

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] **SN 092002008**

Date In: 7/12/05-11:35	Job description	Date & Time Completed	Done by
Ref No: NA/NC2003032/24	SAS e-filing		
Veh No: 6D26336R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 30/11/05-11:00	i-Motor Claim Form	07/11/05 249-001	7/12/05 11:39
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: (Tel: (Fax: (
TP Particulars:	Veh No: YK111123	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 ()	

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:-	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
	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 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac 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 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 Submission 02/12/2020 11:35 (SGT)
Date of Accident 30/11/2020 11:00 (SGT)
Exact Location of Accident Woodlands Centre Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ6336R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MR PLYWOOD WOOD PRODUCT TRADING
Company Reg No 5XXXX646L
Email Address mrplywood@singnet.com.sg
Mobile Phone No (Phone) +65-64838633
Alternative Phone No (Office) +65-64838633

VEHICLE PARTICULARS

Manufacturer Isuzu
Model Nhr87aue4aa
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5105471533-02
Cover Note Number -

DRIVER

Name of Driver SAW CHEE SIONG
NRIC No SXXXX110B
Date Of Birth 28/12/1959
Occupation Outdoor

Date Of Driving Pass	14/11/1980
Driving experience	40 YEARS
Gender	Male
Mobile Number	(Phone) +65-85546266
Alt. Phone Number	-
Email Address	mrplywood@singnet.com.sg
Address	10 ADMIRALTY STREET
Address complement	#03-63 NORTH LINK BUILDING
Postcode	757695
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN1112J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
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:

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

WOODLANDS CENTRE ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG WOODLANDS CENTRE ROAD. TRAFFIC LIGHT WAS GREEN AND I PROCEEDED TO TRAVEL STRAIGHT. SUDDENLY, VEHICLE B BEAT THE RED LIGHT AND HIT THE LEFT PORTION OF MY VEHICLE.

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 Reporting Draft

VEHICLE NO: GBJ6336R

MODEL: ISUZU NHR87AUE4AA MT AUTO/MANUAL

DATE OF ACCIDENT	30/11/20	C.C:
TIME OF ACCIDENT	1100	HRS AM/PM
LOCATION OF ACCIDENT	WOODLANDS CENTRE ROAD	
EXACT PURPOSE USE DURING ACCIDENT		
NAME OF OWNER	MR PLYWOOD WOOD PRODUCT TRADING	
CONTACT NO.	64838633, 85546266 EMAIL:	
NRIC	53188646L	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO: SAW CHEE SIONG	
NRIC	S1353110B	ANY PASSENGER: 0
DATE OF BIRTH	28/12/1959	
OCCUPATION	OUTDOOR / INDOOR	
DATE OF DRIVING PASS		
GENDER	MALE / FEMALE	
CONTACT NO.	64838633, 85546266 EMAIL:	
ADDRESS	10 ADMIRALTY STREET #03-63 NORTH LINK BUILDING S(757695)	
DOES DRIVER OWN OTHER VEHICLES	NO/ IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE / IF NO:	
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR	
ROAD SURFACE	DRY / WET/ OTHER: DRY	
ANY INJURIES	NO / IF YES:	
CONTACT NO.		
POLICE REPORT	NO / IF YES:	
VIDEO RECORDING	NO / YES	
VEHICLE B NO.	YN1112J	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.		

eBaoTech

GeneralClaim

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="30/11/2020 11:00"/>							
Vehicle No.(For Motor)	<input type="text" value="GBJ6336R"/>	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"/>	5105471533-02		MR PLYWOOD WOOD PRODUCT TRADING	53188646L	GCV	Comprehensive	GBJ6336R	GBJ6336R	15/11/2020	14/11/2021
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5105471533-02	Policyholder Name	MR PLYWOOD WOOD PRODUCT	Policyholder NRIC	53188646L
Certificate No.					
Address	10 ADMIRALTY STREET #03-63 NORTH LINK BUILDING SINGAPORE 757695				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	01/10/2020	Effective Date	15/11/2020 00:00	Expiry Date	14/11/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	JUN SHI INSURANCE AGENCY	Agent Tel.	65320118	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	10 ADMIRALTY STREET	Address 2	#03-63 NORTH LINK BUILDING	Address 3	SINGAPORE 757695
Address 4		Address Type	Singapore address	Post Code	757695
Unit No.		Related Policy Number	5120004350		

▶ Insured Object: GBJ6336R

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1112049

Policy No.	5105471533-02	Vehicle No.	GBJ6336R	GST Registration No.	NA
Certificate No.					
Policyholder Name	MR PLYWOOD WOOD PRODUCT TRADING			Policyholder NRIC	53188646L
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	64838633	Contact No.(Home)	0
Email Address		Special Remark		eCode	NA
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

▼ Accident Details

Report Date	02/12/2020 11:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	30/11/2020	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Woodlands Centre Rd				

▼ 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		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable			

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	25/04/2011
GST Registration No.	M90361203A	GST Status Verified	Yes
Modification History	02/12/2020 11:38:50 System changed GST Registration No. from NA to M90361203A 02/12/2020 11:38:50 System changed GST Registration Date from 01/01/2015 to 25/04/2011 02/12/2020 11:38:50 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	10 ADMIRALTY STREET	Address 2	#03-63 NORTH LINK BUILDING	Address 3	SINGAPORE 757695
Address 4		Address Type	Singapore address	Post Code	757695
Unit No.		Related Policy Number	5120004350		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	28/12/1959
Unnamed driver Name	SAW CHEE SIONG	Driver NRIC	S1353110B	Driving Experience	40
Register Date of Driver License	14/11/1980	Driver Age	60	Contact No.(Home)	0
Contact No.(Mobile)	85546266	Contact No.(Office)	0	Address 3	SINGAPORE 757695
Address 1	10 ADMIRALTY STREET	Address 2	NORTH LINK BUILDING	Post Code	757695
Address 4		Address Type	Singapore address		
Unit No.	03-63				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	MR PLYWOOD WOOD PRODUCT	Insured NRIC	53188646L
Contact No.(Mobile)	96880633	Contact No.(Home)		Contact No.(Office)	64838633
Email Address		OI Vehicle Number	GBJ6336R	TP Vehicle Number	YN1112J
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBJ6336R / YN1112J ON 30 Nov 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/12/2020 11:39	Claim Close Date		Date Received	02/12/2020 00:00
Report Taken By	Jackson				

☒ Print AK letterSave Submit

Attachment

Accident No.	MT/1112049	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/12/2020 11:41

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> Browse... Clear	Please Select	<input type="text"/> NO	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/> NO	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/> NO	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/> NO	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/> NO	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/> NO	Normal	

☐ Send Message

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 11:41	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-2		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 11:41	SAS		Normal	SAS 2020-12-2		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 11:40	Photos		Normal	Photos 2020-12-2		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 11:40	Photos		Normal	Photos 2020-12-2		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 11:40	Photos		Normal	Photos 2020-12-2		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 11:40	Photos		Normal	Photos 2020-12-2		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 11:40	Photos		Normal	Photos 2020-12-2		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 11:39	Photos		Normal	Photos 2020-12-2		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 11:39	Photos		Normal	Photos 2020-12-2		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 11:39	Photos		Normal	Photos 2020-12-2		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 11:39	Photos		Normal	Photos 2020-12-2		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 11:39	Photos		Normal	Photos 2020-12-2		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 11:39	Photos		Normal	Photos 2020-12-2		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 11:39	Photos		Normal	Photos 2020-12-2		

▼ Video List

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