

NATIONAL Assessment Centre Services. [part 1 Jan 09] SM 09211 J 000 D

| | | | |
|----------------------------|--|-----------------------|-----------------|
| Date In: 19/11/21 17:15 | Job description | Date & Time Completed | Done by: |
| Ref No NA/INC 21000919164 | SAS e-filing | | |
| Veh No 636 5261 U | E-mail (within 3hrs, AIC 2hrs) | | |
| IP A 18/11/21 20:30 | I-Motor Claim Form | MT/1117990-001 | 19/11/21 17:31. |
| (IP) - TP / Reporting Only | I-Motor W/O (within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass'l Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SLK 4627R INC () / Non-INC () Tel: ()

Owner / Driver: ()

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: ()

| Comments | By | Date | Done by |
|---|----|------|---------|
| 1) Apply for Transport Allowance () / Courtesy Car () | | | |
| 2) QC Check / Post Repair Inspection () | | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | | |

Injury: _____

Date of Injury: _____

Location: _____

| | | |
|---------------------------------|--|-------------|
| NA2100984 | Invoice / Re-Insurance Checklist | 30 |
| Client/TP Particulars: | 1) AR: Accident Reporting (\$30); | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$30) | |
| Contact No: | 3) TP: 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: | 6) TR: Re-inspection \$75 | |
| Date: | 7) NI: Idao DA + SMRT Survey \$160 | |
| | 8) NTUC Additional Services: | |
| | OD* | |
| | *N5: Courtesy Car / Tpt Allowance \$3 | |
| | *N6: Repair Co-ordination \$10 | |
| | *N7: Post Repair Inspection \$25 | |
| | *N8: DV / Collect Excess Coordination \$3 | |
| | TE (N11): TP (N-in INC) against INC \$20 | |
| | 9) N12: Idao Mobile \$0 | |
| | Invoice dated | Fee Charged |
| | | 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 19/01/2021 17:15 (SGT)
Date of Accident 18/01/2021 20:30 (SGT)
Exact Location of Accident 669 Hougang Ave 8, Block 669, Singapore 530669
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG5261U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PROGRESSIVE BUILDERS PRIVATE LIMITED
Company Reg No 1XXXXX128K
Email Address ZANN.LAU@PROGRESSIVE.COM.SG
Mobile Phone No (Phone) +65-67955055
Alternative Phone No +65-67955055

VEHICLE PARTICULARS

Manufacturer Nissan
Model Cabstar
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 5118698315
Cover Note Number -

DRIVER

Name of Driver KOH BOON CHYE
NRIC No SXXXX500J
Date Of Birth 26/10/1963
Occupation Outdoor

| | |
|--|-----------------------------|
| Date Of Driving Pass | 21/06/1988 |
| Driving experience | 32 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97863238 |
| Alt. Phone Number | - |
| Email Address | ZANN.LAU@PROGRESSIVE.COM.SG |
| Address | BLK 259 AMK AVE 2 #08-06 |
| Address complement | - |
| Postcode | 560259 |
| 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

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 | SLK4627R |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | (Phone) +65-97253806 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |

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

Describe Circumstances of the Accident

While Reversing into an empty lot, the location was very dark. My lorry misjudged hit onto a parked Veh B right front portion. After the incident, I left a note on the Veh B windscreen then leave the scene. This morning I received call from Veh B driver. I making this report for record purpose.

Declaration

I/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

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 16:36"/> |
| Vehicle No.(For Motor) | <input type="text" value="GBG5261U"/> | Certificate Number | <input type="text"/> |

Search

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|--------------------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5118698315 | | PROGRESSIVE BUILDERS PRIVATE LIMITED | 197300128K | GCV | Comprehensive | GBG5261U | GBG5261U | 01/09/2020 | 31/08/2021 |

Continue

ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 1 / 21) (DD/MM/YYYY), TIME: (20:30) (HH:MM)

LOCATION: BK 669 Hougang Ave 8 Carpark.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBG 5261 U
b) INSURANCE COMPANY: INIC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Nissan Cabstar Manual
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: After work
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: Progressive Builders Private Limited (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 6795 5055
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9786 3238
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)

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: SLK 4627 R MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 9725 3806

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)
()

* No of passenger
(including driver)
()

Email = 2ann.lau @ progressive.com.sg

fax = _____

video = No.