

NATIONAL Assessment Centre Services (wef 1 Jan 2015)

Date In: 23/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC01003728/13	SAS e-filing		
Veh No: GBC 9953B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/03/21 1535	i-Motor Claim Form 24/03 MT/1123867-002		
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: SMU6380Z	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%; F: 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

NA3102217	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 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	23/03/2021 12:58 (SGT)
Date of Accident	08/03/2021 15:25 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC9953B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DELSERV LOGISTICS SERVICES
Company Reg No	5XXXX974A
Email Address	delservlog@gmail.com
Mobile Phone No	(Phone) +65-94786452
Alternative Phone No	+65-94786452

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115061923-01
Cover Note Number	-

DRIVER

Name of Driver	NG CHAN WAH
NRIC No	SXXXX080A



Date Of Birth	02/03/1950
Occupation	Outdoor
Date Of Driving Pass	23/05/1973
Driving experience	47 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92709182
Alt. Phone Number	-
Email Address	delservlog@gmail.com
Address	BLK 377 BUKIT BATOK ST 31
Address complement	#26-16
Postcode	650377
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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

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	SMU6380Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN JIE KAI
NRIC No	SXXXX627A
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.

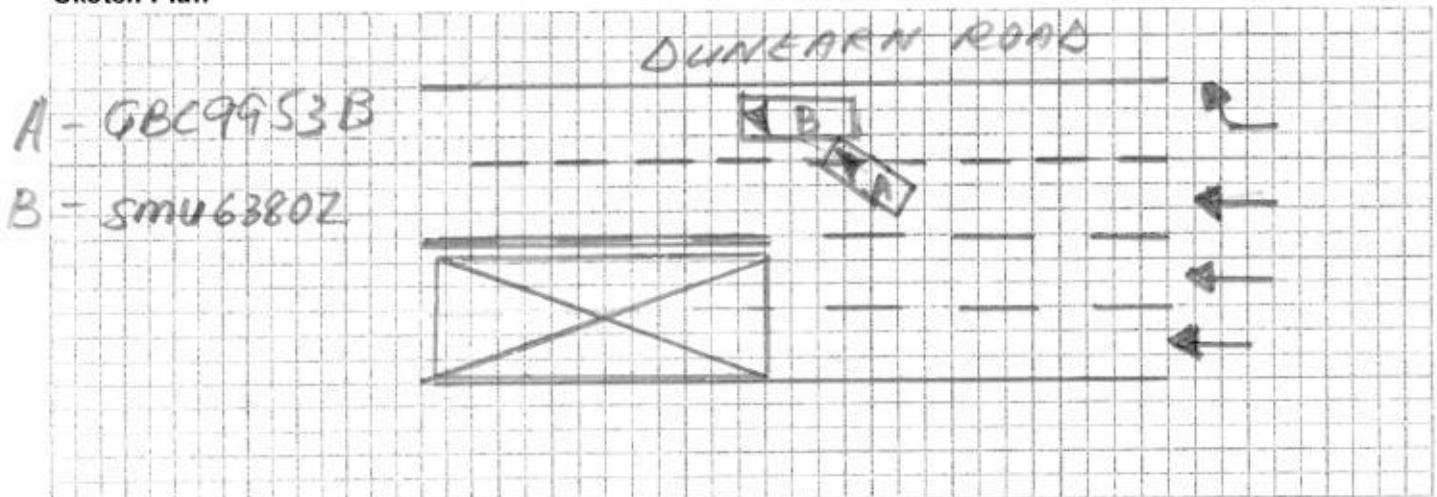


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving along Dunearn Rd at around 3.26 pm on 8th March 2021, and I signaled to filter right. Suddenly a black car SMN 6380 Z flashed by and crash into the right front side of my vehicle GBC 9953 C.

He was speeding very fast and driving very dangerously without due consideration for other driver who are filtering to turn right into Stewart Rd.

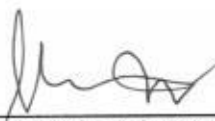
He was speeding as he could not stop on time or to avoid the collision (side-swapped).


Declaration

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
19/3/21

 23/03/21
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (08/03/21) (DD/MM/YYYY), TIME: (15:35) (HH:MM)

LOCATION: BUKIT TIMAH ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC9953B
b) INSURANCE COMPANY: WUC
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: DELSEV LOGISTICS SERVICES (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 94786457
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NG CHAN WAH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2014080A CONTACT: 92709182
c) ADDRESS: BLK 377 BUKIT BATOK ST 31
#26-16 (650377)

*d) DATE OF BIRTH: (02/03/1950) (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: PARENT

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: SMU6380Z MODEL: _____
b) DRIVER'S NAME: TAN JIE PAI
c) NRIC/FIN/PASSPORT: S9347627A CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

19/03/21
waiting for the
licence copy
called on 22/03/21 11:00

Email = delservlog@gmail.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="08/03/2021 15:25"/>	
Vehicle No.(For Motor)	<input type="text" value="GBC9953B"/>	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"/>	5115061923-01		DELSERV LOGISTICS SERVICES	53234974A	GCV	Comprehensive	GBC9953B	GBC9953B	27/12/2020	06/10/2021

Claim Handling

Accident MT/1123867

Policy No.	5115061923-01	Vehicle No.	GBC9953B	GST Registration No.	
Certificate No.					
Policyholder Name	DELSERV LOGISTICS SERVICES	Cover Type	Comprehensive	Policyholder NRIC	53234974A
Product Code	COMMERCIAL VEHICLE INSURA	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KFK	No Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	10/03/2021 15:04	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	06/03/2021	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT TIMAH ROAD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess		Total TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	10/03/2021 15:05:44 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	BLK 377 #26-16	Address 2	BUKIT BATOK STREET 31	Address 3	BUKIT GOMBAK VISTA
Address 4	SINGAPORE 650377	Address Type	Singapore address	Post Code	650377
Unit No.	06-302	Related Policy Number	5096520567-03		
01 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?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	DELSERV LOGISTICS SERVICE	Insured NRIC	53234974A
Contact No.(Mobile)	92709182	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	DELSERV@PACIFIC@YAHOO.COM	01 Vehicle Number	GBC9953B	TP Vehicle Number	SMU63802
Claim Description	GBC9953B / SMU63802 ON 8 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	24/03/2021 00:00
Date Registered	24/03/2021 17:52	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

Print AK letter

Save Submit



Attachment

Accident No.	MT/1123867	Claim No.	002		
Last Doc. Received	Yes No	Upload Date	24/03/2021 00:00		
Path *		Category *	Confidential	Urgency *	Description
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read					

Send Mes

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 24 Mar 2021 17:51		NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-24



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV
CES) on 24 Mar 2021 17:51

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CES) on 24 Mar 2021 17:51

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CES) on 24 Mar 2021 17:51

NRIC/ Driving License

SAS

Photos

Photos

Photos

Photos

Photos

Photos

Y

Normal

Normal

Normal

Normal

Normal

Normal

Normal

NRIC/ Driving License 2021-3-24

SAS 2021-3-24

Photos 2021-3-24

Photos 2021-3-24

Photos 2021-3-24

Photos 2021-3-24

Photos 2021-3-24

Photos 2021-3-24

Video List

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

<https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do>

2/2