

NATIONAL Assessment Centre Services SM092120001

Date In: 24/12/21 09:37	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 2100 2545/44	E-mail (within 3hrs, AIC 2hrs)		
Veh No: GBE 2074Z	I-Motor Claim Form	MT/1122249 ⁰⁰¹	24/12/21 17:41
IDA: 23/12/21 11:55	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer: (TP) Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksn		

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

TP Particulars: Veh No: GBE 4617U 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 repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

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

Injury: _____

Damage: _____

NA2101797	
Driver/Owner:	1) AR: Accident Reporting (\$30): 30
Contact No:	2) DA: Damage Assessment (\$100): INC (\$10)
Damaged Portion:	3) TP: Towing Fee: 340/345
QC Checked by (Bugr-In-Charge):	4) FT: Follow-Through Survey: 5120
	5) FT: Follow-Through Survey (Resurvey): 330
	6) TR: Re-inspection: 375
	7) NI: Idau DA + SMRT Survey: 3160
	8) NTUC Additional Services:
	OP:
	*NS: Courtesy Car / Tpt Allowance: 53
	*NG: Repair Co-ordination: 310
	*NI: Post Repair Inspection: 323
	*NB: DV / Collect Excess Coordination: 33
	TP (Nil) / TP (Non INC) against INC: 520
	9) NI: Idau Mobile: 30

2/3: 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	24/02/2021 09:37 (SGT)
Date of Accident	23/02/2021 11:55 (SGT)
Exact Location of Accident	Hougang Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2074Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	OH SENG TIAN HARDWARE
Company Reg No	5XXXX860D
Email Address	OHSENGTIAN@GMAIL.COM
Mobile Phone No	(Phone) +65-94385616
Alternative Phone No	+65-94385616

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 - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118364056
Cover Note Number	-

DRIVER

Name of Driver	OH PUAY EE (HU PEIYU)
NRIC No	SXXXX046H
Date Of Birth	17/03/1980
Occupation	Outdoor

Date Of Driving Pass	16/10/2004
Driving experience	16 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94385616
Alt. Phone Number	-
Email Address	OHSENGTIAN@GMAIL.COM
Address	BLK 210BCOMPASSVALE LANE #15-168
Address complement	-
Postcode	542210
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	GBE4617U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person OH PUAY EE (HU PEIYU)
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? GBE2074Z
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

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.



[Signature]

Policyholder's Signature / Date & Time

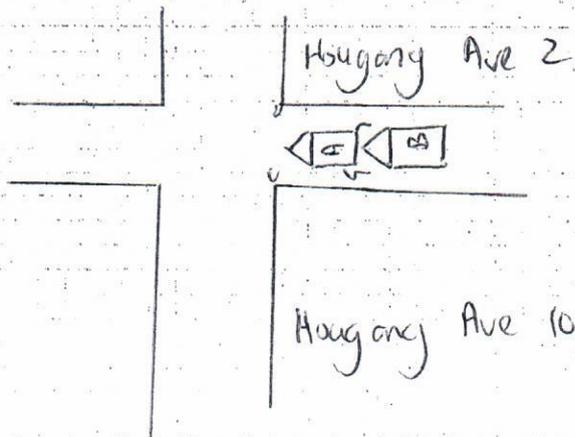
[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



DOA: 23/2/21

A: GBE 2074Z

B: GBE 4617

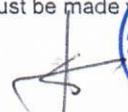
Describe Circumstances of the Accident

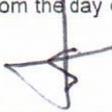
stopped stationary due to the traffic light was
red, suddenly my veh rear portion being collided
by veh B.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

X  
Policyholder's Signature / Date &
Time

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


Witnessed by Reporting Centre
Personnel

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(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.



X

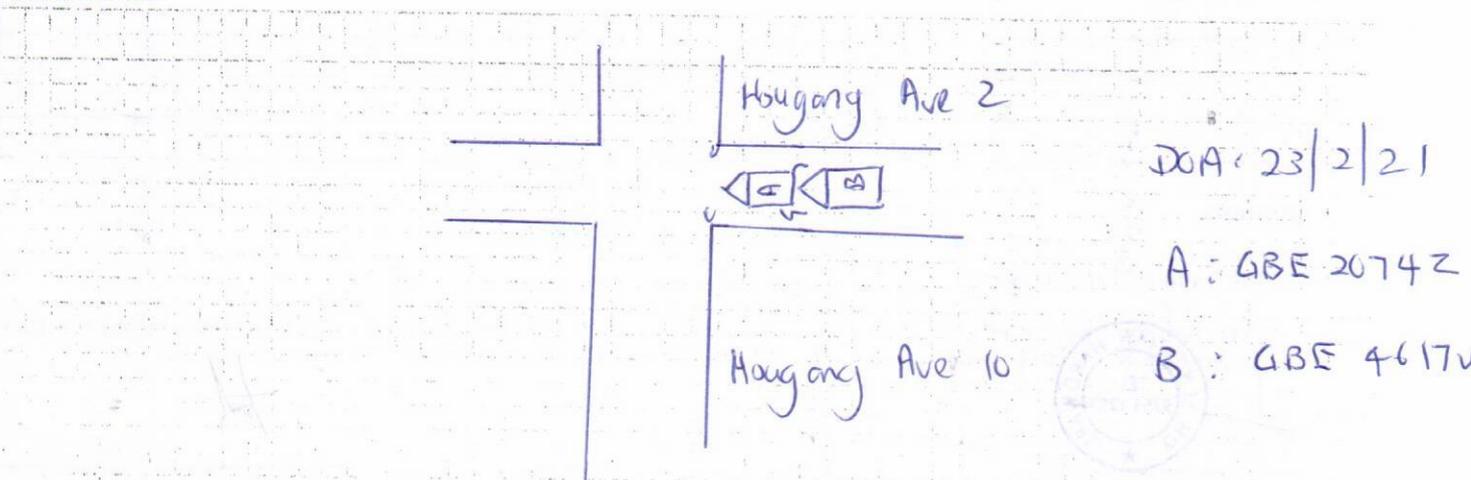
Policyholder's Signature / Date & Time

X

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Policy Query

Notice of Loss

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="23/02/2021 09:00"/>
Vehicle No.(For Motor)	<input type="text" value="GBE2074Z"/>	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"/>	5118364056		OH SENG TIAN HARDWARE	52889860D	GCV	Comprehensive	GBE2074Z	GBE2074Z	28/09/2020	27/09/2021

Continue

Personal Particulars

Date of Accident: 23/2/21 Time of Accident: 11:55am
 Exact Location of Accident: Junction between Hougang Ave 2 & Ave 10
 Owner's Name: Oh Seng Tian Hardware NRIC No: _____ HP No: _____
 Driver's Name: Oh Puay Ee NRIC No: S8008046H HP No: 94385816
 Date of Birth: 17/3/1980 Driving Licence Passing Date: 16/10/2004 Occupation: Indoor / Outdoor
 Address: 210B Compassvale Lane #15-168 (542210)
 Relationship of Driver with Insured: Owner Email Address: ohsengtian@gmail.com
 Vehicle No: GBE 2074Z Make & Model: Nissan
 Insurance Co: NTUC Coverage: _____ Policy No: _____

*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work

*Weather Condition? Clear / Raining / Others: _____ Wet / Dry / Others: _____

* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: 1+0 C: _____ D: _____

*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: Oh Puay Ee neck & back

*Was The Accident Reported To The Police?

No Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

No Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes/ No)

Third Party Driver's Particulars

Vehicle B No: GBE 46174 Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Vehicle C No: _____ Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____