

NATIONAL Assessment Centre Services

Date In: 27/12/2017 13:26	Job description	Date & Time Completed	Done by
Ref No: NA/INC17024434/K4	SAS e-filing		
Veh No: GW 3232Z	E-mail (within 8hrs, AIC 2hrs)		
DOA: 22/12/2017 09:15	i-Motor Claim Form	MT/0975328	27/12/17 15:25
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

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

TP Particulars: Veh No: SFV2842L INC () / Non-INC () Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: () Date: Time: ()

Confirmed by: ()

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:-	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

NA1708003

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N/a INC) against INC \$20		
	9) N12: Idac 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 ability.
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 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 Report	27/12/2017 13:26
Date Of Accident	22/12/2017 09:15
Exact Location Of Accident	PINE LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW3232Z
Insured/Policyholder	
Name Of Registered Owner	SYJ RECYCLING & TRADING
Co Reg No	53125726J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97537973
Alternative Phone No	OFFICE-97537973

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5084861348
Cover Note Number	

Driver

Name of Driver	YEO KEE HUA
NRIC No	S1636728A
Date Of Birth	08/04/1964
Occupation	OUTDOOR
Date Of Driving Pass	15/05/1986
Driving Experience	31 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97537973
Fax Number	
Contact Number	OTHERS-97537973
EEmail Address	NOEMAIL

Address BLK 401 HOUGANG AVE 10
 #05-1164
 Postcode 530401
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident SIDE SWIPE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 3
 Passenger 1 NAME: : MR SOON
 GENDER: : MALE
 Passenger 2 NAME: : MR SIMON
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 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 SFV2842L
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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 lodgment 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)**

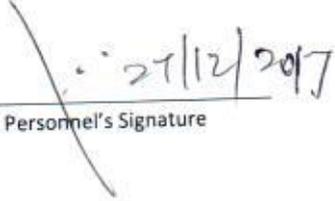
I understand, acknowledge, agree and consent that:

- (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

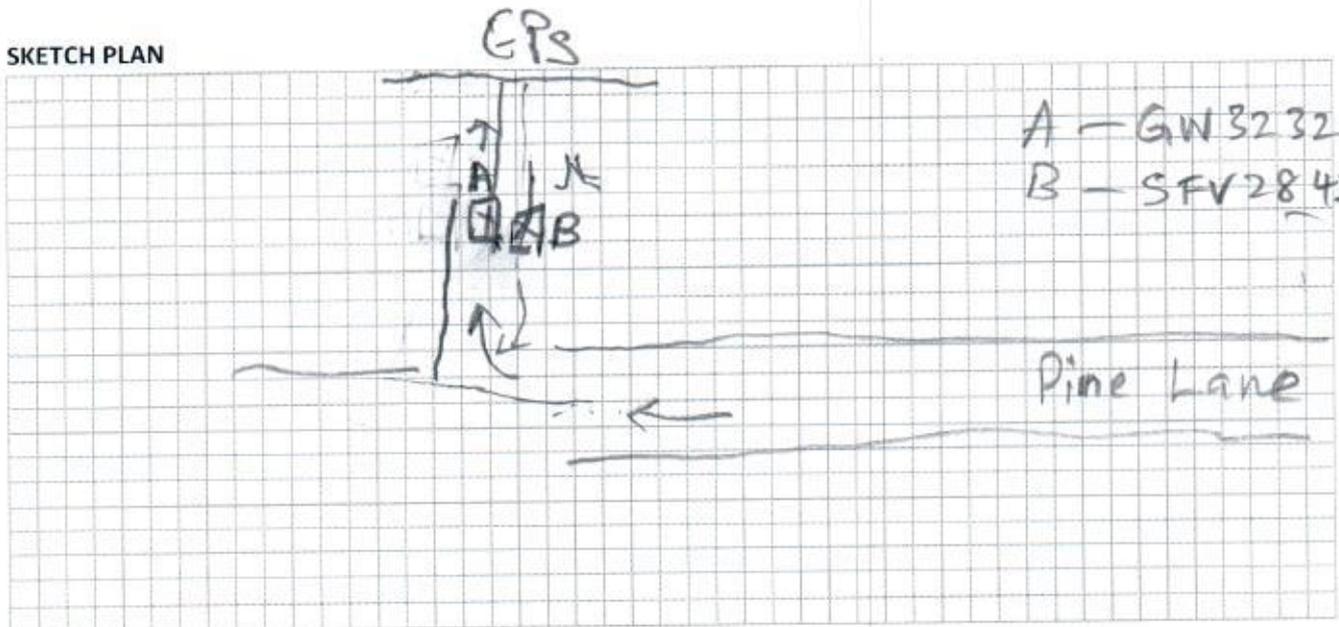

Policyholder's Signature
Date & Time:



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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A - GW3232Z
B - SFV2842L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Pine Lane to turn and but suddenly Vehicle B from the right side turn and hit on Vehicle A right side rear.

DECLARATION

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

[Signature]
SYDNEY POLICE
& TRADING

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 27/12/2017

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Reported on 22/12/2017

@ 1455 HRS

ACCIDENT STATEMENT

ACCIDENT DATE: (22/12/2017) (DD/MM/YYYY), TIME: (09:15 AM) (HH:MM)

LOCATION: Pine Lane

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GW 3232Z
- b) INSURANCE COMPANY: _____
- 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: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 97537973
- 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: SFV2842L 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: _____

* No of passenger (including driver) (3)
 2 passengers
 Mr Simon - Male

* No of passenger (including driver) ()

* No of passenger (including driver) ()

email =

fax =

Waiting for Company Chop?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1636728A



Name
YEO KEE HUA



Race
CHINESE

Date of Birth: **08-04-1964** Sex: **M**

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

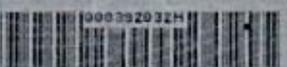
License Number: **S1636728A**

Name
YEO KEE HUA



Birth Date: **08 Apr 1964**

Issue Date: **17 Apr 2003**



2193168



NRIC No. **S1636728A**



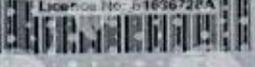
Blood Group: **O+** Date of issue: **08-07-1994**

APT BLK 401 HOUGANG AVENUE 10 #05-1164
SINDA OHE 530401
NRIC No: **S1636728A** Date: **14-11-2002** No: **4383426**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

CLASS DATE: **15 May 1990**

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2800 kilograms



License No: **S1636728A**

NP 428A

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)

[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
 Vehicle No.(For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	50B4861348	SYJ RECYCLING & TRADING	531257263	GCV	Third Party	GW3232Z	GW3232Z	10/10/2016	13/05/2018

Continue

Policy Information

Policy No.	5084861348	Policyholder Name	SYJ RECYCLING & TRADING	Policyholder NRIC	53125726J
Address	BLK 443C #05-381 FERVALE ROAD SINGAPORE 793443				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy Issue Date	09/10/2016	Effective Date	10/10/2016 00:00	Expiry Date	13/05/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	INCOME-BRANCH SERVICES	Agent Tel.	67886616	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 443C #05-381	Address 2	FERVALE ROAD	Address 3	SINGAPORE 793443
Address 4		Address Type	Singapore address	Post Code	793443
Unit No.		Related Policy Number	5084861348		

Insured Object: GW32322

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	10/10/2016 00:00	NCD Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We would like to inform you that from 10 Oct 2016, you are entitled to 15% NCD under your policy. In view of your NCD entitlement, a cheque refund of \$71.80 (inclusive of GST) will be mailed to you.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 10 Oct 2016 TO 13 Nov 2017 In view of this amendment, an additional premium of \$117.05 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is</p>
2	13/05/2017 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is</p>

Claim Handling

Accident MT/0975328

Policy No.	5084861348	Vehicle No.	GW3232Z	GST Registration No.	
Policyholder Name	SYJ RECYCLING & TRADING			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Third Party	Loading	
Contact No.(Mobile)	97537973	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
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(%)	15	Private Hire	No

Accident Details

Report Date	27/12/2017 15:13	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	22/12/2017	Time of Accident hh:mm	09:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PINE LANE				

Benefits

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 443C #05-381	Address 2	FERNVALE ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5084861348		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	YEO KEE HUA	Driver NRIC	S1636728A	Driving Experience	
Register Date of Driver License	15/05/1986	Driver Age	53	Contact No.(Home)	
Contact No.(Mobile)	97537973	Contact No.(Office)	0	Address 3	
Address 1	BLK 401	Address 2	HOUANG AVENUE 10	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	#05-1164	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	SYJ RECYCLING & TRADING	Insured NRIC	
Contact No.(Mobile)	82224959	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GW3232Z	TP Vehicle Number	
Claim Description	GW3232Z / SPV2842L ON 22 Dec 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	27/12/2017 15:23	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			

Print AK letter

Save Submit

Attachment

Accident No.	MT/0975328	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/12/2017 15:25
Path *	<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>		
Category *	Please Select <input type="button" value="NO"/> <input type="button" value="Normal"/>		

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 15:23	NRIC/ Driving License		Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 15:21	SAS		Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 15:21	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 15:21	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 15:20	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 15:20	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 15:20	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 15:20	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 15:20	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 15:20	Photos		Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name		Sour
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