

NATIONAL Assessment Centre Services. (ver 1 Jan'08)

NA 2006192

Date In:	Job description	Date & Time Completed	Done by
23/11/2020 18:33	SAS e-filing		
Ref No: NBS/INC20012914/V	E-mail (3 jobs, AIG 2 jobs)		
Veh No: CBE 7823X	I-Motor Claim Form	24/11/2020	
D.O.A: 23/11/2020 11:15	I-Motor W/O (With: OD 3hrs, TP 4hrs)		10:16
OID: TP: Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whizz		

Preferred Wkep / INC Assign Wkep / OW: () Toll: () Fax: ()

TP Particulars: Vch No: SMD 5786H INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Use Status (WO): N: 0-20%; P: 21-79%; F: 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 > \$3000) ()

Injury: _____

Item	Amount	Notes
1) All Accident Reporting (\$30)		
2) DA / Damage Assessment (\$100)	INC (\$10)	
3) TP / Towing Fee	\$40/\$45	
4) PT / Follow-Through Survey	\$120	
5) PT / Follow-Through Survey (Resurvey)	\$30	
6) TT / Re-inspection	\$75	For claiming against INC only (ver 10 Jan 2008)
7) NI / ICAV DA + EMRT Survey	\$160	
8) NIUC Additional Services		
9) NIUC		
* NIUC Courtesy Car / Tpl Allowance	\$31	
* NIUC Repairs Coordination	\$23	
* NIUC Post Repair Inspection	\$31	
* NIUC DV / Collect Excess Coordination	\$20	
* NIUC TE (NIUC) TP (RVA INC) against LMG	\$0	
9) NIUC Idea Mobile		

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Watch Co:

Sal. L:

2/3

Fee Charged
Invoice dated

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	23/11/2020 18:33
Date Of Accident	23/11/2020 11:15
Exact Location Of Accident	ALEXANDRA VILLAGE OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE7823X
Insured/Policyholder	
Name Of Registered Owner	CHINATOWN TAI CHONG KOK CONFECTIONERY HUE KEE
Co Reg No	3XXXX800A
Email Address	CHINATOWNHUEKEE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96635228
Alternative Phone No	OFFICE-65478846

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088445242-03
Cover Note Number	

Driver

Name of Driver	THAM WENG HUE
NRIC No	SXXXX432H
Date Of Birth	27/11/1943
Occupation	OUTDOOR
Date Of Driving Pass	16/07/1977
Driving Experience	43 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96635228
Fax Number	
Contact Number	OFFICE_65478846

- Address	49 CROWHURST DRIVE
Postcode	1955
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	COLLIDED INTO PARKED VEHICLE
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)	2
Passenger 1	NAME: : WIFE 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	SMD5786H
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CONNIE
NRIC/Passport Number	
Contact Number	93379232
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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 (GIAS) 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 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.

牛車水大中國餅家(餘記)
CHINATOWN TAI CHONG KOK CONFECTIONERY
HUE KEE



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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 23/11/2020 (DD/MM/YYYY), TIME: 11:15 (HH:MM)

LOCATION: Alexandra Village Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 7823X
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Dyna
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: delivery
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: Chinatown Tai Chay Koks Confectionery Hye Kee (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S0317432H CONTACT: 65478846
C) ADDRESS: _____

39180800A ←

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tham Weng Hue (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0317432H CONTACT: 65478846
c) ADDRESS: _____

*d) DATE OF BIRTH: 27/11/1943 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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: _____

B. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SMD 5786H MODEL: Honda Vezel

b) DRIVER'S NAME: Connie

c) NRIC/FIN/PASSPORT: _____ CONTACT: 93379232

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

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

+ wife

*No of passengers

(Including driver)

(2)

96635228

*No of passenger

(Including driver)

(2)

*No of passenger

(Including driver)

()

email = chinatown hweker@yahoo.com.sg

VIDEO

Claim Handling

Accident MT/1111185

Policy No.	5088445242-03	Vehicle No.	GBE7823X	GST Registration No.
Certificate No.				
Policyholder Name	CHINATOWN TAI CHONG KOK CONFECTIONERY HUE KEE			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	96635228	Contact No.(Office)	65478846	Contact No.(Home)
Email Address		Special Remark		eCode
KFR	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	15	Private Hire

▼ **Accident Details**

Report Date	24/11/2020 10:10	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/11/2020	Time of Accident (hh:mm)	11:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALEXANDRA VILLAGE OPEN CARPARK			

▼ **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?
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	Yes	GST Registration Date	01/08/2014
GST Registration No.	39180800A	GST Status Verified	Yes
Modification History	24/11/2020 10:14:23 System changed GST Registered from No to Yes 24/11/2020 10:14:23 System changed GST Registration No. from null to 39180800A 24/11/2020 10:14:23 System changed GST Registration Date from null to 01/08/2014		

▼ **Policyholder Mailing Address**

Address 1	BLK 1006 #01-02/04	Address 2	ALJUNIED AVENUE 5	Address 3
Address 4	SINGAPORE 389887	Address Type	Singapore address	Post Code
Unit No.	01-04	Related Policy Number	5088445242-03	

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	THAM WENG HUE	Driver NRIC	50317432H	Driver DOB
Register Date of Driver License	16/07/1977	Driver Age	76	Driving Experience
Contact No.(Mobile)	96635228	Contact No.(Office)	65478846	Contact No.(Home)
Address 1	49 CROWHURST DRIVE	Address 2	# SERANGOON GARDEN ESTAT	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	GBE7823X	Driver Insurer Comp.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type	OD-MX	Insured Name	CHINATC
Contact No.(Mobile)	96635228	Contact No.(Home)	
Email Address		OI Vehicle Number	GBE7823
Claim Description	GBE7823X / SMD5786H ON 23 Nov 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered	24/11/2020 10:15	GIA report	Received
		Claim Close Date	

Report Taken By

ROSLI WAHAB

Print AK letter

Attachment

Accident No. MT/1111185 Claim No. 001
 Last Doc. Received Yes No Upload Date 24/11/2020 10:16

Path *

- No file chosen

Category *

Confidential

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Nov 2020 10:16	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Nov 2020 10:16	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Nov 2020 10:16	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Nov 2020 10:16	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Nov 2020 10:16	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Nov 2020 10:16	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Nov 2020 10:16	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Nov 2020 10:16	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Nov 2020 10:16	Photos		Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Nov 2020 10:15	NRIC/ Driving License	Y	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Nov 2020 10:15	NRIC/ Driving License	Y	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Nov 2020 10:15	NRIC/ Driving License	Y	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Nov 2020 10:15	SAS		Normal	SAS 20f

Video List

Uploaded By/Date	Folder Date	File Name	
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Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident
 Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088445242-03		CHINATOWN TAI CHONG KOK CONFECTIONERY HUE KEE	39180800A	GCV	Comprehensive	GBE7823X	GBE7823X	28/03/2020	27/03/2021

Continue