

NATIONAL Assessment Centre Services (wef 1 Jan'05) NA092005007

Date In: 5/12/12 - 12:09	Job description	Date & Time Completed	Done by
Ref No: NA/INC2013407124	SAS e-filing		
Veh No: 6WJ1877	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 4/12/12 - 09:12	i-Motor Claim Form	07/11/12 09:51	5/12/12 12:13
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: JMLV692J 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

NA 2006000	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Int. Bill	Add. Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
at 1:	6) TR : Re-inspection \$75		
at 2 / 3:	7) N1 : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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 (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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 Submission 05/12/2020 12:09 (SGT)
Date of Accident 04/12/2020 09:10 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information BEFORE AMK AVE 5
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ187T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MENG CHENG TRANSPORT & SERVICES
Company Reg No 5XXXX329A
Email Address 99stephenlee@gmail.com
Mobile Phone No (Phone) +65-90088701
Alternative Phone No +--

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5113782894-01
Cover Note Number -

DRIVER

Name of Driver CHOW POH MENG (ZHOU BAOMING)
NRIC No SXXXX438I
Date Of Birth 08/12/1974
Occupation Outdoor

Date Of Driving Pass	17/10/1995
Driving experience	25 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86737966
Alt. Phone Number	-
Email Address	99stephenlee@gmail.com
Address	BLK 424D YISHUN AVENUE 11
Address complement	#04-318
Postcode	764424
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 - Head to Rear
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	SML4692J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG MONG SENG
NRIC No	SXXXX9171
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 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.

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.

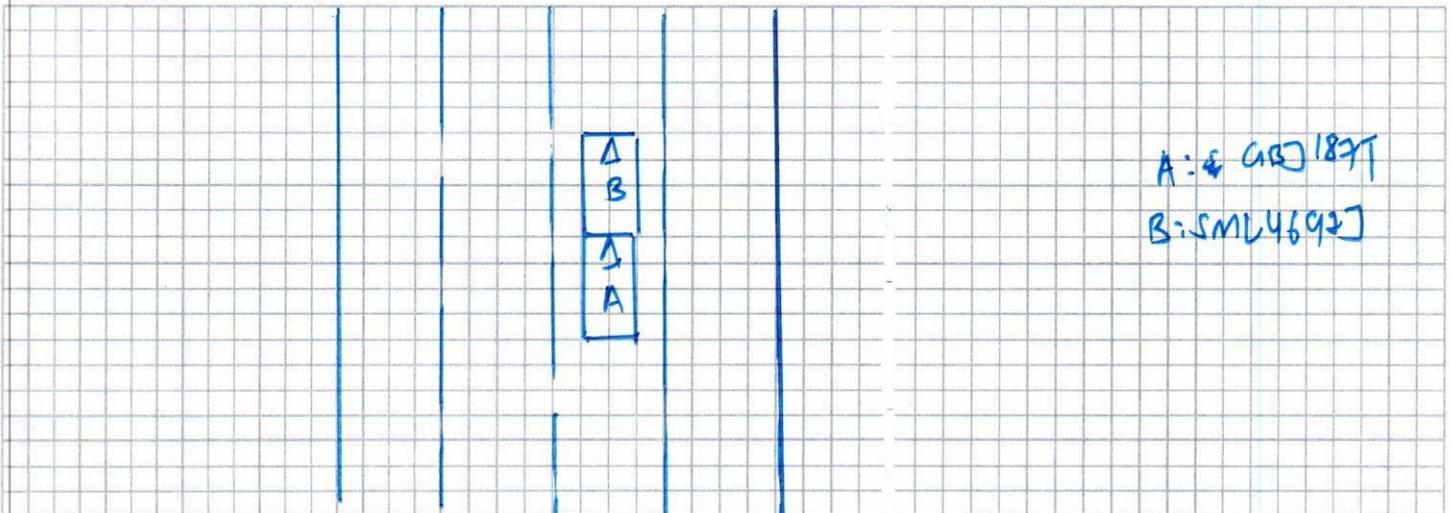


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling along C7E on 3rd lane. suddenly vehicle B jammed brake. I couldn't brake my vehicle in time and hit onto vehicle B rear portion.

Declaration

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


Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (4 / 12 / 12) (DD/MM/YYYY), TIME: (09:14) (HH:MM)

LOCATION: Along C7E before AMIC Ave 5

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: AGJ187T
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90088701
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 86737966
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SML4692J MODEL: _____

b) DRIVER'S NAME: Ang Mang Song

c) NRIC/FIN/PASSPORT: S12579172 CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = 99stephenlee@gmail.com

fax =

VIDEO =

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113782894-01	5113782894-01-000004	MENG CHENG TRANSPORT & SERVICES	53378329A	GFM	Comprehensive	GBJ187T	GBJ187T	03/11/2020	02/11/2021

▼ Policy Information

Policy No.	5113782894-01	Policyholder Name	MENG CHENG TRANSPORT & SE	Policyholder NRIC	53378329A
Certificate No.	5113782894-01-000004				
Address	BLK 531A #04-113 UPPER CROSS STREET HONG LIM COMPLEX SINGAPORE 051531				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	28/10/2020	Effective Date	03/11/2020 00:00	Expiry Date	02/11/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	6558.25		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ALL INS AGENCY PTE. LTD.	Agent Tel.	FAX 64514549	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 531A #04-113	Address 2	UPPER CROSS STREET	Address 3	HONG LIM COMPLEX
Address 4	SINGAPORE 051531	Address Type	Singapore address	Post Code	051531
Unit No.	04-113	Related Policy Number	5113783668-01		

▶ Insured Object: 5113782894-01-000004

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
▼ Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1112495

Policy No.	5113782894-01	Vehicle No.	GBJ187T	GST Registration No.	
Certificate No.	5113782894-01-000004				
Policyholder Name	MENG CHENG TRANSPORT & SERVICES			Policyholder NRIC	53378329A
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	90088701	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text" value="N"/>
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(%)	0	Private Hire	No
▼ Accident Details					
Report Date	05/12/2020 12:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	04/12/2020	Time of Accident hh:mm	09:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			
▼ Benefits					

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 531A #04-113	Address 2	UPPER CROSS STREET	Address 3	HONG LIM COMPLEX
Address 4	SINGAPORE 051531	Address Type	Singapore address	Post Code	051531
Unit No.	04-113	Related Policy Number	5113783668-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHOW POH MENG (ZHOU BAOM)	Driver NRIC	S74414381	Driver DOB	08/12/1974
Register Date of Driver License	17/10/1995	Driver Age	45	Driving Experience	25
Contact No.(Mobile)	86737966	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK #24D	Address 2	YISHUN AVENUE 11	Address 3	ORCHID SPRING @ YISHUN
Address 4	SINGAPORE 764424	Address Type	Singapore address	Post Code	764424
Unit No.	04-318				
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
-------------------------------------	------	-------------	---

Modification History

Claim 001 **New**

Claim Type *	<input type="text" value="OD-MX"/>	Insured Name	MENG CHENG TRANSPORT & SE	Insured NRIC	53378329A
Contact No.(Mobile)	92395579	Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	GBJ187T	TP Vehicle Number	SML4692J
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBJ187T / SML4692J ON 4 Dec 2020				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes	Insured Liability *	Fully at Fault		
Date Registered	05/12/2020 12:13	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Report Taken By	Jackson	Claim Close Date		Date Received	05/12/2020 00:00

Print AK letter

Save Submit

Attachment

Accident No.	MT/1112495	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/12/2020 12:15

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

Message Read

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2020 12:15	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2020 12:15	SAS	Normal	SAS 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2020 12:13	Photos	Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2020 12:13	Photos	Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2020 12:13	Photos	Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2020 12:13	Photos	Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2020 12:13	Photos	Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2020 12:13	Photos	Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2020 12:13	Photos	Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2020 12:13	Photos	Normal	Photos 2020-12-5	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
				<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>