:	
TP Particulars:	Veh No: SAK1688E	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 10000 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: _____			
Driver/Owner:	Actions:		
Contact No:			
Damaged Portion:			
QC Checked by (Engr-In-Charge):			
NA2003865		Invoice Information Checklist	Amount (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30)	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$50)	
Contact No:		3) TP: Towing Fee \$40/\$45	
Damaged Portion:		4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):		5) PT: Follow-Through Survey (Resurvey) \$30	
Auditors' Comments:		For claimant against INC Only (wef 10 Jan 2005)	
Tel. 1:		6) TR: Re-Inspection \$75	
		7) NI: Ideal DA + SMRT Survey \$160	
		8) NTUC Additional Services:	
		ON:	
		*N5: Courtesy Car / Tpt Allowance \$5	
		*N6: Repair Coordination \$10	
		*N7: Post Repair Inspection \$25	
		*N8: DV / Collateral Excess Coordination \$5	
		TP (N11): TP (Non INC) against INC \$20	
		9) N12: Ideal 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	27/07/2020 17:22
Date Of Accident	26/07/2020 16:15
Exact Location Of Accident	108 PUNGGOL FIELD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBK3874T
Insured/Policyholder	
Name Of Registered Owner	WIZARD AIR SERVICES
Co Reg No	5XXXX516J
Email Address	THEKERKBC@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-92357260
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5118034599
Cover Note Number	
Driver	
Name of Driver	KERK BING CHUAN
NRIC No	SXXXX600E
Date Of Birth	01/03/1994
Occupation	OUTDOOR
Date Of Driving Pass	18/02/2015
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92357260
Fax Number	
Contact Number	
Email Address	THEKERKBC@GMAIL.COM

Address	8 GEYLANG EAST AVE 2 #15-06
Postcode	389757
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	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?	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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFK1688E
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN LING LING
NRIC/Passport Number	SXXXX688F
Contact Number	92470008
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.



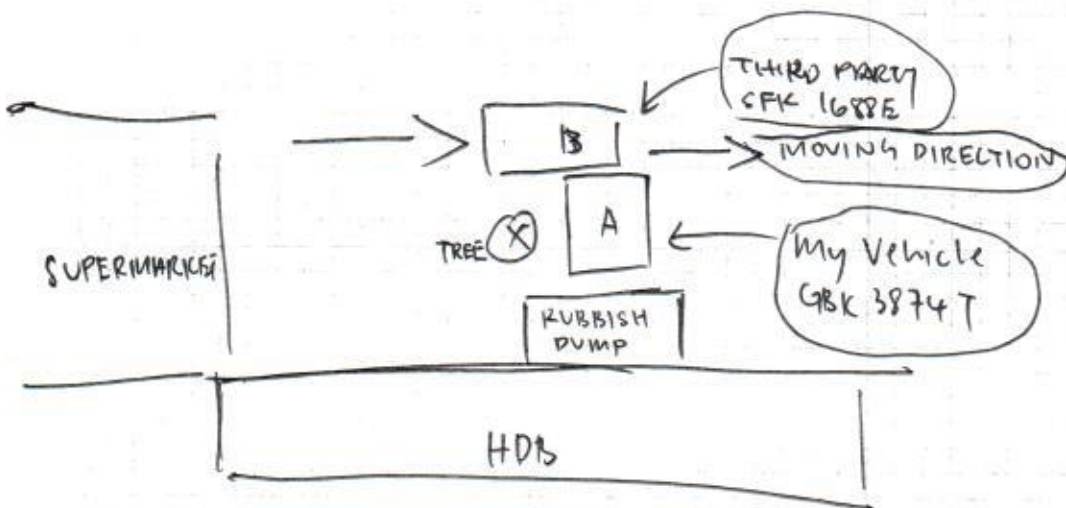
Policyholder's Signature
Date & Time: 27/7/2020



Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/7/2020

 27/07/20

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car A, my vehicle was moving off from parked position, in front of HDB Rubbish Dump. Car B appeared from left of car A. Car A was not able to apply brake in time and ended colliding with side-front of car B. Impact was minor.

A - GBK3874T

B - SFK1688E

DECLARATION

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


Policyholder's Signature

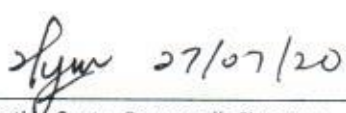
Date & Time:




Driver's Signature

(If driver is not the policyholder)
Date & Time:




Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 7 / 2020) (DD/MM/YYYY), TIME: (16 : 15) (HH:MM)

LOCATION: 108 Punggol Field

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8K3874T
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5118034599
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: WORK
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: KERK BING CHUAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9407600E CONTACT: 92357260
c) ADDRESS: 9 GEYLANG EAST AVE 2, #15-01

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (01 / 03 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 5 YEARS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: SFK 1688E MODEL: TOYOTA
b) DRIVER'S NAME: TAN LING LING
c) NRIC/FIN/PASSPORT: SC937688F CONTACT: 9247 0008

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SFK 1688E MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: 9247 0008

Email = thekerkbc@gmail.com

fax =

VIDEO =

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

27/07/2020 12:36

Vehicle No.(For Motor)

GBK3874T

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"/>	5118034599		WIZARD AIR SERVICES	53412516J	GCV	Preferred Workshop Plan	GBK3874T	GBK3874T	02/07/2020	01/07/2021

Continue

Claim Handling

The premium is 100% collectable. No fee been collected

Accident MT/1098065

Policy No.	5118034599	Vehicle No.	GBK3874T	GST Registration No.	
Certificate No.					
Policyholder Name	WIZARD AIR SERVICES			Policyholder NRIC	514125161
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	92397260	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	27/07/2020 17:52	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	26/07/2020	Time of Accident hh:mm	16:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	100 PUNGOOL FIELD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	800.00	TP Standard Excess	0.00		
YIED OD Excess	1,000.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	1,800.00	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	27/07/2020 17:55 - R System (Manual) GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	8 GEYLANG EAST AVENUE 2	Address 2	#15-06 SIMSVILLE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	389757
Unit No.	15-06	Related Policy Number	5118034599		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KERR BING CHUAN	Driver NRIC	S9407600F	Driver DOB	01/03/1999
Register Date of Driver License	30/02/2015	Driver Age	26	Driving Experience	5
Contact No.(Mobile)	92357260	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	8 GEYLANG EAST AVENUE 2	Address 2	SIMSVILLE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	389757
Unit No.	#15-06				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 OD-MX New

Claim Type *

OD-MX

Insured Name

WIZARD AIR SERVICES

In

NS

Contact No.(Mobile)

Contact No.

NIL

Co

Nc

(O

(O

Email Address

Vehicle Number

GBK3874T

Ve

Nl

Claim Description

GBK3874T / SFK1688E ON 26 Jul 2020

Ne

Pr

W

Preferred Workshop

Insured Liability

Fully at Fault

GIA report

Received

Workshop No.

50000000

Preferred Repair Option

Preferred Workshop, Name unknown

27/07/2020 17:58

Claim Close Date

Ds

Re

Date Registered

Report Taken By

ROSINDA

Workshop Repairer

To

bu

Re

Print AK letter

Save

Submit

Attachment

Accident No.

MT/1098065

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

27/07/2020 00:00

Choose File

No file chosen

Clear

Category *

Please Select

Confidential

Normal

Urgency *

Normal

Choose File

No file chosen

Clear

Please Select

Normal

Normal

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2020 17:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2020 17:58	SAS		Normal	SAS 2020-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2020 17:58	Photos		Normal	Photos 2020-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2020 17:58	Photos		Normal	Photos 2020-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2020 17:58	Photos		Normal	Photos 2020-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2020 17:58	Photos		Normal	Photos 2020-7-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jul 2020 17:58	Photos		Normal	Photos 2020-7-27

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
		Display in New Window	Scan and uploading	