

NATIONAL Assessment Centre Services.

(wef 1 Jan'05) **0009200006**

Date In: 19/12/14:37	Job description	Date & Time Completed	Done by
Ref No: NA/NC2014140/24	SAS e-filing		
Veh No: 60914937	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 19/12/15:40	i-Motor Claim Form	NA/1114312-001	19/12/14:42
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: **5MP6389P**

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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

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:-

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 \$0

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	19/12/2020 14:37 (SGT)
Date of Accident	18/12/2020 15:40 (SGT)
Exact Location of Accident	Island Club Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1493T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LIAN NAM HENG MARKETING PTE LTD
Company Reg No	1XXXXX651Z
Email Address	sales@inhenterprise.com
Mobile Phone No	(Phone) +65-63449745
Alternative Phone No	(Office) +65-63449745

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	No
Policy Number	5109442672-01
Cover Note Number	-

DRIVER

Name of Driver	LIM KOON SENG
NRIC No	SXXXX661D
Date Of Birth	29/03/1963
Occupation	Outdoor

Date Of Driving Pass	26/09/1980
Driving experience	40 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90905853
Alt. Phone Number	-
Email Address	sales@inhenterprise.com
Address	BLK 28 NEW UPPER CHANGI ROAD
Address complement	#05-720
Postcode	460028
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	drizzling
Road Surface	Wet

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	SMD6389P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PENG CHEE HWA (PAN ZHIHUA)
NRIC No	SXXXX714B
Contact Number	-
Address	-
Address complement	-
Postcode	-



Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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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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.



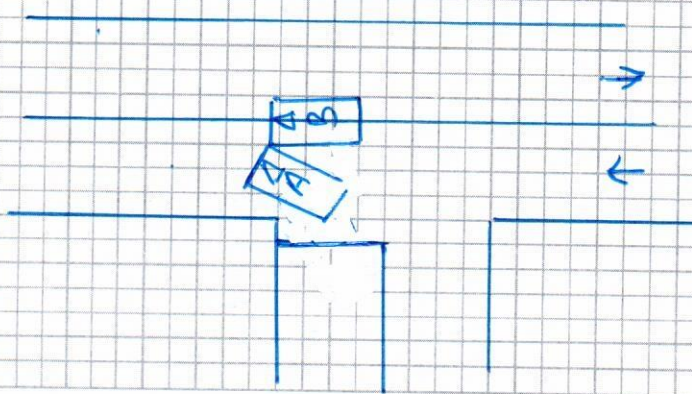
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Island club Rd.



A: G13614937.

B: JMD6389P.

Describe Circumstances of the Accident

As I wanted turn out to Island club rd. I turn on my vehicle indicators light and check my blindspot. As traffic was cleared, I filter onto Island club rd. out of sudden, I felt an impact of my vehicle and realised that vehicle B overtake my vehicle from behind. Vehicle B front left portion hit into my vehicle front right 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: (18 / 12 / 20) (DD/MM/YYYY), TIME: (15 : 42) (HH:MM)

LOCATION: Island club Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBG14937
 b) INSURANCE COMPANY: MTUC
 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)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Ken Nam Hong Marketing Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 624434429745
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____
 b) NRIC/FIN/PASSPORT: _____ (MALE / FEMALE)
 c) ADDRESS: _____ CONTACT: 90905853

* 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)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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

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: SMD689P MODEL: _____
 b) DRIVER'S NAME: Peng Chee Hwa (Pen Zhi Hwa)
 c) NRIC/FIN/PASSPORT: S7423714B CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passengers
 (Including driver)
 (1.)

* No of passenger
 (Including driver)
 (1.)

* No of passenger
 (Including driver)
 ()

Email = syks@inheritorprize.com

fax =

VIDEO = X

eBaoTech

General Claim

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="18/12/2020 15:40"/>
Vehicle No.(For Motor)	<input type="text" value="GBG1493T"/>	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"/>	5109442672-01		LIAN NAM HENG MARKETING PTE LTD	199905651Z	GCV	Comprehensive	GBG1493T	GBG1493T	02/06/2020	01/06/2021

▼ Policy Information

Policy No.	5109442672-01	Policyholder Name	LIAN NAM HENG MARKETING PT	Policyholder NRIC	199905651Z
Certificate No.					
Address	1 TAMPINES NORTH DRIVE 1 #03-10 T-SPACE SINGAPORE 528559				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy issue Date	11/05/2020	Effective Date	02/06/2020 00:00	Expiry Date	01/06/2021 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	INSMART (INSURANCE) AGENC	Agent Tel.	68420766	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	1 TAMPINES NORTH DRIVE 1	Address 2	#03-10 T-SPACE	Address 3	SINGAPORE 528559
Address 4		Address Type	Singapore address	Post Code	528559
Unit No.		Related Policy Number	5103400376-02		

► Insured Object: GBG1493T

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div style="text-align: center;"> <input type="button" value="Continue"/> <input type="button" value="Cancel"/> </div>				

Claim Handling

Accident MT/1114310

Policy No.	5109442672-01	Vehicle No.	GBG1493T	GST Registration No.	199905651Z
Certificate No.					
Policyholder Name	LIAN NAM HENG MARKETING PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	199905651Z
Product Code	COMMERCIAL VEHICLE INSURAI	Contact No.(Office)	63449745	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="Nc"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
▼ Accident Details					
Report Date	19/12/2020 14:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	18/12/2020	Time of Accident hh:mm	15:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Island Club 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	20/09/1999
GST Registration No.	199905651Z	GST Status Verified	Yes
Modification History	19/12/2020 14:41:12 System changed GST Registration Date from 01/01/2015 to 20/09/1999 19/12/2020 14:41:12 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	1 TAMPINES NORTH DRIVE 1	Address 2	#03-10 T-SPACE	Address 3	SINGAPORE 528559
Address 4		Address Type	Singapore address	Post Code	528559
Unit No.		Related Policy Number	5103400376-02		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM KOON SENG	Driver NRIC	S1582661D	Driver DOB	29/03/1963
Register Date of Driver License	26/09/1980	Driver Age	57	Driving Experience	40
Contact No.(Mobile)	90905853	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 28	Address 2	NEW UPPER CHANGI ROAD	Address 3	SINGAPORE 460028
Address 4		Address Type	Singapore address	Post Code	460028
Unit No.	05-720				
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	LIAN NAM HENG MARKETING PT	Insured NRIC	199905651Z
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	64449745
Email Address		O1 Vehicle Number	GBG1493T	TP Vehicle Number	SMD6389P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBG1493T / SMD6389P ON 18 Dec 2020				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/12/2020 14:42	Claim Close Date		Date Received	19/12/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit













Attachment

Accident No.	MT/1114310	Claim No.	001																																			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/12/2020 14:44																																			
<table border="1"> <thead> <tr> <th>Path *</th> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> </tbody> </table>				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	
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Message Read

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:44	NRIC/ Driving License	Y	NRIC/ Driving License 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:44	SAS	Normal	SAS 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:43	Photos	Normal	Photos 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:43	Photos	Normal	Photos 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:43	Photos	Normal	Photos 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:42	Photos	Normal	Photos 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:42	Photos	Normal	Photos 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:42	Photos	Normal	Photos 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:42	Photos	Normal	Photos 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:42	Photos	Normal	Photos 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:42	Photos	Normal	Photos 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 19 Dec 2020 14:42	Photos	Normal	Photos 2020-12-19	

Video List

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