

NATIONAL Assessment Centre Services

(wef 1 Jan 2015)

MMA 118001457

Date In: 3/1/18 15:25	Job description	Date & Time Completed	Done by
Ref No: NA/INC18000157/h4	SAS e-filing		
Veh No: GW 5933 X	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 2/1/18 14:45	i-Motor Claim Form	MT/0976265	3/1/18 17:36
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

NA1800073	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$40)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2015)		
QC Checked by (Engr-In-Charge):	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRI 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 \$30		
	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	03/01/2018 15:25
Date Of Accident	02/01/2018 14:45
Exact Location Of Accident	HILLVIEW ROAD TWDS HILLVIEW AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW5933X
Insured/Policyholder	
Name Of Registered Owner	TYCOON TRADING
Co Reg No	38429300W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68420663

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5079881427-01
Cover Note Number	-

Driver

Name of Driver	LEE DE YONG
NRIC No	S1172242C
Date Of Birth	19/10/1955
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1978
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96221625
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 150 TAMPINES ST 12 #11-46
Postcode	521150
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	
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)	1

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

I WAS TRAVELLING ALONG UPPER BT TIMAH RD TURNING INTO HILLVIEW RD TWDS HILLVIEW AVE, WHILE APPROACHING BEFORE A BUS STOP, AT THE UP SLOPE, VEH INFRONT OF ME BRAKE AND STOP, AS SUCH I MANAGE TO STOP BUT DUE TO THE RAINING DAY AND ROAD SURFACE WAS WET, MY VEH SKIDDED AND TOUCH ONTO THE VEH REAR PORTION. AFTER THE INCIDENT, WE BOTH ALIGHTING FROM VEH AND EXCHANGE PARTICULAR, I FOUND THAT THE VEH WAS NO DAMAGE. WHILE I GIVING MY IC TO OTHER PARTY TOOK PHOTO, VEH BEHIND OF ME STARTED TO HORN DUE TO THE ONE LANE TRAFFIC, THEN WHEN I PREPARE TO DROVE MY VEH TO THE ROAD SIDE, THE VEH THAT I HIT ALREADY DROVE OFF SO I CANNOT GET THE CAR PLATE NUMBER.

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	UNKNOWN
Vehicle Make/Model/Colour	BLUE COLOR PEUGEOT
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)

1

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.

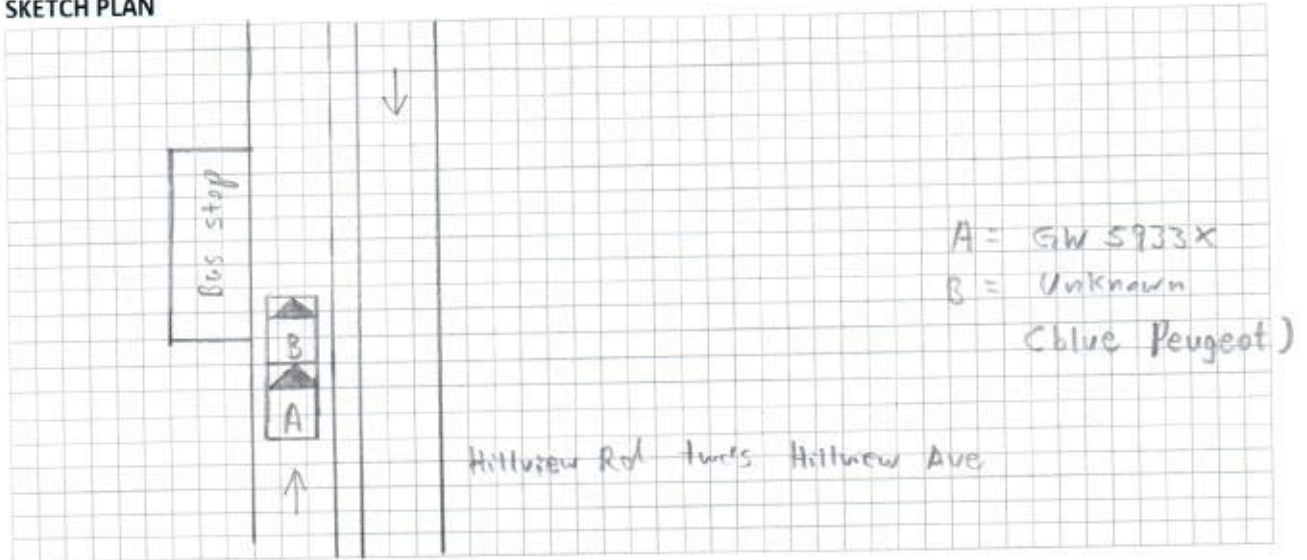
TYCOON TRADING
Blk 3015 Ubi Road 1
#03-248 Singapore 408704

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION


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

TYCOON TRADING
 Blk 3015 Ubi Road 1
 #03-248 Singapore 408704
 Policyholder's Signature
 Date & Time:

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

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1172242C



Name
LEE DE YONG

李得雍

Race
CHINESE

Date of birth
19-10-1955

Sex
M

Country of birth
SINGAPORE

HP
96221625

4126284



NRIC No. S1172242C



Date of issue
07-11-2007

APT BLK 150 TAMPINES STREET 12 #11-46
SINGAPORE 521150

NRIC No: S1172242C Date: 10/10/2015

POLICE REPORT (NP322)

Police Station Of Origin
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



G/20151202/2026

1 of 2

Report No. G/20151202/2026

Date/Time Report Made 02/12/2015 11:30	Vide Report No.	Station Diary No. 29
Name Of Informant LEE DE YONG	Address APT BLK 150 TAMPINES STREET 12 #11-46 SINGAPORE 521150	
ID Type / ID No. NRIC NO / S1172242C	Contact No. Home/Office Mobile 96221625	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation DELIVERY MAN	Sex Male	Age 60
Institution/School Name	Date of Birth 19/10/1955	Race Chinese
	Language Mandarin	
Date/Time Of Incident 28/11/2015 15:00 - 28/11/2015 15:00	Location Of Incident SUNRISE TERRACE SINGAPORE	

Brief details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION, THE BELOW MENTIONED ITEM WAS FOUND BY ME.

Property Information

Signature Of Officer Recording The Report:

G / MUHAMMAD NAZERUL BIN ZULKEPLI
CAPT JABON GEMSignature Of Interpreter:
Not applicableOfficer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Quek Rui Qun Davin
Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:
02/12/2015 11:30

Classification Of Case:

FUPO hotline number: 68429645



G/20151202/2026

2 of 2

CONTINUATION OF REPORT

Report No. G/20151202/2026

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	CARD	Found				1		DRIVING LICENCE / GOH JIA YUAN / S8426597G

Signature Of Officer Recording The Report:

G / MUHAMMAD NAZERUL BIN ZULKEPLI

CPA TADON GOW

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

G / Bedok Police Divisional Investigation Branch /
Quek Rui Qun Davin
Contact No.: 62447200

Signature Of Informant:

Date/Time:

02/12/2015 11:30

Classification Of Case:

Authentication Stamp



Signature

Police Force

FUPO hotline number: 68429645

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5079881427-01	TYCOON TRADING	38429300W	GCV	Third Party	GW5933X	GW5933X	28/04/2017	26/02/2018

Claim Handling

Accident MT/0976265

Policy No.	5079881427-01	Vehicle No.	GW5933X	GST Registration No.	
Policyholder Name	TYCOON TRADING			Policyholder NRIC	384
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	68420663	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	03/01/2018 17:32	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	02/01/2018	Time of Accident hh:mm	14:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	HILLVIEW ROAD TWDS HILLVIEW AVE				

▼ 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	3015 UBI ROAD 1 #03-248	Address 2	SINGAPORE 408704	Address 3	
Address 4		Address Type	Singapore address	Post Code	408
Unit No.		Related Policy Number	5079881427-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/1
Unnamed driver Name	LEE DE YONG	Driver NRIC	S1172242C	Driving Experience	40
Register Date of Driver License	01/01/1978	Driver Age	62	Contact No.(Home)	
Contact No.(Mobile)	96221625	Contact No.(Office)		Address 3	TAM
Address 1	BLK 150 #11-46	Address 2	TAMPINES STREET 12	Post Code	521
Address 4	SINGAPORE 521150	Address Type	Singapore address		
Unit No.	11-46				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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

New

Claim Type *	OD-MX	Insured Name	TYCOON TRADING	Insured NRIC	384	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	622	
Email Address		OI Vehicle Number	GW5933X	TP Vehicle Number	UNK	
Claim Description	GW5933X / UNKNOWN ON 2 Jan 2018				Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	GIA report	Rec	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	03/0	
Date Registered	03/01/2018 17:35	Claim Close Date				
Report Taken By	LIEW SHAN HUI					
<input checked="" type="checkbox"/> Print AK letter						
		Save	Submit			

Attachment

1/3/2018

Claim Handling(accident reporting Claim Task)

Accident No.

MT/0976265

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

03/01/2018 17:36

Path *

[Choose File](#) No file chosen
[Choose File](#) No file chosen
[Choose File](#) No file chosen
[Choose File](#) No file chosen
[Choose File](#) No file chosen
[Choose File](#) No file chosen
[Message Read](#)

Category *		Confidential	Urgency *
Clear	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
Clear	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
Clear	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
Clear	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
Clear	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
Clear	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 17:36	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 17:36	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 17:36	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 17:36	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 17:36	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 17:36	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 17:36	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 17:36	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 17:35	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 17:35	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 17:35	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 17:35	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 17:35	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 17:35	Photos	Normal	Photos 20

Video List

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