

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

11/09/2009

Date In: 9/12/20 - 09:49	Job description	Date & Time Completed	Done by
Ref No: NA/NC 20013578/24	SAS e-filing		
Veh No: 8EE28452	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/12/20 - 11:25	i-Motor Claim Form	11/11/2009 F-001	9/12/20 09:33
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: 5MFG3692

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:-

(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

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

Est. Bill

Add. Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

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:-

Q1*

*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

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 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 09/12/2020 09:49 (SGT)
Date of Accident 08/12/2020 11:25 (SGT)
Exact Location of Accident Blk 86 Marine Parade Central #03-209, Singapore 440086
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKE2845J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ENTRE' AUTOMATICS PTE LTD
Company Reg No 2XXXXX689D
Email Address account@entreaautomatic.com
Mobile Phone No (Phone) +65-89999999
Alternative Phone No +--

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Elantra
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 Private car

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5108943723-01
Cover Note Number -

DRIVER

Name of Driver GOH SOON HENG
NRIC No SXXXX631H
Date Of Birth 17/06/1961
Occupation Indoor

Date Of Driving Pass	08/03/1983
Driving experience	37 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81286466
Alt. Phone Number	-
Email Address	account@entreaautomatic.com
Address	BLK 307C ANCHORVALE ROAD
Address complement	#04-60
Postcode	543307
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 - Major/Minor Rd
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF8369Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 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

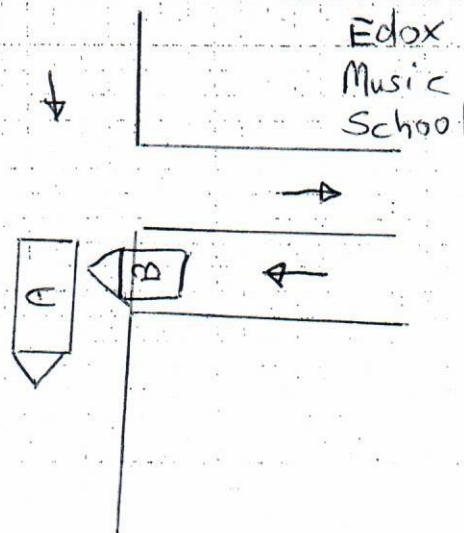
Witnessed by Reporting Centre Personnel

Sketch Plan

DOR: 8/12/20

A: SKE 2845J

B: SMF 8369Z



Describe Circumstances of the Accident

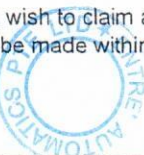
I was driving along the passage way of the airport,
suddenly veh B came out from the entre, failed to
stop at the stop line I collided onto my veh rear
LH portion.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

X



[Signature]

[Signature]

[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Personal Particulars

Date of Accident: 8/12/20 Time of Accident: 11:25 am
Exact Location of Accident: Echo Music School c/park
Owner's Name: Entre Automatics PL NRIC No: _____ HP No: _____
Driver's Name: Goh Soon Hong NRIC No: S1491631H HP No: 81286466
Date of Birth: 17/6/1961 Driving Licence Passing Date: 3/3/1983 Occupation: Indoor / Outdoor
Address: 307C Anchorvale Rd #04-60 (543307)
Relationship of Driver with Insured: Employee Email Address: account@entreautomatic.com
Vehicle No: SKE 2845J Make & Model: Hyundai
Insurance Co: NTUC Coverage: _____ Policy No: _____

*Purpose of Reporting? ☒ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

*Weather Condition ? ☒ Clear / ☐ Raining / Others: _____ ☒ Wet / ☐ Dry / Others: _____

* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 0 B: 1 + 0 C: _____ D: _____

*Was Anybody Injured ? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police ?

☒ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes/☒ No)

Third Party Driver's Particulars

Vehicle B No: SMF 8369Z Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Vehicle C No: _____ Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5108943723-01
The Policyholder	: ENTRE' AUTOMATICS PTE. LTD. 51 JALAN PEMIMPIN #01-05 MAYFAIR INDUSTRIAL BUILDING SINGAPORE 577206

Period of Insurance	: 22 Aug 2020 To 21 Aug 2021
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,529.73

Interest Insured

Cover Type	: drivo CLASSIC		
Primary Driver	: N/A		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: HYUNDAI/ELANTRA	Capacity	: 1600cc
Registration Number	: SKE2845J	Registration Year	: 2012
Chassis Number	: KMHDH41CMC433927	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 10%
Excess (Section 2)	: N/A	NCD Protection	: No
Windscreen Excess	: S\$100	Loyalty Discount	: 5%
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: N/A		

Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative : N/A

Agency	: KINETIC INSURANCE AGENCY (00000573090)
Date of Issue	: 29 Jul 2020 15:13 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

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="08/12/2020 11:25"/>							
Vehicle No.(For Motor)	<input type="text" value="SKE2845J"/>	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"/>	5108943723-01		ENTRE' AUTOMATICS PTE. LTD.	200500689D	GPC	drivo CLASSIC	SKE2845J	SKE2845J	22/08/2020	21/08/2021
<input type="button" value="Continue"/>										

 Policy Information

Policy No.	5108943723-01	Policyholder Name	ENTRE' AUTOMATICS PTE. LTD.	Policyholder NRIC	200500689D
Certificate No.					
Address	51 JALAN PEMIMPIN #01-05 MAYFAIR INDUSTRIAL BUILDING SINGAPORE 577206				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	29/07/2020	Effective Date	22/08/2020 00:00	Expiry Date	21/08/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	KINETIC INSURANCE AGENCY	Agent Tel.	66946128	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	51 JALAN PEMIMPIN	Address 2	#01-05 MAYFAIR INDUSTRIAL E	Address 3	SINGAPORE 577206
Address 4		Address Type	Singapore address	Post Code	577206
Unit No.		Related Policy Number	5119916027		

 Insured Object: SKE2845J

 Endorsements

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

Claim Handling

Accident MT/1112895

Policy No.	5108943723-01	Vehicle No.	SKE2845J	GST Registration No.	NA
Certificate No.					
Policyholder Name	ENTRE' AUTOMATICS PTE. LTD.			Policyholder NRIC	200500689D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
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(%)	10	Private Hire	No
▼ Accident Details					
Report Date	09/12/2020 09:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	08/12/2020	Time of Accident hh:mm	11:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Blk 86 Marine Parade Central #03-209				
▼ 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	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable			
▼ Benefits					
▼ GST Registered Information					
GST Registered	Yes	GST Registration Date	23/01/2006		
GST Registration No.	200500689D	GST Status Verified	Yes		
Modification History	09/12/2020 09:52:21 System changed GST Registration No. from NA to 200500689D 09/12/2020 09:52:21 System changed GST Registration Date from 01/01/2015 to 23/01/2006 09/12/2020 09:52:21 System changed GST Status Verified from No to Yes				
▼ Policyholder Mailing Address					
Address 1	51 JALAN PEMIMPIN	Address 2	#01-05 MAYFAIR INDUSTRIAL E	Address 3	SINGAPORE 577206
Address 4		Address Type	Singapore address	Post Code	577206
Unit No.		Related Policy Number	5119916027		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	17/06/1961
Unnamed driver Name	GOH SOON HENG	Driver NRIC	S1491631H	Driving Experience	37
Register Date of Driver License	08/03/1983	Driver Age	59	Contact No.(Home)	0
Contact No.(Mobile)	81286466	Contact No.(Office)	0	Address 3	ANCHORVALE PLACE
Address 1	BLK 307C	Address 2	ANCHORVALE ROAD	Post Code	543307
Address 4	SINGAPORE 543307	Address Type	Singapore address		
Unit No.	04-60				
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 *	OD-MX	Insured Name	ENTRE' AUTOMATICS PTE. LTD.	Insured NRIC	200500689D	
Contact No.(Mobile)	98168266	Contact No.(Home)		Contact No.(Office)	62501508	
Email Address	chrismun@entreaautomatic.com	OI Vehicle Number	SKE2845J	TP Vehicle Number	SMF8369Z	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SKE2845J / SMF8369Z ON 8 Dec 2020				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	09/12/2020 09:53	Claim Close Date		Date Received	09/12/2020 00:00	
Report Taken By	Jackson					
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

Attachment

Accident No.	MT/1112895	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/12/2020 10:11		
Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	

