

NATIONAL Assessment Centre Services.

MAH 20082507

Date In: 22/09/2020 16:54	Job description	Date & Time Completed	Done by
Ref No: N/A/20082507/0175/4	SAS e-filing		
Veh No: SGL 5506 D	E-mail (Update sheet, AIC sheet)		
D.O.A: 21/09/2020 15:15	1-Motor Claims Form	22/09/2020	17:11
OD: TP / Reporting Only	1-Motor W/O (With/Out OD sheet, TP sheet)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SGL 5506 D	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 repair.		
() 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 > \$9000] ()		

Injury: ()	
Other: ()	

NA 20082508	1) All: Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$40/45
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PF: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey)	\$75
	6) TL: Re-inspection	\$160
	7) NI: 1000 DA + EMRT Survey	
	8) NI/UC Additional Services:	
	ON:	
	* NI: Courtesy Car / Tpt Allowance	\$3
	* NI: Repairs Coordination	\$10
	* NI: Post Repair Inspection	\$25
	* NI: DV / Collect Excess Coordination	\$3
	TP (NI): PF (NI/UC) replace 5-6	\$30
	9) NI: 1000 Mobile	
	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	22/09/2020 16:54
Date Of Accident	21/09/2020 15:15
Exact Location Of Accident	AYE TOWARDS JURONG NEAR NUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL5506D
Insured/Policyholder	
Name Of Registered Owner	J&N TRANSPORTS
Co Reg No	5XXXX336W
Email Address	RUTHERN74@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88174945
Alternative Phone No	OFFICE-88174945

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
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	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	5103898581-02
Cover Note Number	

Driver

Name of Driver	WONG KOK CHENG (HUANG GUOZHENG)
NRIC No	SXXXX587Z
Date Of Birth	30/12/1972
Occupation	OUTDOOR
Date Of Driving Pass	26/03/2003
Driving Experience	17 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88174945
Fax Number	
Contact Number	OTHERS-88174945
Email Address	RUTHERN74@GMAIL.COM

Address	BLK 471 JURONG WEST STREET 41 #10-509
Postcode	640471
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : PASSANGER GENDER: : FEMALE

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	SGW7078B
Vehicle Make/Model/Colour	TOYOTA SIENTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG
NRIC/Passport Number	
Contact Number	98203738
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.

14.25 pm.

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.:

AYK POWERS JAMES NIKAR NUS

A) SGL 5506D

B) SGL 7078 B

FRONT CAR SKID

Date : 21/09/2020
Time : 15.15pm

On this days, it was Raining Very Hardly on AYE Expressway that time, the traffic was, Jam, and I was going speed about 50km-60km/hr to Woods Jurong Town Hall, I was at the first lane out of suddenly in front of me this Toyota Santa SGW-7078B stop I was at a safe distancing But, My Car Skip toward his Car and Knock his Back, I think the Road was Slippery.

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

Date & Time:

(If driver is not the policyholder)

Date & Time:

Name: _____

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 21/09/2020 (DD/MM/YYYY), TIME: 15:15 PM (HH:MM)

LOCATION: AYE Express Way Towards Jurong NGR NMC

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGL-5506D
b) INSURANCE COMPANY: NTC
c) POLICY NUMBER: 5103898581-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA Wish 1.8
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: 15:15 PM 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: J&N Transport (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53313336 W CONTACT: 88174945
c) ADDRESS: Blk 421, Jurong West St 41 #10-509

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wong Kok Chuan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 52249582/2 CONTACT: 88174945
c) ADDRESS: Blk 421 Jurong West St 41

* d) DATE OF BIRTH: 30/01/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 26/03/2003

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: NIL

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGW 7078B MODEL: TOYOTA - Santa
b) DRIVER'S NAME: Wong
c) NRIC/FIN/PASSPORT: CONTACT: 9820 3738

9. THIRD PARTY VEHICLE

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

Email = ruthern74@gmail.com
VIDEO

Claims Handling

Accident HT/1104227

Policy No.	510389581-02	Vehicle No.	SGL5506D	GST Registration No.	53313336W
Certificate No.					
Policyholder Name	JAN TRANSPORTS	Cover Type	Third Party	Policyholder NRIC	53313336W
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	88174945	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	Nil
KFK	No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Nil			Private Hire	Yes

Accident Details

Report Date	22/09/2020 17:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/09/2020	Time of Accident hh:mm	15:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE TOWARDS JURONG NEAR NUS				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
DED OD Excess	0.00	DED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	22/09/2020 17:04:19 System changed GST Registered from Yes to No 22/09/2020 17:04:19 System changed GST Registration No. from 53313336W to null 22/09/2020 17:04:19 System changed GST Registration Date from 13/08/2015 to null				

Policyholder Mailing Address

Address 1	BLK 471 #10-509	Address 2	JURONG WEST STREET 41	Address 3	SINGAPORE 640471
Address 4		Address Type	Singapore address	Post Code	640471
Unit No.	10-509	Related Policy Number	510389581-02		

OI Driver Info

Driver Name	WONG KOK CHENG	Driver Type	Main Driver	Driver DOB	30/12/1972
Unnamed driver Name		Driver NRIC	S7249587Z	Driving Experience	17
Register Date of Driver License	26/03/2003	Driver Age	47	Contact No.(Home)	
Contact No.(Mobile)	88174945	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SGL5506D	Driver Insurer Company	NTUC

Declaration

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

Claim 001 New

Claim Type *	OD-RX	Insured Name	JAN TRANSPORTS	Insured NRIC	53313336W
Contact No.(Mobile)		Contact No.(Home)	Nil	Contact No.(Office)	
Email Address		Vehicle Number	SGL5506D	TP Vehicle Number	SGW7078B
Claim Description	SGL5506D / SGW7078B ON 21 Sept 2020			Name of Preferred Workshop	
Preferred Workshop Finalisation	Yes	Insured Liability	Fully at Fault	GIA report	Received
Date Registered	22/09/2020 17:10	Claim Close Date		Date Received	22/09/2020 00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	HT/1104227	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/09/2020 17:11		
Path *		Category *	Confidential	Urgency *	Description *
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	

Send Mail

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o	n 22 Sep 2020 17:11	Photos	Normal	Photos 2020-9-22	

	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ n 22 Sep 2020 17:11	Photos	Normal	Photos 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ n 22 Sep 2020 17:11	Photos	Normal	Photos 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ n 22 Sep 2020 17:11	Photos	Normal	Photos 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ n 22 Sep 2020 17:11	Photos	Normal	Photos 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ n 22 Sep 2020 17:11	Photos	Normal	Photos 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ n 22 Sep 2020 17:11	Photos	Normal	Photos 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ n 22 Sep 2020 17:11	Photos	Normal	Photos 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ n 22 Sep 2020 17:10	Photos	Normal	Photos 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ n 22 Sep 2020 17:10	Photos	Normal	Photos 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ n 22 Sep 2020 17:10	Photos	Normal	Photos 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ n 22 Sep 2020 17:10	Photos	Normal	Photos 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ n 22 Sep 2020 17:10	NRIC/ Driving License	Y	NRIC/ Driving License 2020-9-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ n 22 Sep 2020 17:10	SAS	Normal	SAS 2020-9-22

Video List

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

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="21/09/2020 16:53"/>							
Vehicle No.(For Motor)	<input type="text" value="SGL5506D"/>	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"/>	5103898581-02		J&N TRANSPORTS	53313336W	GPC	Third Party	SGL5506D	SGL5506D	20/09/2020	19/09/2021
<input type="button" value="Continue"/>										