

NATIONAL Assessment Centre Services

[Ref: 13-123]

2/2

Date In: 18/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21000791/12	SAS e-filing		
Veh No: QV9781X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/01/21 1910	I-Motor Claim Form	18/01	MT/1117651-001
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: SLP9454M	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

NA2101250	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) 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		
	5) NT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
Cal 1:	Invoice dated	Fee Charged	
Cal 2/3:	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	18/01/2021 10:37 (SGT)
Date of Accident	17/01/2021 19:10 (SGT)
Exact Location of Accident	31 Marina Coastal Dr, Singapore 018988
Additional Location Information	OUTSIDE MARINA SOUTH PIER ROADSIDE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV9781X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SJP ENGINEERING PTE LTD
Company Reg No	1XXXXX029G
Email Address	wai_on@hotmail.com
Mobile Phone No	(Phone) +65-67415788
Alternative Phone No	(Office) +65-67415788

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	TFR69H-09(T)
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	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5004579127-15
Cover Note Number	-

DRIVER

Name of Driver	WONG KAI BOON
NRIC No	SXXXX359G
Date Of Birth	31/08/1947
Occupation	Outdoor

Date Of Driving Pass	11/05/1978
Driving experience	42 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96624528
Alt. Phone Number	-
Email Address	wai_on@hotmail.com
Address	BLK 255 SERANGOON CENTRAL DRIVE
Address complement	#06-60
Postcode	550255
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	Collided into Parked Vehicle
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

PLS REFER TO THE ATTACHED 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	SLP9454M
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

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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.



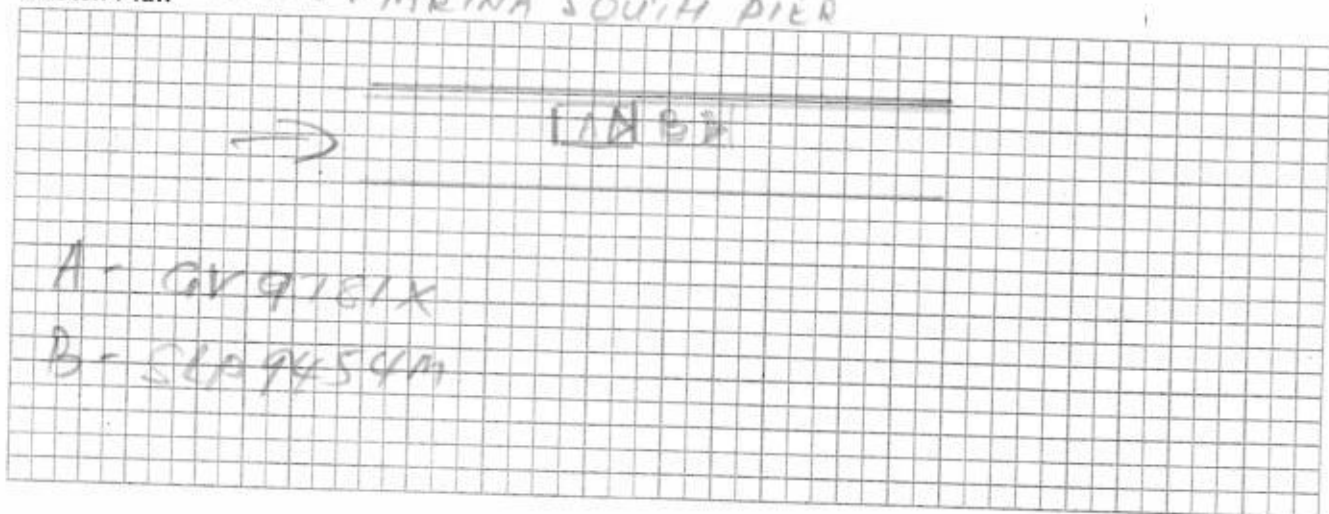
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

18.1.21
OUTSIDE MARINA SOUTH PIER



Describe Circumstances of the Accident

without the engine on
my veh was stationary at ~~Marina~~ Marina South Pier
of the side road waiting for workers. When I saw
the veh that parked left of my veh and
touch my veh, I went out from my veh and the
driver of veh B said go report.

Declaration

We declare the foregoing particulars are true in every respect.



*
Policyholder's Signature / Date &
Time

18.1.21
Driver's Signature (If driver is not the policyholder) / Date
& Time

18/01/21
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (17/01/21) (DD/MM/YYYY), TIME: (19:10) (HH:MM)

LOCATION: MARINA SOUTH PIER OUTSIDE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G09781X
b) INSURANCE COMPANY: NTC
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:
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: SLP ENGINEERING PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 67415788
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: WONG KAI BOON (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 96624528
c) ADDRESS:

- * d) DATE OF BIRTH: (31/08/1947) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 11/05/1978

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)
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: SLP9454M MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

Email = waizon@hotmail.com

fax =

VIDEO =

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="18/01/2021 09:32"/>
Vehicle No. (For Motor)	<input type="text" value="GV9781X"/>	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"/>	5004579127-15		SJP ENGINEERING PTE LTD	198105029G	GCV	Third Party, Fire & Theft	GV9781X	GV9781X	23/07/2020	22/07/2021

Claim Handling

Accident MT/1117651

Policy No.	5004579127-15	Vehicle No.	GV9781X	GST Registration No.	M200584589
Certificate No.					
Policyholder Name	SJP ENGINEERING PTE LTD			Policyholder NRIC	198105029G
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	67415788	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
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	18/01/2021 10:45	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	17/01/2021	Time of Accident hh:mm	19:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	OUTSIDE MARINA SOUTH PIER				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200584589	GST Status Verified	Yes
Modification History	18/01/2021 10:48:08 System changed GST Registration Date from 01/01/2015 to 01/04/1994 18/01/2021 10:48:08 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	3017A UBI ROAD 1	Address 2	#01-19	Address 3	SINGAPORE 408709
Address 4		Address Type	Singapore address	Post Code	408709
Unit No.		Related Policy Number	5004579127-15		

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WONG KAI BOON	Driver NRIC	S0277359G	Driver DOB	31/08/1947
Register Date of Driver License	11/05/1978	Driver Age	73	Driving Experience	42
Contact No.(Mobile)	96624528	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 255	Address 2	SERANGOON CENTRAL DRIVE	Address 3	SINGAPORE 550255
Address 4		Address Type	Singapore address	Post Code	550255
Unit No.	#06-60				
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
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	SJP ENGINEERING PTE LTD	Insured NRIC	
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		O1 Vehicle Number	GV9781X	TP Vehicle Number	
Claim Description	GV9781X / SLP9454M ON 17 Jan 2021			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Reset No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	18/01/2021 10:53	Date Received	
Report Taken By		Workshop Repairer	ROSINDA	Total Loss but Repaired	

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1117651	Claim No.	001
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1/18/2021

Claim Handling(accident reporting Claim Task 001 OD-MX)

Last Doc. Received

☒ Yes ☐ No

Upload Date

18/01/2021 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category *

Confidential

Urgency *

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2021 10:53	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2021 10:49	SAS		Normal	SAS 2021-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2021 10:49	Photos		Normal	Photos 2021-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2021 10:49	Photos		Normal	Photos 2021-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2021 10:49	Photos		Normal	Photos 2021-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2021 10:49	Photos		Normal	Photos 2021-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2021 10:49	Photos		Normal	Photos 2021-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2021 10:49	Photos		Normal	Photos 2021-1-18

Video List

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