

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MMA 118004433

Date In: 9/11/18 17:15	Job description	Date & Time Completed	Done by
Ref No: MAI INC 18000565164	SAS e-filing		
Veh No: GX 6017D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/11/18 18:25	i-Motor Claim Form	MT10977107	10/11/18 09:04
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: SLH 3025A	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	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	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:-		
	Q1:		
	*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 \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Ref 1:			
Ref 2/3:			

## 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	09/01/2018 17:15
Date Of Accident	08/01/2018 18:25
Exact Location Of Accident	TANJONG KATONG RD TURNING INTO BOSCOMBE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX6017D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WELLCOME MOTOR AGENCIES
Co Reg No	39853800W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63444012

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L300
Exact Purpose for which vehicle was being used at time of accident	AFTER 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	5069141998-03
Cover Note Number	-

### Driver

Name of Driver	TEN KAI AEN
NRIC No	S2569166J
Date Of Birth	17/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	22/07/1978
Driving Experience	39 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94506462
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 627 HOUGANG AVE 8 #12-146
Postcode	530627
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?	
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 STOP AT THE TANJONG KATONG RD WAITING TO TURN INTO BOSCOMBE RD, AFTER I NOTICED ONE MAZDA VEHICLE FROM OPPOSITE DIRECTION PASS THRU MY VEH AND THAT WAS NO MORE ONCOMING VEH, I STARTED TO TURN INTO BOSCOMBE RD, SUDDENLY I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I REALIZED THE SAY MAZDA WAS STOP AT THE ROAD TO LET PASSENGER CROSS THE ROAD, AS THE RESULT, MY VEH RIGHT REAR HIT ONTO THE MAZDA RIGHT REAR PORTION.

#### 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	SLH3025A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHRISTINA DEWI
NRIC/Passport Number	S7679751Z
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 willful 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.

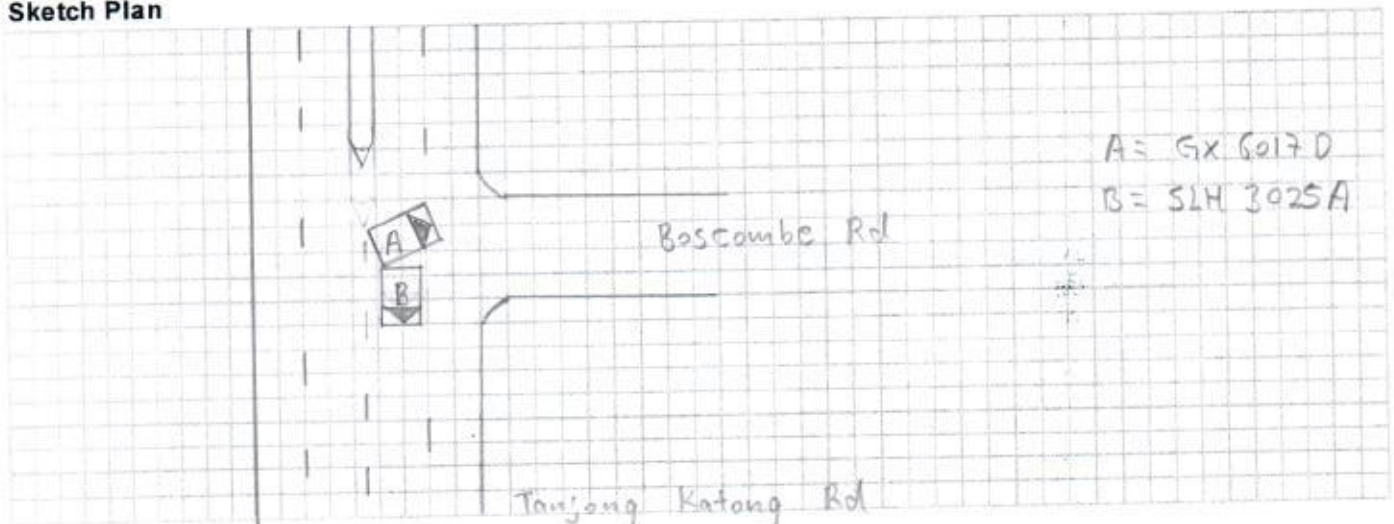
  
Policyholder's Signature / Date &  
Time



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

  
Witnessed by Reporting Centre  
Personnel

### Sketch Plan



**Describe Circumstances of the Accident**


Please Refer to statement

**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

  
Witnessed by Reporting Centre  
Personnel

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2569166J



Name  
TEN KAI AEN

陳開榮

Race  
CHINESE

Date of birth  
17-10-1959

Sex  
M

Country of birth  
MALAYSIA

S2569166J

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence number: S2569166J

Name  
TEN KAI AEN

Birth Date: 17 Oct 1959

Issue Date: 18 Feb 2003




000208855D

3694306




NRIC No: S2569166J

Date of issue  
29-03-2005

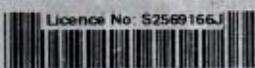
Address  
APT BLK 627 HOUGANG AVENUE 8  
#12-146  
SINGAPORE 530627

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	10 Mar 1978
Class 2A	Motorcycles between 201 cc and 400 cc	10 Mar 1978
Class 2	Motorcycles exceeding 400 cc	10 Mar 1978
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 Jul 1978

NP 428A

Licence No: S2569166J



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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## Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5069141998-03	WELLCOME MOTOR AGENCIES	39853800W	GFT	Third Party	GX6017D	GX6017D	01/01/2018	

 **Policy Information**

Policy No.	5069141998-03	Policyholder Name	WELLCOME MOTOR AGENCIES	Policyholder NRIC	39853800W
Address	289 TANJONG KATONG ROAD SINGAPORE 437072				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	04/01/2018	Effective Date	01/01/2018 00:00	Expiry Date	31/12/2018 23:59
Third Party Excess	0.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess		OS Premium	8532.17		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	NEWSTATE STENHOUSE (S) PTE	Agent Tel.	62229188	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 **Policyholder Mailing Address**

Address 1	289 TANJONG KATONG ROAD	Address 2	SINGAPORE 437072	Address 3	
Address 4		Address Type	Singapore address	Post Code	437072
Unit No.		Related Policy Number	5069188937-03		

 **Insured Object: GX6017D**
 **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

The premium on this policy has not been collected.

Accident MT/0977107

Policy No.	5069141998-03	Vehicle No.	GX6017D	GST Registration No.	M90
Policyholder Name	WELLCOME MOTOR AGENCIES			Policyholder NRIC	398
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	63444012	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(%)	0	Private Hire	No

## ▼ Accident Details

Report Date	10/01/2018 08:59	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	08/01/2018	Time of Accident hh:mm	18:25	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	TANJONG KATONG RD TURNING INTO BOSCOMBE RD				

## ▼ 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	Yes	GST Registration Date	01/01/2015
GST Registration No.	M90001228R	GST Status Verified	No
Modification History			

## ▼ Policyholder Mailing Address

Address 1	289 TANJONG KATONG ROAD	Address 2	SINGAPORE 437072	Address 3	
Address 4		Address Type	Singapore address	Post Code	437
Unit No.		Related Policy Number	5069188937-03		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	17/1
Unnamed driver Name	TEN KAI AEN	Driver NRIC	S2569166J	Driving Experience	39
Register Date of Driver License	22/07/1978	Driver Age	58	Contact No.(Home)	
Contact No.(Mobile)	94506462	Contact No.(Office)		Address 3	SINGAPORE
Address 1	BLK 627 #12-146	Address 2	HOUGANG AVENUE 8	Post Code	530
Address 4		Address Type	Singapore address		
Unit No.	12-146				
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	WELLCOME MOTOR AGENCIES	Insured NRIC	398
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	634
Email Address		OI Vehicle Number	GX6017D	TP Vehicle Number	SLH
Claim Description	GX6017D / SLH3025A ON 8 Jan 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	10/01/2018 09:03	Claim Close Date		Date Received	10/1
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No. MT/0977107  
 Last Doc. Received ☒ Yes ☐ No

Claim No. 001  
 Upload Date 10/01/2018 09:04

Path \*

Choose File No file chosen  
 Choose File No file chosen  
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 Choose File No file chosen  
 Choose File No file chosen  
 Choose File No file chosen

Message Read

Category \*

Confidential

Urgency \*

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2018 09:04	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2018 09:04	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2018 09:04	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2018 09:04	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2018 09:04	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2018 09:03	Photos	Normal	Photos 2018
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jan 2018 09:03	Photos	Normal	Photos 2018

Video List

Uploaded By/Date Folder Date File Name Source

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