

# NATIONAL Assessment Centre Services. [ver 1 Jan'08]

Date In: 30/12/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC00016756/13	SAS e-filing		
Veh No: CBG 6345T	E-mail (by date time, A/C time)		
D.O.A: 29/12/20 1650	I-Motor Claims Form 21/12/11/115684-001		
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 / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SL9999X	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 ( )	

( ) 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: ( )

Date:	
Time:	
Location:	
Weather:	
Witness:	
Police:	
Other:	

NA2100963

Driver/Owner:	1) ALT Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$120	
	4) PT: Follow-Through Survey \$30	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$160	
	7) NI: Ido DA + SMRT Survey	
	8) NTUC Additional Services	
	9) NI: Idoc Mobile	
	10) NI: Idoc Mobile	
	11) NI: Idoc Mobile	
	12) NI: Idoc Mobile	
	13) NI: Idoc Mobile	
	14) NI: Idoc Mobile	
	15) NI: Idoc Mobile	
	16) NI: Idoc Mobile	
	17) NI: Idoc Mobile	
	18) NI: Idoc Mobile	
	19) NI: Idoc Mobile	
	20) NI: Idoc Mobile	

QC Checked by (Engr-In-Charge):

Signature: \_\_\_\_\_

Date: 2/2

Fee Charged

Invoice dated

Fee Charged

Invoice dated

## 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	30/12/2020 17:57 (SGT)
Date of Accident	29/12/2020 16:30 (SGT)
Exact Location of Accident	Nicoll Hwy, Singapore
Additional Location Information	JUNC OF BRAS BASAH RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG4345T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ASCENDANT TECHNOLOGIES PTE LTD
Company Reg No	2XXXXX120D
Email Address	deric@ascendant.com.sg
Mobile Phone No	(Phone) +65-94559159
Alternative Phone No	+65-94559159

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	5102938611-02
Cover Note Number	-

### DRIVER

Name of Driver	KOH TOCK ENG
NRIC No	SXXXX749J
Date Of Birth	11/06/1967
Occupation	Outdoor

Date Of Driving Pass	04/02/1986
Driving experience	34 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94559159
Alt. Phone Number	-
Email Address	deric@ascendant.com.sg
Address	BLK 837 HOUGANG CENTRAL
Address complement	#04-525
Postcode	530837
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	AFTER RAIN
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

BOTH MY VEH AND THE VEH B STOP AT THE TRAFFIC LIGHT WAITING TO MOVE. AWHILE LATER THE VEH B MOVE AND I ALSO START TO MOVE OFF. IMMEDIATELY THE VEH B JAM HIS BRAKE AND STOP. I APPLY EMERGENCY BRAKE BUT AS THE ROAD WAS WET AFTER RAIN MY VEH CANNOT STOP ON TIME AND HIT THE REAR PORTION OF VEH B. THERE ARE COME DENT AT THE REAR DOOR & BUMPER OF VEH B MY VEH ONLY HAVE MINOR DENT ON THE FRONT. NOBODY WAS INJURED DURING THIS ACCIDENT.

#### 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	SL9999X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAM CHAN TEI
Passport No/FIN	GXXXX783M
Contact Number	(Phone) +65-82086858

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 30/12/21

Sketch Plan 3.28pm

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

Witnessed by Reporting Centre  
Personnel

A - GBG 4345T

B - SL 9999X

000 AICOLL HIGHWAY

K B A

000



## Describe Circumstances of the Accident

At Both my vehicle & the other vehicle (SL 999X) stop at the traffic light waiting to move. Soon a while later the vehicle (SL 999X) move & I also start to move off. Immediately the vehicle slam his brake & stop his vehicle. I apply emergency brake but as the road was wet after rain, my vehicle cannot brake on time & hit the back of SL 999X.

There are some dent on the rear door & bumper of SL 999X. My vehicle only have minor dent on the front.  
No body was injured during this accident.


## Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

30/12/20  
3:25 pm

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

 30/12/20  
Witnessed by Reporting Centre Personnel

## ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 12 / 20) (DD/MM/YYYY), TIME: (16 : 30) (HH:MM)

LOCATION: JUNC OF BRIS BASAH RD & NICOLL HWAY

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GB64345T  
b) INSURANCE COMPANY: AFAC  
c) POLICY NUMBER: 5103938611-02  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: NISSAN NU200 (A) 1600  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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: ASCENDANT TECHNOLOGIES (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 94559159  
c) ADDRESS: \_\_\_\_\_

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

#### DRIVER

- a) NAME: KOH TOCK ENG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S17867495 CONTACT: 94559159  
c) ADDRESS: BLK 837 HULUGANG CENTRAL  
#04-525 (S30837)

\* d) DATE OF BIRTH: (11 / 06 / 1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 04/02/1986

### 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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

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: SL 9999K MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: JAM CHAN TEI  
c) NRIC/FIN/PASSPORT: G6 6504783 M CONTACT: 82086858

### 9. THIRD PARTY VEHICLE

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

Email: eric@ascendant.com.sg

VIDEO yes, haven't receive

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="29/12/2020 16:30"/>							
Vehicle No.(For Motor)	<input type="text" value="GBG4345T"/>	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"/>	5102938611-02		ASCENDANT TECHNOLOGIES PTE LTD	200408120D	GCV	Preferred Workshop Plan	GBG4345T	GBG4345T	08/08/2020	07/08/2021
<input type="button" value="Continue"/>										