

# NATIONAL Assessment Centre Services.

(w/ 1 Jan 03)

SV08213A0001

Date In: 10/03/2021 10:24	Job description	Date & Time Completed	Done by
Ref No: NPA/INC21003150/Y	SAS e-Milling		
Veh No: GBJ 2044C	E-mail (by date time, A/C time)		
D.O.A: 07/03/2021 11:00	I-Motor Claim Form	MT11123714-002	10/03/2021 10:28
OD: TP: Reporting Only	I-Motor W/O (within 00 hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VK/...		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Print/Category: Vch No: SGV4337D	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 Refor 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 > \$5000) ( )

Injury: ( )

( )

( )

( )

NA2101739	1) All Accident Reporting (\$50)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC ( )	\$125.43
Contact No:	3) TP: Towing Fee	\$130
Damage Portion:	4) PT: Follow Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow Through Survey (Resurvey)	\$30
	Verbal/Minor repairs ONLY (w/ 10 Jan 2003)	\$73
	6) TIR: TIR Inspection	\$160
	7) NIT: DA + EMRT Survey	
	8) NITUC Additional Services	
	OD:	\$3
	* NIT: Courtesy Car / TPI Allowance	\$10
	* NIT: Repair Coordination	\$25
	* NIT: Post Repair Inspection	\$3
	* NIT: DV / Collision Wreck Coordination	\$25
	TP (NIT) / TP (SHU INC) * Total DGS	\$0
	9) NIT: 1 day Mobile	
	Invoice dated	
	Invoice dated	
	Fees Charged	
	Fees 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	10/03/2021 10:24 (SGT)
Date of Accident	07/03/2021 11:00 (SGT)
Exact Location of Accident	Jln Bukit Ho Swee, Singapore
Additional Location Information	TOWARDS LOWER DELTA
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3044C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	EVERGAZ CONSTRUCTION PTE LTD
Company Reg No	1XXXXX695H
Email Address	evergaz8@gmail.com
Mobile Phone No	(Phone) +65-92708003
Alternative Phone No	+65-93927531

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
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	5116560667
Cover Note Number	-

## DRIVER

Name of Driver	NOI BOON YUE
NRIC No	SXXXX742C

Date Of Driving Pass	01/08/1984
Driving experience	36 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93927531
Alt. Phone Number	-
Email Address	evergaz8@gmail.com
Address	BLK 299B TAMPINES STREET 22 #09-638
Address complement	-
Postcode	522299
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 - 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?	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

PLEASE REFER TO SKETCH PLAN

#### 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	SGV4337D
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	THOMAS
Contact Number	(Phone) +65-98176571
Address	-
Address complement	-
Postcode	-

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.

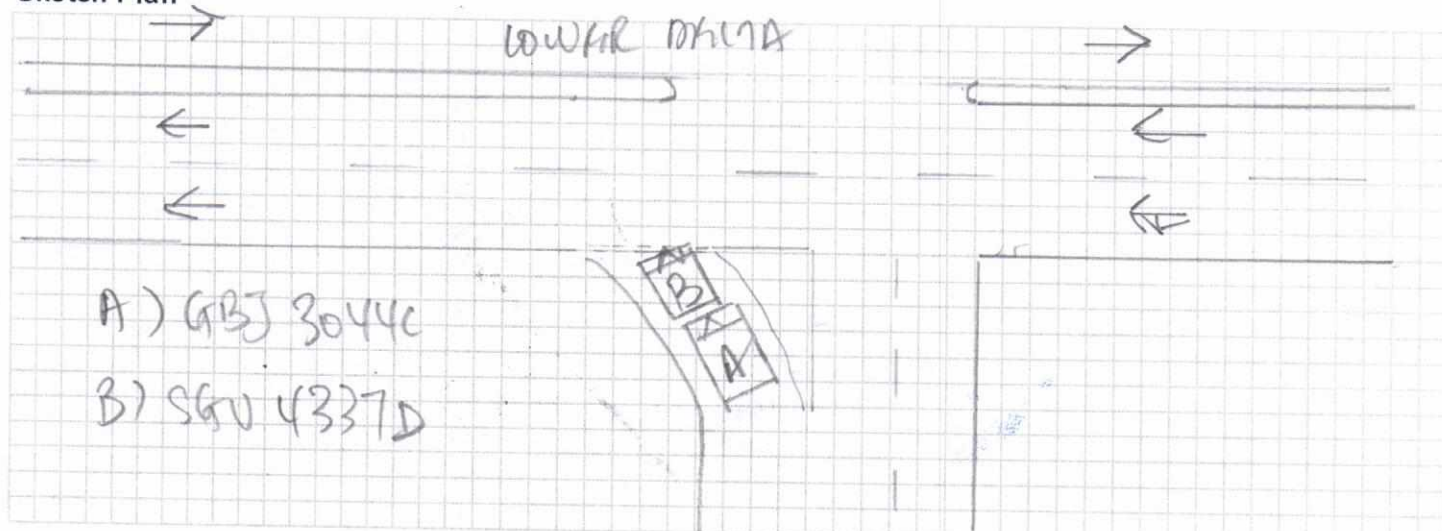


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

ON 07/03/2021 AT ABOUT 11:00 HRS I WAS AT THE JALAN  
BUKIT. I SWANK AND WANTED TO TURN LEFT INTO LOWKER  
DAKTA. A CAR SGV 4337P SUDDENLY STOPPED & I COULD  
NOT BRAKE ON TIME & HIT THE REAR OF THE CAR & WAS  
A MINOR DAMAGE. THAT ALL

**Declaration**

We declare the foregoing particulars are true in every respect.

永豐建築工程私人有限公司  
EVERGAZ CONSTRUCTION PTE LTD  
10, Anson Road, #05-16  
International Plaza, Singapore 079903  
Tel: 275-3500 Fax: 377-4179

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel



## ACCIDENT STATEMENT

ACCIDENT DATE: (07/03/2021) (DD/MM/YYYY), TIME: (11:00) (HH:MM)

LOCATION: JALAN BUKIT HOSENAK / BOWAR DUA

**1. DETAILS OF VEHICLE**

- a) VEHICLE NUMBER: GBJ 3044C  
 b) INSURANCE COMPANY: ANIC  
 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: PRIVATE USE  
 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: EVERGAZ CONSTRUCTION (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 92208003  
 c) ADDRESS: \_\_\_\_\_

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

**DRIVER**

- a) NAME: NOI BOON YAK (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 81595742 CONTACT: 93927531  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS \_\_\_\_\_

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: SGV 4337D MODEL: TOYOTA  
 b) DRIVER'S NAME: THOMAS  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98176571

**9. THIRD PARTY VEHICLE**

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

Email: EVERGAZ8@GMAIL.COM  
 VIDEO

## Claim Handling

Accident MT/1123774

Policy No.	5116560667	Vehicle No.	GBJ3044C	GST Registration No.	
Certificate No.					
Policyholder Name	EVERGAZ CONSTRUCTION PTE LTD			Policyholder NRIC	199
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
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	09/03/2021 18:40	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	07/03/2021	Time of Accident hh:mm	11:10	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	Jln Bukit Ho Swee				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	09/03/2021 18:41:05 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	10 ANSON ROAD	Address 2	#05-16 INTERNATIONAL PLAZA	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	079
Unit No.	05-16	Related Policy Number	5116560667-01		

## ▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	EVERGAZ CONSTRUCTION PTE	Insured NRIC	199
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	826
Email Address		OI Vehicle Number	GBJ3044C	TP Vehicle Number	SGV
Claim Description	GBJ3044C / SGV4337D ON 7 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	10/03/2021 10:37	Claim Close Date		Date Received	10/0
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment



▼ Attachment List

▼ Video List

Display in New Window      Scan and uploading

Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116560667		EVERGAZ CONSTRUCTION PTE LTD	199407695H	GCV	Comprehensive	GBJ3044C	GBJ3044C	21/03/2020	20/03/2021