

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA118016130

Date In: 1/2/18 - 17:31	Job description	Date & Time Completed	Done by
Ref No: NAI/INC18002067/24	SAS e-filing		
Veh No: 68E9146D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 31/18 - 19:45	i-Motor Claim Form	M/0920567	1/2/18 18:46
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: 6E7063E	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% P: 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

Claimant's Particulars:	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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:-		
	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-on INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	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 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	01/02/2018 17:31
Date Of Accident	31/01/2018 19:45
Exact Location Of Accident	AYE BEFORE ALEXANDRA RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9146D
Insured/Policyholder	
Name Of Registered Owner	YEW HUP HONG GAS SUPPLIER & TRADING
Co Reg No	53145654D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5079348721-01
Cover Note Number	

Driver

Name of Driver	TAN YOKE LEONG
NRIC No	S1162341G
Date Of Birth	28/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	17/02/1978
Driving Experience	39 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98399207
Fax Number	
Contact Number	OFFICE-98399207
Email Address	NOEMAIL

Address	BLK 1D CANTONMENT ROAD #16-41
Postcode	085401
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG AYE LANE 3 BEFORE ALEXANDRA ROAD EXIT. VEHICLE B WAS TRAVELLING BEHIND OF MY VEHICLE ON THE SAME LANE. SUDDENLY VEHICLE B BIT ONTO MY VEHICLE REAR RIGHT 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	SJE7062E
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)	2

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.

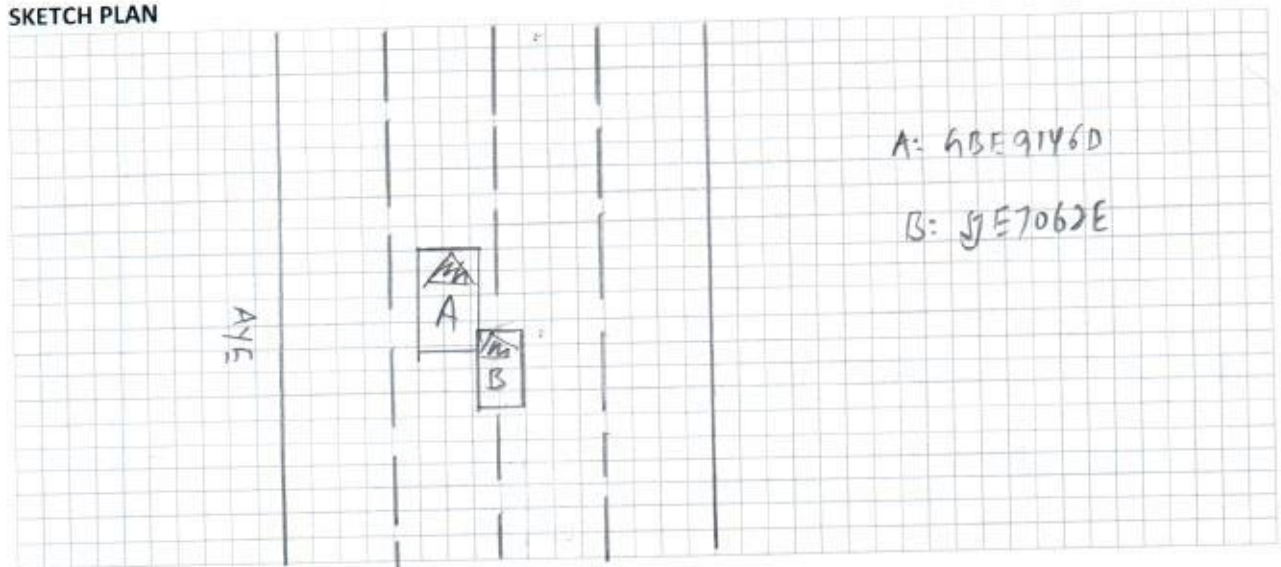
YEW HUP HONG GAS SUPPLIER & TRADING

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

Refer to Statement.

DECLARATION

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

YEW HUP HONG GAS SUPPLIER & TRADING

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No: S11623 1G

Name: TAN YOKE LEONG

Birth Date: 21 May 1956

Valid Date: 05 Feb 2003

006172932F




REPUBLIC OF SINGAPORE

IDENTITY CARD NO: S1162341G

TAN YOKE LEONG

陈育隆

CHINESE

Date of Birth: 28-05-1956

Country of Birth: SINGAPORE





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 17 Feb 1978

Licence No: S1162341G

NP 428A



2473023

Barcode

NRIC No: S1162341G

17A AD845

Blood Group: A+ Date of Issue: 13-10-1994

APT BLK 1D CANTONMENT ROAD #16-41 SINGAPORE 085401

NRIC No: S1162341G Date: 08/08/2010 No: 6539621



eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

31/01/2018 07:45

Vehicle No. (For Motor)

GBE9146D

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S079348721-01	YEW HUP HONG GAS SUPPLIER & TRADING	53145654D	GCV	Comprehensive	GBE9146D	GBE9146D	26/04/2017	25/04/2018

▼ Policy Information

Policy No.	5079348721-01	Policyholder Name	YEW HUP HONG GAS SUPPLIER	Policyholder NRIC	53145654D
Address	BLK 1D #16-41 CANTONMENT ROAD THE PINNACLE@DUXTON SINGAPORE 085401				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	21/04/2017	Effective Date	26/04/2017 00:00	Expiry Date	25/04/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 1D #16-41	Address 2	CANTONMENT ROAD	Address 3	THE PINNACLE@DUXTON
Address 4	SINGAPORE 085401	Address Type	Singapore address	Post Code	085401
Unit No.	16-41	Related Policy Number	5079348721-01		

▶ Insured Object: GBE9146D

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue

Cancel

Exit

Claim Handling

Accident MT/9980567

Policy No.	5079348721-01	Vehicle No.	GBE9146D	GST Registration No.	
Policyholder Name	YEW HUP HONG GAS SUPPLIER & TRADING	Cover Type	Comprehensive	Policyholder NRIC	53145654D
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
XFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Report Date		01/02/2018 18:44	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident		31/01/2018	Time of Accident hh:mm	19:45	Country of Accident	Singapore
Reporting Centre			Orange Forte		ICM No.	
Accident Location		AYE BEFORE ALEXANDRA RD EXIT				

Own damage Excess		600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess			Outside Singapore OD Excess			
Third Party Excess		0.00	Outside Singapore TP Excess			

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

Policyholder Mailing Address

Address 1	BLK 1D #15-41	Address 2	CANTONMENT ROAD	Address 3	THE PINNACLE @ DUXTON
Address 4	SINGAPORE 085401	Address Type	Singapore address	Post Code	085401
Unit No.	15-41	Related Policy Number	5079348721-01		

Driver Name		Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	28/05/1958
Unnamed driver Name		TAN YOCKE LEONG	Driver NRIC	S1162341G	Driving Experience	39
Register Date of Driver License		17/02/1978	Driver Age	61	Contact No.(Home)	0
Contact No.(Mobile)		98399207	Contact No.(Office)	0	Address 3	THE PINNACLE @ DUXTON
Address 1		BLK 1D	Address 2	CANTONMENT ROAD	Post Code	085401
Address 4		SINGAPORE 085401	Address Type	Singapore address		
Unit No.		15-41	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	YEW HUP HONG GAS SUPPLIER	Insured NRIC	53145654D
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	66462745
Email Address		Old Vehicle Number	GBE9146D	TP Vehicle Number	5JE7062E
Claim Description	GBE9146D / 5JE7062E ON 31 Jan 2018				
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	Received
Date Registered	01/02/2018 18:46	Claim Close Date		Date Received	01/02/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/9980567	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/02/2018 18:46

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Map Sent? Action (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 18:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-1	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 18:46	SAS	Normal	SAS 2018-2-1	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 18:46	Photos	Normal	Photos 2018-2-1	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 18:46	Photos	Normal	Photos 2018-2-1	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 18:46	Photos	Normal	Photos 2018-2-1	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 18:46	Photos	Normal	Photos 2018-2-1	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 18:46	Photos	Normal	Photos 2018-2-1	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 18:46	Photos	Normal	Photos 2018-2-1	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 18:46	Photos	Normal	Photos 2018-2-1	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Feb 2018 18:46	Photos	Normal	Photos 2018-2-1	Edit

Video List

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