

NATIONAL Assessment Centre Services.

Unit 1 Jan 2003

MM 4200 82895

Date In: 17/09/2020 16:05

Ref No: 2/8/INC2000/003/4

Veh No: GPC 1729Z

DOA: 17/09/2020 09:57

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (Update sheet, AIO sheet)

I-Motor Claims Form

I-Motor W/O (with: OD sheet, TP sheet)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/Witness

(1) TP Reporting Only

TP Insurer:

Preferred Wkep / INC Assign Wkep / OW: (

Tel:

Fax:

TP Particulars:

Veh No:

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 ()

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

NIA 2004/966

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Vehicle Condition:

Ref:

2/4

1) All: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100)

3) TP: Towing Fee \$40/45

4) PT: Follow-Through Survey \$120

5) PF: Follow-Through Survey (Resurvey) \$30

6) TR: Re-inspection \$75

7) NI: Idea DA + EMRT Survey \$140

8) NIUC Additional Services

ON:

*NI: Courtesy Car / Tpl Allowance \$5

*NI: Repair Coordination \$10

*NI: Post Repair Inspection \$25

*NI: DV / Collect Excess Coordination \$3

TE (NI) : TP (NI) INC against NIUC \$10

*NI: Idea Mobile \$0

Invoice dated

Invoice dated

Fee Charged

Fee Charged

MM 4200 82895

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	17/09/2020 16:05
Date Of Accident	17/09/2020 09:55
Exact Location Of Accident	WOODLANDS AVE 9 SLIP RD TOWARDS WOODLANDS AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1729Z
Insured/Policyholder	
Name Of Registered Owner	AZETEK ENGINEERING PTE. LTD.
Co Reg No	2XXXXX083E
Email Address	XIONGQING@AZETEK.COM.SG
Mobile Phone No	(LOCAL) +65-92404494
Alternative Phone No	OFFICE-92404494

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5107075413-01
Cover Note Number	

Driver

Name of Driver	LEE XIONG QING
NRIC No	GXXXX579Q
Date Of Birth	12/10/1991
Occupation	OUTDOOR
Date Of Driving Pass	28/04/2016
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92404494
Fax Number	
Contact Number	OTHERS-92404494
Email Address	XIONGQING@AZETEK.COM.SG

Address	BLK 331 JURONG EAST AVENUE 1 #10-1724
Postcode	600331
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	COLLISION - HEAD TO REAR
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

PLEASE REFER TO SKETCH PLAN

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	GBC2348U
Vehicle Make/Model/Colour	MITSHUBISHI
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LI SHVOLEI
NRIC/Passport Number	GXXXX654U
Contact Number	92208966
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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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:



GIA RECORDS MANAGEMENT CENTRE

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

17/9/2020
2.35pm

Reporting Centre Personnel's Signature

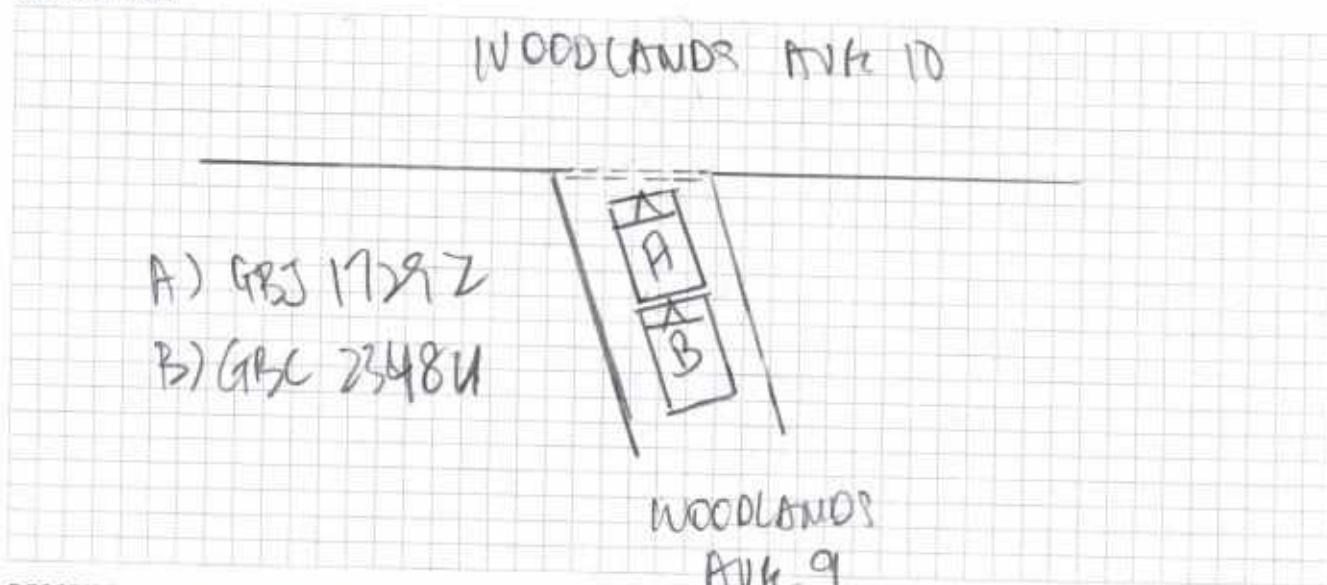
Name:

NRIC/FIN No.:

17/09/2020

Resh/107AA03

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I wait to turn from ~~the~~ woodlands ave 9 to woodlands ave 10, the van hit my van from behind, around 10.00 a.m.

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: 17/9/2020

235p.m

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



17/9/2020
[Signature]
[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: (17/9/2020) (DD/MM/YYYY), TIME: (09:58) (HH:MM)

LOCATION: Woodlands Ave 9

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ17292
b) INSURANCE COMPANY:
c) POLICY NUMBER:
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: 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: Azetek Engineering Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lee Xiong Png (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 62632579Q CONTACT: 92404494
c) ADDRESS: Blk 331 #10-1724 Swong East Aled Singapore 600331

* d) DATE OF BIRTH: (12/10/1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28 Apr 2016

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: GBC23484 MODEL: MITSUBISHI
b) DRIVER'S NAME: LI SHUOLEI
c) NRIC/FIN/PASSPORT: 67792654V CONTACT: 92208966

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)
(1)

* No of passenger
(Including driver)
()

Email: xiongping@azetek.com.sg
VIDEO kenny@azetek.com.sg

Claim Handling

Accident MT/1103719

Policy No.	5107075413-01	Vehicle No.	GB17292	GST Registration No.	No
Certificate No.					
Policyholder Name	AZETEK ENGINEERING PTE. LTD.	Cover Type	Preferred Workshop Plan	Policyholder NRIC	200608083E
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No. (Office)		Working	3
Contact No. (Mobile)	92404496	Contact No. (Home)		eCode	No
Email Address		Special Remarks		eCode Reason	
MP	No	TCA	No	Priority RTR	No
NCD Protection	No	NCD Entitlement(N)	28		

Accident Details

Report Date	17/09/2020 16:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	17/09/2020	Time of Accident (Hour)	09:55	Country of Accident	Singapore
Reporting Centre		Orange Force		SCW No.	
Accident Location	WOODLANDS AVE 9 SLIP RD TOWARDS WOODLANDS AVE 10				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	150.00	Driver X Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
VIED OD Excess	0.00	VIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/12/2013
GST Registration No.	200608083E	GST Status Verified	Yes
Modification History	17/09/2020 16:36:17 System changed GST Registration No. from NA to 200608083E 17/09/2020 16:36:17 System changed GST Registration Date from 01/01/2020 to 01/12/2013 17/09/2020 16:36:17 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	34 BOON LAY TERRACE	Address 2	XGB18A	Address 3	SINGAPORE 110416
Address 4		Address Type	Singapore address	Post Code	119906
Unit No.		Related Policy Number	509183311-05		

Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	12/10/1991
Unnamed driver Name	LEE KIONG QING	Driver NRIC	S26324790	Driving Experience	9
Register Date of Driver License	28/04/2016	Driver Age	28	Contact No. (Home)	
Contact No. (Mobile)	92404496	Contact No. (Office)		Contact No. (Home)	
Address 1	8UK 331 #10-1724	Address 2	JURONG EAST AVENUE 1	Address 3	SINGAPORE 606731
Address 4		Address Type	Foreign address	Post Code	606731
Unit No.	10-1724	Driver Vehicle No.	GB17292	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes No				

Declaration

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

Claim 001 New

Client Type *

Contact No. (Mobile)

Email Address

Client Description

Preferred Workshop	Insured Liability	Not at Fault	Insured Name	AZETEK ENGINEERING PTE. LTD.	Insured NRIC	200608083E
Remit No. Evaluation	Insured	Preferred Workshop, Name (optional)	Contact No.	92404496	Contact No. (Office)	
Date Registered	Accepted	GIA report	OT	92404496	TP	

Report Taken By

Print AC Letter

Attachment

Accident No.	MT/1103719	Claim No.	901
Lost Doc. Received	Yes No	Upload Date	17/09/2020 16:32

Choose File	No file chosen	Clear	Category *	Confidential	Urgency *	Description *
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	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Reg Sent? (CO)
NAC_PWA_MPL_000001 NATIONAL ASSESSMENT CENTRE SERVICES) e	h 17 Sep 2020 16:52	Photos	Normal	Photos 2020-9-17	

Video List	Upload By/Data	Folder Name	File Name	Source
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 0 17 Sep 2020 16:54	Photos	Normal	Photos 2020-9-17
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 0 17 Sep 2020 16:51	Photos	Normal	Photos 2020-9-17
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 0 17 Sep 2020 16:51	Photos	Normal	Photos 2020-9-17
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 0 17 Sep 2020 16:52	Photos	Normal	Photos 2020-9-17
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 0 17 Sep 2020 16:51	Photos	Normal	Photos 2020-9-17
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 0 17 Sep 2020 16:51	Photos	Normal	Photos 2020-9-17
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 0 17 Sep 2020 16:51	Photos	Normal	Photos 2020-9-17
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 0 17 Sep 2020 16:51	Photos	Normal	Photos 2020-9-17
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 0 17 Sep 2020 16:51	Photos	Normal	Photos 2020-9-17
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 0 17 Sep 2020 16:51	Photos	Normal	Photos 2020-9-17
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 0 17 Sep 2020 16:51	Photos	Normal	Photos 2020-9-17
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 0 17 Sep 2020 16:51	Photos	Normal	Photos 2020-9-17
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 0 17 Sep 2020 16:50	Photos	Normal	Photos 2020-9-17
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 0 17 Sep 2020 16:50	Photos	Normal	Photos 2020-9-17
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 0 17 Sep 2020 16:50	Photos	Normal	Photos 2020-9-17
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 0 17 Sep 2020 16:50	Photos	Normal	Photos 2020-9-17
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 0 17 Sep 2020 16:50	BRIC Driving License	Y	Normal
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 0 17 Sep 2020 16:50	SAS	Normal	SAS 2020-9-17

Hello, NAC_PAYA_UBI_800601

[My Desktop](#)[Notice of Loss](#)[Change Language](#)[Change Password](#)[Log Out](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="17/09/2020 14:28"/>
Vehicle No.(For Motor)	<input type="text" value="GBJ1729Z"/>	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"/>	S107075413-01		AZETEK ENGINEERING PTE. LTD.	200608083E	GCV	Preferred Workshop Plan	GBJ1729Z	GBJ1729Z	18/01/2020	17/01/2021