

NATIONAL Assessment Centre Services

[Ref: J21102]

Date In: 18/09/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20010019/13	SAS e-filing		
Veh No: GBH3757P	E-mail (within 8hrs, ABC 2hrs)		
D.O.A: 17/09/20 1130	i-Motor Claim Form	MT/1103777 -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: (RYDER	Tel:	Fax:
TP Particulars:	Veh No: XD7745H	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

NA2004926	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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:		
	OD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n INC) against INC \$20		
	9) N12: Idao Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 2/3:			

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 willful 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	18/09/2020 09:21
Date Of Accident	17/09/2020 11:30
Exact Location Of Accident	CTE TWDS PIE CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3757P
Insured/Policyholder	
Name Of Registered Owner	ISO-LANDSCAPE PTE. LTD.
Co Reg No	2XXXXX843C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92717589
Alternative Phone No	OFFICE-92287215

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	5100250301-02
Cover Note Number	

Driver

Name of Driver	TING KION CHIANG
NRIC No	SXXXX793Z
Date Of Birth	27/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	28/02/2005
Driving Experience	15 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92717589
Fax Number	(LOCAL) +65-92287215
Contact Number	
EMail Address	NOEMAIL

Address	BLK 625B WOODLANDS DRIVE 52 #08-41
Postcode	732625
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?	YES
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	XD7745H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TING KION CHIANG
------	------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

GBH3757P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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.

X

Policyholder's Signature
Date & Time:

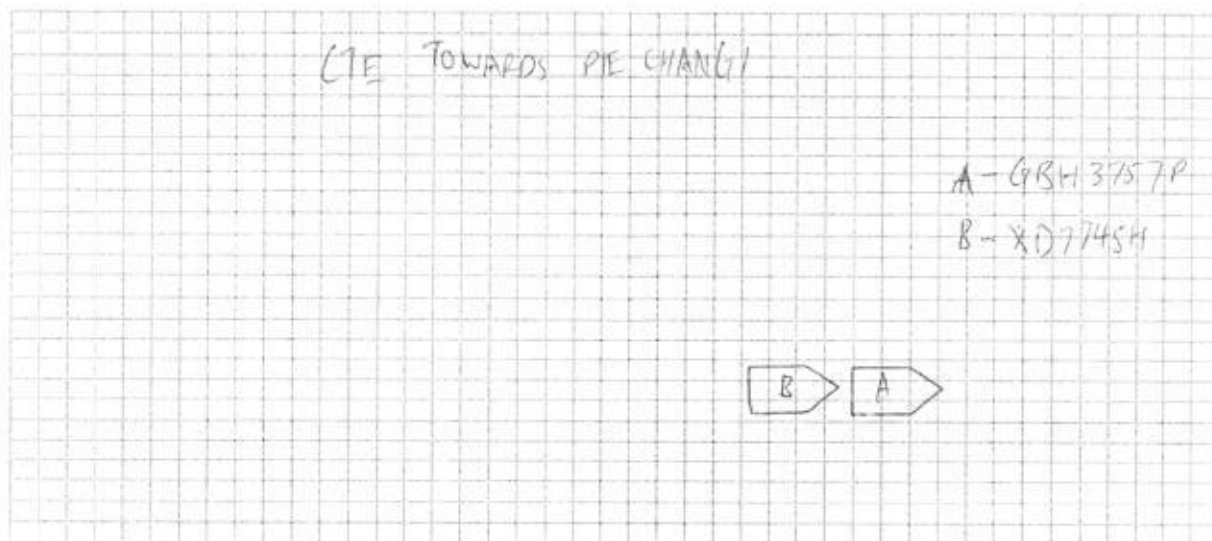
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

18/09/20

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG CTE TOWARDS PIE CHANGI ON MY LANE. SUDDENLY, VEHICLE B BANG MY VEHICLE.

DECLARATION

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


X 

Policyholder's Signature
Date & Time:



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



 18/09/20

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

Accident Reporting Draft

VEHICLE NO: GBH3757P

MODEL: TOYOTA DYNA

DATE OF ACCIDENT	17/9/2020		
TIME OF ACCIDENT	1130	HRS	AM/PM
LOCATION OF ACCIDENT	CTE TOWARDS PIE CHANGI		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	ISO-LANDSCAPE PTE LTD		
CONTACT NO.	92287215, 92717589		
NRIC	200706843G		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P		
INSURANCE CO.	NTUC		
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: TING KION CHIANG		
NRIC	S7266793Z	ANY PASSENGER: 0	
DATE OF BIRTH			
OCCUPATION	OUTDOOR / INDOOR		
DATE OF DRIVING PASS			
GENDER	MALE / FEMALE		
CONTACT NO.	92287215, 92717589	OFFICE:	HOME:
ADDRESS	8 CHANGI NORTH STREET 1 TSK BUILDING S(498829)		
DRIVER HAVE ANY OWN VEHICLE	NO / IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE / IF NO:		
WEATHER CONDITION	<u>CLEAR</u> / RAINY / OTHER: CLEAR		
ROAD SURFACE	<u>DRY</u> / WET / OTHER: DRY		
ANY INJURIES	NO / IF <u>YES</u> <i>Driver</i>		
CONTACT NO.			
POLICE REPORT	NO / IF YES:		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	XD7745H	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.		ANY PASSENGER:	
VEHICLE D NO.		ANY PASSENGER:	
VEHICLE E NO.		ANY PASSENGER:	
VEHICLE F NO.		ANY PASSENGER:	
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;"> Ryder Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277 </div>		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			

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="17/09/2020 11:30"/>
Vehicle No. (For Motor)	<input type="text" value="GBH3757P"/>	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"/>	5100250301-02		ISO-LANDSCAPE PTE. LTD.	200706843C	GCV	Comprehensive	GBH3757P	GBH3757P	02/05/2020	01/05/2021

Claim Handling

Accident MT/1103777

Policy No.	5100250301-02	Vehicle No.	GBH3757P	GST Registration No.	200706843
Certificate No.					
Policyholder Name	ISO-LANDSCAPE PTE. LTD.			Policyholder NRIC	200706843
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	92717589	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	18/09/2020 09:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - P
Date of Accident	17/09/2020	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS PIE CHANGI				

Total Excess Applicable

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

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	21/05/2007
GST Registration No.	200706843C	GST Status Verified	Yes
Modification History	18/09/2020 09:50:19 System changed GST Registration Date from 01/01/2015 to 21/05/2007 18/09/2020 09:50:19 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	8 CHANGI NORTH STREET 1	Address 2	ISOTEAM BUILDING	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	498829
Unit No.		Related Policy Number	5100250301-02		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TING KION CHIANG	Driver NRIC	S7266793Z	Driver DOB	27/08/197
Register Date of Driver License	28/02/2005	Driver Age	48	Driving Experience	15
Contact No.(Mobile)	92287215	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 625B	Address 2	WOODLANDS DRIVE 52	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	732625
Unit No.	#08-41				
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	ISO-LANDSCAPE PTE. LTD.	In- NF
Contact No.(Mobile)	91770752	Contact No.(Home)	NIL	Co- NC (O
Email Address		Vehicle Number	GBH3757P	TP- Ve- Nc
Claim Description	GBH3757P / XD7745H QN 17 Sept 2020			Na- Pn- WK
Preferred Workshop		Insured Liability	Not at Fault	
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Finalisation	Yes		Received	
Date Registered	18/09/2020 09:52	Claim Close Date		De- Re
Report Taken By	ROSINDA	Workshop Repairer		To- bu- Re

Print AK letter

Save Submit

Attachment

Accident No.	MT/1103777	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/09/2020 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear

Please Select

Confidential

NO

Urgency *

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

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

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Sep 2020 09:52	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Sep 2020 09:52	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Sep 2020 09:52	SAS		Normal	SAS 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Sep 2020 09:52	Photos		Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Sep 2020 09:52	Photos		Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Sep 2020 09:52	Photos		Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Sep 2020 09:52	Photos		Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Sep 2020 09:52	Photos		Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Sep 2020 09:52	Photos		Normal	Photos 2020-9-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Sep 2020 09:52	Photos		Normal	Photos 2020-9-18

Video List

Uploaded By/Date

Folder Date

File Name

Source

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