

NATIONAL Assessment Centre Services. Part 1 Job only SM 0921220005

Date Inc: 2/2/21 10:38	Job description	Date & Time Completed	Done by
Ref No: NA/INC21001539144	SAS e-filing		
Veh No: CB 7850X	E-mail (within 2hrs, AIC 2hrs)		
DDA: 11/2/21 07:00	I-Motor Claim Form	MT/11/9824001	3/2/21 10:34
OT: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SKE 1974 B.	INC () / Non-INC ()
Owner / Driver: (Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Completed by: (Date: (Time: ()
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

<input type="checkbox"/> Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of reporter.
<input type="checkbox"/> 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: _____

Damage:	

MA 2101310	Invoice/Claim Particulars	Amount
Driver/Owner:	1) AR: Accident Reporting (\$30)	30
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$40)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (waived 10 Jan 2021)	
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpt Allowance	\$5
	*NG: Repair Co-ordination	\$10
	*NT: Post Repair Inspection	\$25
	*NR: DV / Collect Excess Coordination	\$5
	TE (N11): TP (Sua INC) against INC	\$20
	9) N12: Idao 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	02/02/2021 10:38 (SGT)
Date of Accident	01/02/2021 07:00 (SGT)
Exact Location of Accident	Marine Parade Rd, Singapore
Additional Location Information	SLIP RD TO STILL RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7850X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	F1 TRANSPORT
Company Reg No	5XXXX316J
Email Address	LAI@F1TPT.COM
Mobile Phone No	(Phone) +65-91188490
Alternative Phone No	+65-91188490

VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	XML6772J18
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	Bus

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5114274015-01
Cover Note Number	-

DRIVER

Name of Driver	TAN BOON KIT
NRIC No	SXXXX431D
Date Of Birth	10/08/1951
Occupation	Outdoor



Date Of Driving Pass	01/12/1977
Driving experience	43 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97320405
Alt. Phone Number	-
Email Address	LAI@F1TPT.COM
Address	BLK 237 TAMPINES ST 21 #07-553
Address complement	-
Postcode	520237
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 - Change/cross lane
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	SKE1974B
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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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.

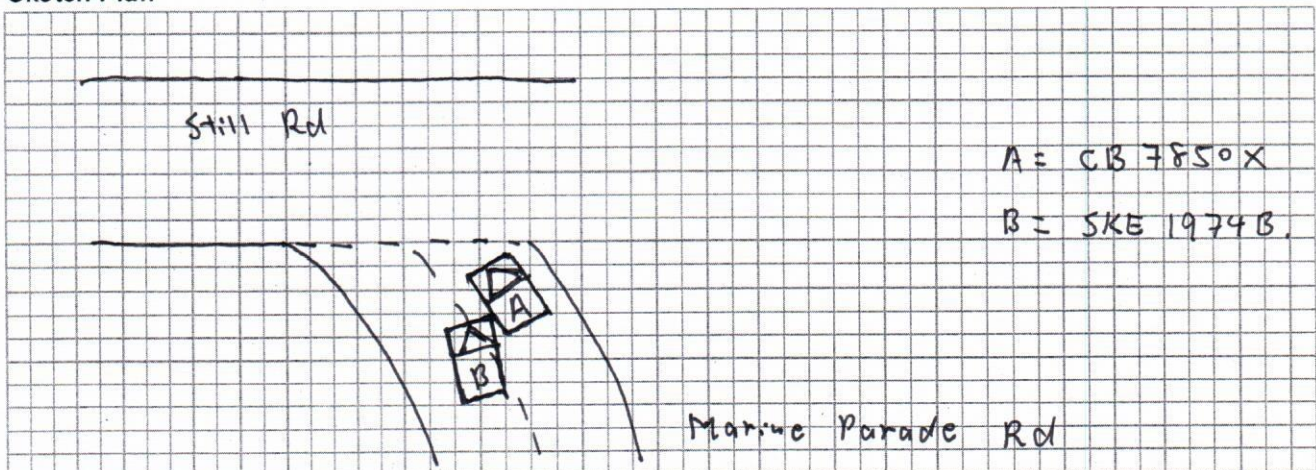
F1 TRANSPORT
53256316J

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



I Stop at the Slip Rd from marine Parade Rd into Still Rd on the right lane. When I check the traffic coming from the main road. suddenly I felt an impact from my left , After the incident , I realized veh B from the left lane cut into my lane and hit onto my veh left hand side.

I/We declare the foregoing particulars are true in every respect.



Witnessed by Reporting Centre Personnel	
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Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

01/02/2021 15:34

Vehicle No.(For Motor)

CB7850X

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114274015-01	5114274015-01-000004	F1 TRANSPORT	53256316J	GFM	Comprehensive	CB7850X	CB7850X	03/12/2020	02/12/2021

Continue

ACCIDENT STATEMENT

ACCIDENT DATE: (1 / 2 / 21) (DD/MM/YYYY), TIME: (07:00) (HH:MM)

LOCATION: 49 marine parade Rd Crescent Slip Rd Still Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: CB 7850 X
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Golden Dragon Xm1 6772J18
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: work
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

3759CC

Auto.

2. INSURED / POLICY HOLDER

- A) NAME: F1 transport (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 91188490 - WhatsApp
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Boon Kit (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 97320405
 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: owner

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: SKB 1974B 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 = LAI @ F1 TPT.COM

fax =

VIDEO = No