

NATIONAL Assessment Centre Services (M1: 20100)

Date In: 11/08/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20008258/13	SAS e-filing		
Veh No: GBJ13558	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 10/08/20 1035	I-Motor Claim Form	11/10/20 10:48:44 - 001	
OD: TP <u>Reporting Only</u>	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: SUR642K	INC () / Non-INC ()
Owner / Driver: (Tel:	()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Title: ()
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

NA 2004112	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)			
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)		
Contact No:	3) TP: 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		
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection	\$75		
	7) N1: Idao DA + SMRT Survey	\$160		
	8) NTUC Additional Services:			
	OD:			
	*N5: Courtesy Car / Tp Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
	TP (N11): TP (N-in 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	11/08/2020 14:36
Date Of Accident	10/08/2020 10:35
Exact Location Of Accident	LEEDON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1335B
Insured/Policyholder	
Name Of Registered Owner	LEONG HIN FOODS PTE. LTD.
Co Reg No	2XXXXX134G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97380344
Vehicle Particulars	
Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	PERSONEL USE
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	5106937432-01
Cover Note Number	
Driver	
Name of Driver	SANDIE YONG KAH LING
NRIC No	SXXXX028B
Date Of Birth	29/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	24/07/1998
Driving Experience	22 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97380344
Fax Number	
Contact Number	
EMail Address	SANDIEYONG@YAHOO.COM.SG

Address	BLK 475C UPPER SERANGOON CRESCENT #09-547
Postcode	533475
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	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR642K
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALLAN FONG
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.

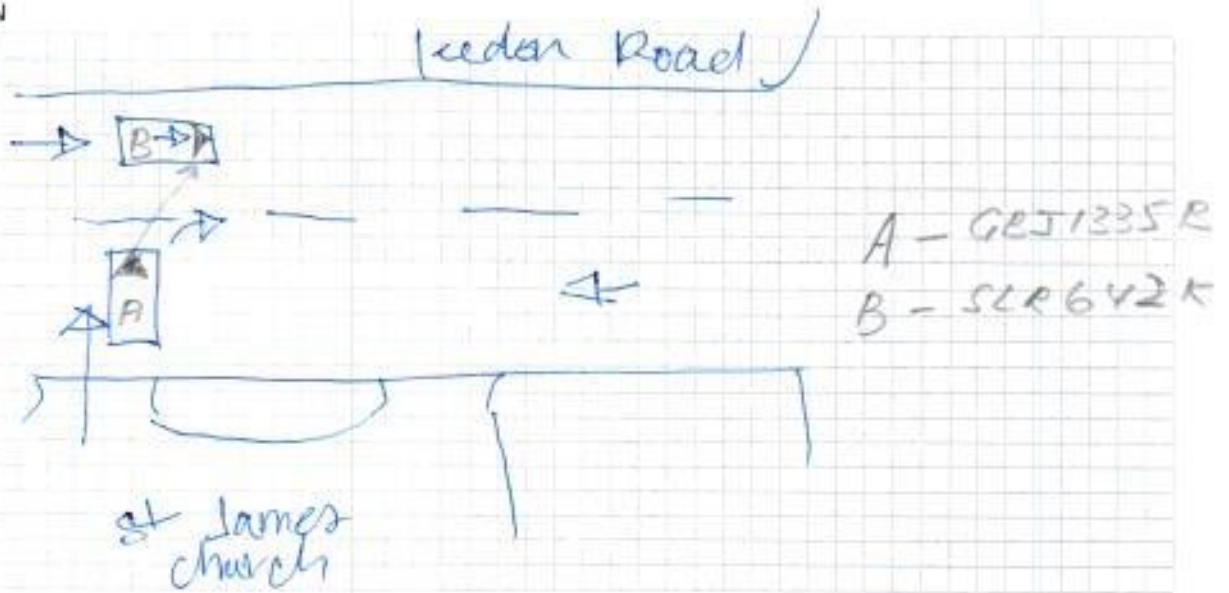


Policyholder's Signature
Date & Time:

Driver's Signature *[Signature]*
(If driver is not the policyholder)
Date & Time: 11/8/2020

Reporting Centre Personnel's Signature *[Signature]* 11/08/20
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning out from carpark, and hit the on coming vehicle. my van bumper hit his car.

DECLARATION

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



Policyholder
Date & Time:

Sander
Driver's Signature 11/8/2020
(if driver is not the policyholder)
Date & Time:

Slym 11/08/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 10/08/2020 (DD/MM/YYYY). TIME: (10:35) (HH:MM)

LOCATION: Seedon Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G1B1335 B
b) INSURANCE COMPANY: Income
c) POLICY NUMBER: VM20128553
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Personal use
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: Sandie Yong Kahling (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S74770288 CONTACT: 97380344
C) ADDRESS: 475C Upper Serangoon Crescent
#09-547 26533475

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Sandie Yong Kahling (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S74770288 CONTACT: 97380344
c) ADDRESS: 475C Upper Serangoon Crescent
09-547 26533475

*d) DATE OF BIRTH: (29/09/1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20

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 642K MODEL: Toyota Vios

b) DRIVER'S NAME: ALLAN FONG

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

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)
()

No of passenger
(including driver)
()

Email = sandieyong@yahoo.com.sg

fax = _____

video = _____

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)My Dashboard
Number of Links**Policy Query**Policy No.

Date of Accident

11/08/2020 12:38

Vehicle No. (For Motor)

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5106937432-01		LEONG HIN FOODS PTE. LTD.	200410134G	GCV	Comprehensive	GBJ1335B	GBJ1335B	11/01/2020	10/01/2021

Claim Handling

Accident MT/1099484

Policy No.	0000000000	Vehicle No.	18622796	GST Registration No.	00000000
Certificate No.					
Policyholder Name	LEONG HIM FOODS PTE. LTD.	Cover Type	Standard Excess	Policyholder NRIC	200401020
Product Code	COMPREHENSIVE MOTOR	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	91281041	Special Remarks		Contact No. (Home)	0
Email Address		TCA	No Yes	eCode	0000
etc	No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Accident Report Within 24 hrs	Yes	Private Hire	No

Accident Details

Report Date	11/06/2020 14:59	Time of Accident (h:mm)	10:00	Accident Type	Side Swipe
Date of Accident	11/06/2020	Granga Force		Country of Accident	Singapore
Reporting Centre				ICM No.	
Accident Location	0000000000				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	000.00	Driver is Covered?	Covered
OD Standard Excess	000.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess		Total TP Excess Applicable	0.00		
Total OD Excess Applicable	000.00				

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	11/06/2020
GST Registration No.	2019422240	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	11, WOODLAND STREET	Address 2	004 147	Address 3	00000000
Address 4		Address Type	Singapore address	Post Code	000000
Unit No.		Related Policy Number	0000000000		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	200401020
Unnamed driver Name	LEONG HIM FOODS PTE LTD	Driver NRIC	200401020	Driving Experience	00
Register Date of Driver License	00000000	Driver Age	00	Contact No. (Home)	0
Contact No. (Mobile)	00000000	Contact No. (Office)	0	Address 3	00000000
Address 1	00000000	Address 2	UPPER MERKON ROAD	Post Code	000000
Address 4	00000000	Address Type	Singapore address		
Unit No.	000000	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No				

Declaration		Any injury?	Yes No
Alcoholiser or Blood Test Reading?	0 mg		

Modification History

Claims 001 OD-MX **New**

Claim Type	OD-MX	Insured Name	LEONG HIM FOODS PTE. LTD.	In
Contact No. (Mobile)	98811904	Contact No. (Home)		Co
Email Address		Vehicle Number	GB1335B	Co
Claim Description	GB1335B / SUR642K ON 10 Aug 2020			TP

Preferred Workshop	Referenced	Tully at Fault	Referenced	Claim Close Date	11/06/2020 18:55
Workshop Finalisation	Repair Option	Workshop Name	Unknown	Workshop Repairer	RDSLINDA
Date Registered					
Report Taken By					

Print AK letter

Save Submit

Attachment

Accident No.	MT1099484	Claim No.	001
Last Doc. Retrieved	0 Yes No	Upload Date	11/06/2020 18:55

Choose File	No file chosen	Category	Please Select	Confidential	Yes No	Urgency	Normal
Choose File	No file chosen						
Choose File	No file chosen						

Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen

Clear Please Select Normal
 Clear Please Select Normal
 Clear Please Select Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_URI_8036601 NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Aug 2020 16:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-8-11
	NAC_PAYA_URI_8036601 NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Aug 2020 16:59	SAS	Normal	SAS 2020-8-11
	NAC_PAYA_URI_8036601 NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Aug 2020 16:59	Photos	Normal	Photos 2020-8-11
	NAC_PAYA_URI_8036601 NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Aug 2020 16:59	Photos	Normal	Photos 2020-8-11
	NAC_PAYA_URI_8036601 NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Aug 2020 16:59	Photos	Normal	Photos 2020-8-11
	NAC_PAYA_URI_8036601 NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Aug 2020 16:59	Photos	Normal	Photos 2020-8-11
	NAC_PAYA_URI_8036601 NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Aug 2020 16:59	Photos	Normal	Photos 2020-8-11
	NAC_PAYA_URI_8036601 NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Aug 2020 16:59	Photos	Normal	Photos 2020-8-11
	NAC_PAYA_URI_8036601 NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Aug 2020 16:59	Photos	Normal	Photos 2020-8-11
	NAC_PAYA_URI_8036601 NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Aug 2020 16:59	Photos	Normal	Photos 2020-8-11
	NAC_PAYA_URI_8036601 NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Aug 2020 16:59	Photos	Normal	Photos 2020-8-11

Video List

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