

# NATIONAL Assessment Centre Services

Date In: 27/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/INC17024472/13	SAS e-filing		
Veh No: YP17686	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/11/17 2030	i-Motor Claim Form	MT/0974097	
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: UNKNOWN	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: 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		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
	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 16:06
Date Of Accident	11/11/2017 20:30
Exact Location Of Accident	COURTS MEGASTORE CARPARK TAMPINES NORTH DR 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP1768G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	S.K. YAP ENGINEERING
Co Reg No	49106500X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97377154

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086872867
Cover Note Number	

### Driver

Name of Driver	TAN KWANG BOON
NRIC No	S1420156D
Date Of Birth	27/02/1960
Occupation	OUTDOOR
Date Of Driving Pass	16/10/1984
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96346738
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 447B JALAN KAYU  
#08-348

Postcode 792447

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 NO COLLISION

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? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 0

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TAMPINES N.P.C

Police Station Address ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20171113/2172

#### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO



## 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 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:

*tz*

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

*ofym 27/12/17*

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

SKETCH PLAN

COURTS MEGASTORE  
OPEN CARPARK  
@ TAMPINES NORTH DR 2



A-YP1768G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T20171113/2172

DECLARATION

I/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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*Signature* 27/12/17





**SINGAPORE  
POLICE FORCE**



T/20171113/2172

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20171113/2172

**CONTINUATION OF REPORT**

Driver			
Name	TAN KWANG BOON	ID No.	S1420156D
Related Vehicle	YP1768G (Lorry)	Contact No.	96346738
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 11/11/2017 at about 2030hrs, after I finish my last delivery, I came back to Courts Megastore and parked my Courts Lorry Reg no: YP1768G at the open space carpark located at No.50 Tampines North Drive 2. I am not sure if there is any carpark lot number. After parking my lorry, I secured my lorry and left for home. The carpark at that time was full and there were private cars parked on both the lots beside I parked my lorry.

On 13/11/2017 at about 0730hrs, I reported for work and went back to my lorry to start work. I then noticed there is note placed on my lorry windscreen with a report number G/20171111/0206. To call IO Mariam at Tel:65476433. I then called the number and I assume its a police officer on the line and she told me to lodge a police report as she informed me that someone claim that I have hit his/her parked vehicle. She did not reveal any other details of the accident.

I wish to state that I did not know anything about any accident committed by me or involving the lorry I am driving. I believe I am the only driver for the said lorry and I had brought the key home with me. I am not sure if anybody else have the spare key but Courts should have a spare key to the vehicle. When I come back to the lorry on 13/11/2017, the lorry is still at the lorry I parked and there is no significant damages found on my lorry to suggest that it was involved in an accident.



# SINGAPORE POLICE FORCE



T/20171113/2172

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Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20171113/2172

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/11/2017 19:03	Vide Report No.:	Station Diary No.: 82
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**Informant's Particulars**

Name of Informant: TAN KWANG BOON			Address: APT BLK 447B JALAN KAYU #08-348 SINGAPORE 792447		
ID Type / ID No.: NRIC NO / S1420156D			Contact No.: Home/Office:		Mobile: 96346738
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 27/02/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/11/2017 07:30	Type of Location: Car Park
Location: Along Road 1 TAMPINES NORTH DRIVE 2  COURTS MEGASTORE CARPARK			11/11/2017 2030	
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP1768G	Lorry	mitsubishi	FUSO	Yellow	No Damage	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





# SINGAPORE POLICE FORCE



T/20171113/2172

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Report No. T/20171113/2172

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
G /  
Sr Staff Sgt MUHAMAD FAISAL BIN MOHD  
SALEH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
13/11/2017 19:03

Classification Of Case:





eBaoTech

GeneralClaim

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="11/11/2017 20:30"/>						
Vehicle No.(For Motor)	<input type="text" value="YP1768G"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5086872867	S.K. YAP ENGINEERING	49106500X	GFT	Comprehensive	YP1768G	YP1768G	21/03/2017	22/12/2017
				<input type="button" value="Continue"/>					



## Claim Handling

Accident MT/0974097

Policy No.	5086872867	Vehicle No.	YP1768G	GST Registration No.	
Policyholder Name	S.K. YAP ENGINEERING	Cover Type	Comprehensive	Policyholder NRIC	
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available

## Accident Details

Report Date	18/12/2017 13:22	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Par
Date of Accident	11/11/2017	Time of Accident hh:mm	20:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NO 50 TAMPINES NORTH DRIVE 2 PARK LOT 52				

## Benefits

## Excess

Own damage Excess	600.00	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	Yes	GST Registration Date	10/06/2002
GST Registration No.	M90006376C	GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	14 TUAS VIEW CIRCUIT	Address 2	SINGAPORE 639930	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5086872867-01		

## 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.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Modification History

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	S.K. YAP ENGINEERING	Insured NRIC	
Contact No.(Mobile)	96355069	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	YP1768G	TP Vehicle Number	
Claim Description	YP1768G ON 11 Nov 2017				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	27/12/2017 17:03	Claim Close Date		Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0974097	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/12/2017 00:00

Path *	Category *	Confidential	Urgency
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="text" value="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 17:03	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 17:03	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 17:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 17:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 17:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 17:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 17:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 17:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 17:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 17:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 17:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 17:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 17:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 17:01	Photos	Normal	Photos

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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