

NATIONAL Assessment Centre Services

Date In: 25/08/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20009000/13	SAS e-filing		
Veh No: G21539L	E-mail (within 8hrs, Aft 2hrs)		
D.O.A: 24/08/20 1330	I-Motor Claim Form	MT/1101247-001	
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: GBK8856M	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

NA2004434	Invoice Preparation Checklist		Amnt (\$)	Amnt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		In Bill	Add Bl
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			
	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:-			
	ON:			
QC Checked by (Engr-In-Charge):	*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 (N11) against INC \$20			
	9) N12: Idao 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	25/08/2020 17:51
Date Of Accident	24/08/2020 13:30
Exact Location Of Accident	GEYLANG RD SIDE CARPARK IN BETWEEN LOR 23 & 21
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ1539L
Insured/Policyholder	
Name Of Registered Owner	SIONG PERK RENOVATION CONTRACTOR
Co Reg No	3XXXX100B
Email Address	SIONGPORK@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-96716660

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L300
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5115002433
Cover Note Number	

Driver

Name of Driver	TEO TECK GUAN
NRIC No	SXXXX942F
Date Of Birth	23/08/1955
Occupation	OUTDOOR
Date Of Driving Pass	19/08/1974
Driving Experience	46 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96716660
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	40A CRANE RD
Postcode	429384
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE-PROPRIETOR
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

MY VEH WAS PARKED AT GEYLANG RD SIDE CARPARK IN BETWEEN LOR 23 & 21. WHEN THERE WAS NO ONCOMING VEH, I FILTERED OUT SUDDENLY VEH B FROM NOWHERE CAME AND COLLIDED ONTO MY VEH.

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	GBK8856M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHAN
NRIC/Passport Number	
Contact Number	97849743
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: 25-08-20

Driver's Signature

(If driver is not the policyholder)

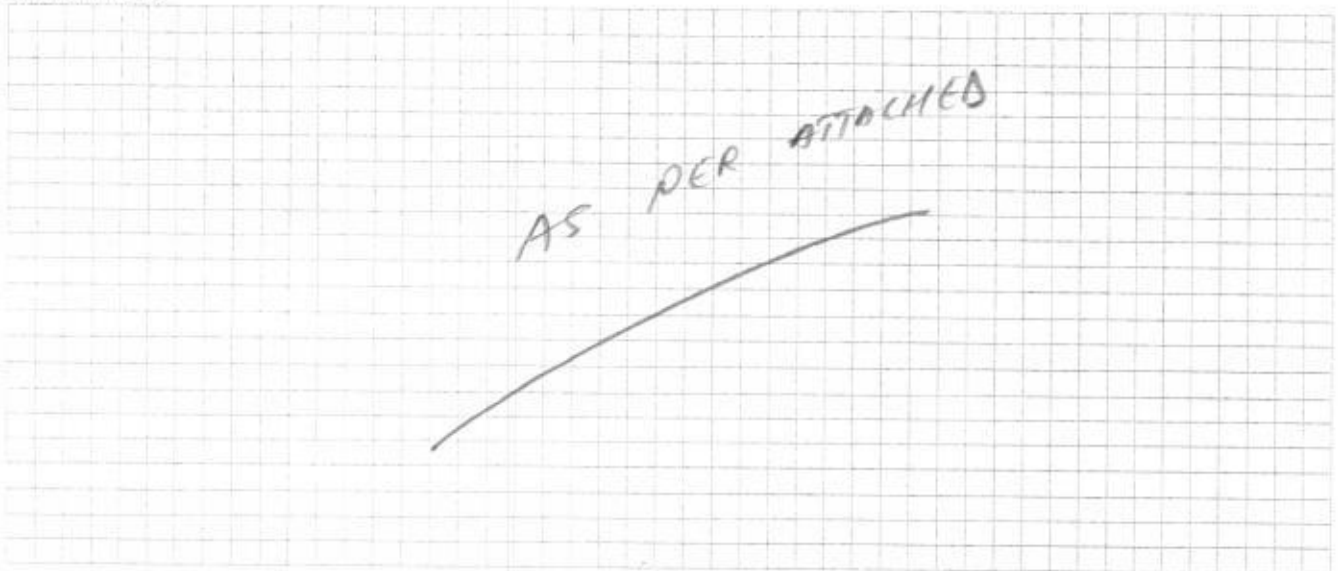
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the statement.

DECLARATION

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

Lee
Policyholder's Signature

Date & Time: *25-08-20*

Lee
Driver's Signature
(If driver is not the policyholder)

Date & Time:

Sym 25/08/20
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Google Maps 356 Geylang Rd

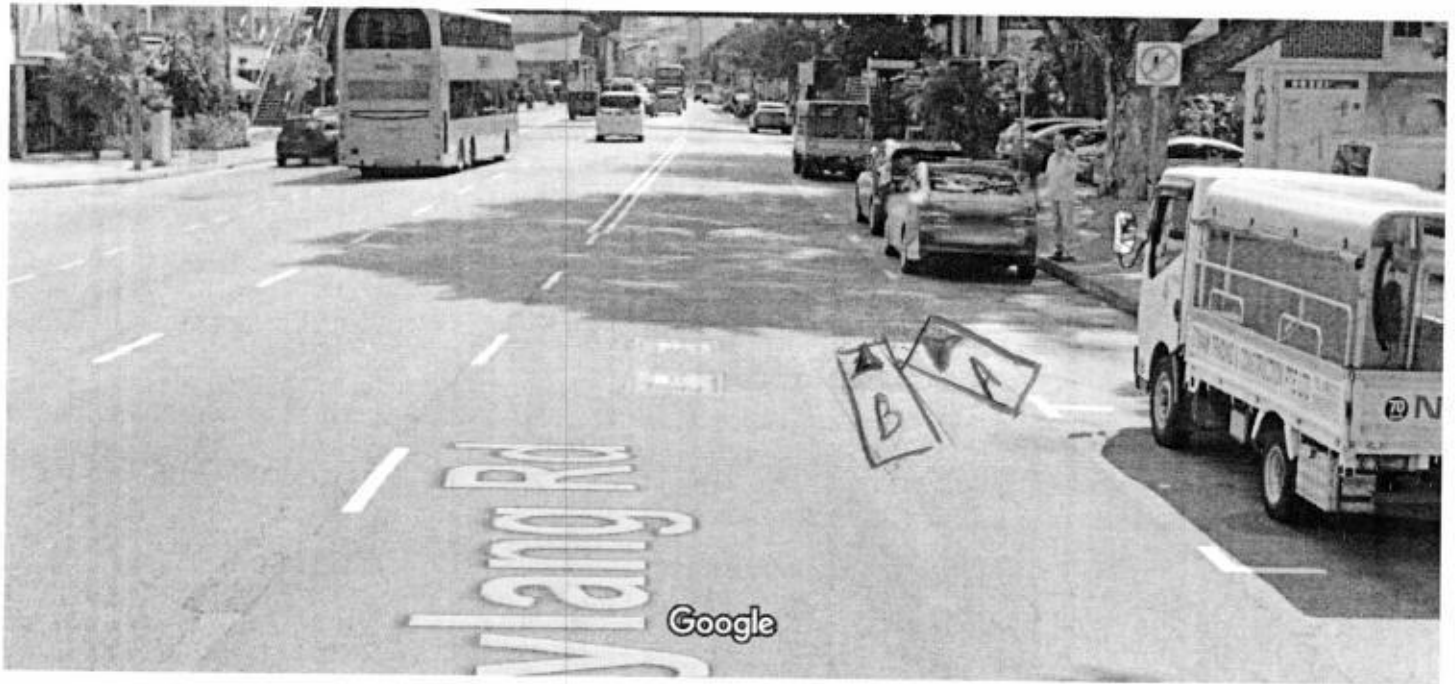


Image capture: Aug 2019 © 2020 Google

Singapore

Google

Street View



GEYLANG RD SIDE CARPARK IN BETWEEN
LOR 23 & 21

A - GZ1539L
B - GBK8856M

ACCIDENT STATEMENT

ACCIDENT DATE: (24/08/20) (DD/MM/YYYY), TIME: (13:30) (HH:MM)

LOCATION: 20R 21-23 GEYLANG RD, ^{SIDE} CARPARK LOT 17

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G21539L
b) INSURANCE COMPANY: NRIC
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MITSUBISHI L200
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: SIONG PERK RENOUATION (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 96716660
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TED TECK GUAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 96716660
c) ADDRESS:

* d) DATE OF BIRTH: (23/08/1955) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 19/08/1974

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: GBK8856M MODEL:
b) DRIVER'S NAME: CHAN
c) NRIC/FIN/PASSPORT: CONTACT: 97849743

9. THIRD PARTY VEHICLE

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

Email = siongperk@yahoo.com.sg

fax =

video =

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="25/08/2020 17:01"/>
Vehicle No.(For Motor)	<input type="text" value="GZ1539L"/>	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"/>	5115002433		SIONG PERK RENOVATION CONTRACTOR	362691008	GCV	Third Party	GZ1539L	GZ1539L	03/01/2020	02/01/2021

Claim Handling

Accident MT/1101247

Policy No.	5115002433	Vehicle No.	GZ1539L	GST Registration No.	NA
Certificate No.					
Policyholder Name	SIONG PERK RENOVATION CONTRACTOR			Policyholder NRIC	36269100B
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96716660	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(%)	20	Private Hire	No

▼ Accident Details

Report Date	26/08/2020 11:09	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	24/08/2020	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GEYLANG RD SIDE CARPARK IN BETWEEN LOR 23 & 21				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	Driver is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	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	26/08/2020 11:12:29 System changed GST Registered from Yes to No 26/08/2020 11:12:29 System changed GST Registration No. from NA to null 26/08/2020 11:12:29 System changed GST Registration Date from 01/01/2015 to null		

▼ Policyholder Mailing Address

Address 1	40A CRANE ROAD	Address 2	SINGAPORE 429384	Address 3	
Address 4		Address Type	Singapore address	Post Code	429384
Unit No.		Related Policy Number	5115002433		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TEO TECK GUAN	Driver NRIC	S1124942F	Driver DOB	23/08/1955
Register Date of Driver License	19/08/1974	Driver Age	65	Driving Experience	46
Contact No.(Mobile)	96716660	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	40A CRANE ROAD	Address 2	SINGAPORE 429384	Address 3	
Address 4		Address Type	Singapore address	Post Code	429384
Unit No.					
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 New

Claim Type *	OD-MX	Insured Name	SIONG PERK RENOVATION CON	Insu NRI	
Contact No.(Mobile)	97616660	Contact No. (Home)		Cont No. (Off)	
Email Address		Vehicle Number	GZ1539L	TP Vehi Num	
Claim Description	GZ1539L / GBK8856M ON 24 Aug 2020				
Preferred Workshop	Insured Liability	Fully at Fault		Nam Prefi Worl	
Workshop No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	26/08/2020 11:14
Report Taken By					ROSLINDA
<input type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1101247	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/08/2020 11:14		
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

Choose File No file chosen

Choose File No file chosen

Multiple Upload

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) o 26 Aug 2020 11:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-8-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Aug 2020 11:14	SAS	Normal	SAS 2020-8-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Aug 2020 11:14	Photos	Normal	Photos 2020-8-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Aug 2020 11:14	Photos	Normal	Photos 2020-8-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Aug 2020 11:14	Photos	Normal	Photos 2020-8-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Aug 2020 11:14	Photos	Normal	Photos 2020-8-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Aug 2020 11:14	Photos	Normal	Photos 2020-8-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Aug 2020 11:14	Photos	Normal	Photos 2020-8-26

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading