

# NATIONAL Assessment Centre Services.

Just 1 Jan 2003

NA2006329

Date In: 25/11/2020 11:24	Job description	Date & Time Completed	Done by
Ref No: N/A / 200029934	SAS e-illing		
Veh No: 9BB 1816Y	E-mail (by date time, AIG time)		
D.O.A: 25/11/2020 08:00	I-Motor Claims Form	25/11/2020 11:47	
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / OW: (	Tel:	Fax:
TP Principal:	INC ( ) / Non-INC ( )	
Owner / Driver: (	Tel:	
Policy No: ( )	Cover Type: ( )	
Period: ( )		

Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( )	% [Note-Test 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 > \$3000]		

Injury: ( )

Damage: ( )

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

QC Checked by (Engr-In-Charge): ( )

NA2006329	1) AIL: Accident Reporting (\$30)	INC (30)
	2) DA: Damage Assessment (\$100)	INC (100)
	3) TP: Towing Fee	\$120
	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: New DA + SMRT Survey	\$160
	8) NTUC Additional Services	
	ON:	
	• NI: Courtesy Car / Tpl Allowance	\$3
	• NI: Repairs Coordination	\$25
	• NI: Post Repair Inspection	\$3
	• NI: DV / Collect Excess Coordination	\$20
	• NI: TP (Form INC) against LNC	\$0
	• NI: With Idea Mobile	
	Invoice dated	
	Invoice dated	
	Fee Charged	
	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 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	25/11/2020 11:24
Date Of Accident	25/11/2020 08:00
Exact Location Of Accident	PRINT MEDIA HUB @ 61 TAI SENG AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB1816Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EDEN NEWS AGENCY
Co Reg No	4XXXX300E
Email Address	YEOHHEEHEW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91471622
Alternative Phone No	OFFICE-91471622

### 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	THIRD PARTY
Fleet Policy	NO
Policy Number	5112834264-01
Cover Note Number	

### Driver

Name of Driver	TEOH HEE HAW
NRIC No	SXXXX583J
Date Of Birth	21/02/1976
Occupation	OUTDOOR
Date Of Driving Pass	03/05/2014
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91471622
Fax Number	
Contact Number	OTHERS-01471622

Address:	BLK 2 JALAN BUKIT MERAH #09-5168
Postcode	150002
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 (TYPE OF COLLISION IS DAMAGE WHILE REVERSING)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

#### Details of Witness 1

Name	HAZEL
Phone Number	92359150
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX4077J
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SI HAO
NRIC/Passport Number	SXXXX138F
Contact Number	97988515

- \* Insurance Company Name
- Nature Of Damage
- No. Of Passenger (Including Driver)



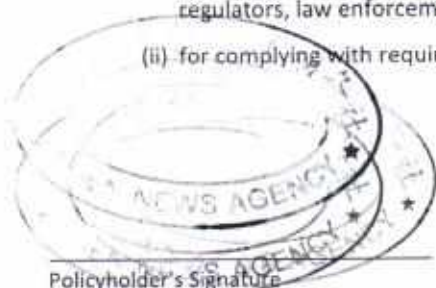
## SKETCH PLAN


### 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. 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:

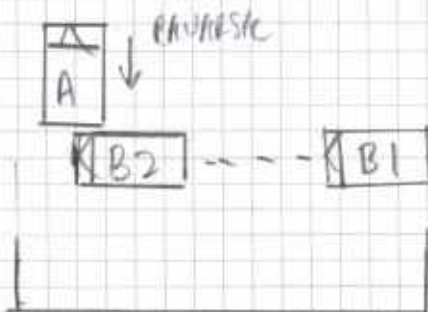
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 25/11/2020 1020 Am.

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

SKETCH PLAN

PRINT MEDIA, 61 TAI SENG AVENUE

A) GBB 1816 Y  
B) SLX 4077 J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LOADING BAY

The accident was happened at this Morning about 8.am. I'm trying to reverse the truck to the company loading bay. before reverse i already check around my the area is no car but when i reverse, suddenly i heard a ~~car~~ sound horn and there is a car at my back was bumping. The car is speeding and there is witness can proved.

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:

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



## ACCIDENT STATEMENT

ACCIDENT DATE: 25 / 11 / 2020 (DD/MM/YYYY), TIME: 08 : 00 (HH:MM)

LOCATION: Print Media Hub & 61 Tai Seng Ave

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GRB 1216 Y  
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: EDENS NEWS AGENCY (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 90187300E CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: TEOH HEE HAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S76905913 CONTACT: 91471622  
c) ADDRESS: BUC 2, Jalan Bukit Merah # 09-5167

\* d) DATE OF BIRTH: 21 / 02 / 1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 03 May 2014

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: SLX 4077 J MODEL: TOYOTA VIOS  
b) DRIVER'S NAME: B TAN SI HAO  
c) NRIC/FIN/PASSPORT: S9213138 F CONTACT: 9798 3515

### 9. THIRD PARTY VEHICLE

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

Email: teohheehew@gmail.com

VIDEO

Hazel : 9235 9150

Claim Handling

Accident MT/1111365

Policy No.	5112834264-01	Vehicle No.	GBB1816Y	GST Registration No.
Certificate No.				
Policyholder Name	EDEN NEWS AGENCY			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party	Loading
Contact No.(Mobile)	91471622	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		#Code
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

Accident Details

Report Date	25/11/2020 11:31	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/11/2020	Time of Accident hh:mm	08:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PRINT MEDIA HUB @ 61 TAI SENG AVENUE			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	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	25/11/2020 11:39:12 System changed GST Status Verified from No to Yes.		

Policyholder Mailing Address

Address 1	BLK 2 #12-5160	Address 2	JALAN BUKIT MERAH	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	06-03	Related Policy Number	5112834264-01	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TEOH HEE HAW	Driver NRIC	57680583J	Driver DOB
Register Date of Driver License	03/05/2014	Driver Age	44	Driving Experience
Contact No.(Mobile)	91471622	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 2 #09-5168	Address 2	JALAN BUKIT MERAH	Address 3
Address 4	SINGAPORE 150002	Address Type	Foreign address	Post Code
Unit No.	09-5168			
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Driver Vehicle No.	GBB1816Y	Driver Insurer Comp.

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

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	EDEN NE
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI vehicle Number	GBB1816
Claim Description	GBB1816Y / 5LX4077J ON 25 Nov 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contract No. Finalisation	Yes	Preferred	Preferred Workshop, Name unknown
Date Registered		Repair Option	
		GIA report	Received
			25/11/2020 11:46
		Claim Close Date	



Report Taken By

ROSLI WAHAB

Print AK letter

Save

Submit

## Attachment

Accident No.

MT/1111365

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

25/11/2020 11:47

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Category \*

Confidential

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Desc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 25 Nov 2020 11:47	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 25 Nov 2020 11:47	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 25 Nov 2020 11:47	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 25 Nov 2020 11:47	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 25 Nov 2020 11:46	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 25 Nov 2020 11:46	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 25 Nov 2020 11:46	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 25 Nov 2020 11:46	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 25 Nov 2020 11:46	NRIC/ Driving License	Y	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 25 Nov 2020 11:46	SAS	Normal	SAS 20f

## Video List

Uploaded By/Date

Folder Date

File Name

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="25/11/2020 10:14"/>							
Vehicle No. (For Motor)	<input type="text" value="GBB1816Y"/>	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"/>	5112834264-01		EDEN NEWS AGENCY	40187300E	GCV	Third Party	GBB1816Y	GBB1816Y	04/09/2020	03/09/2021
<input type="button" value="Continue"/>										