

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MMA 118017022

Date In: 3/2/18 15:01	Job description	Date & Time Completed	Done by:
Ref No: NA/INC 18002164/164	SAS e-filing		
Veh No: GW 8825E	E-mail (within 3hrs, AOC 3hrs)		
D.O.A: 2/2/18 16:30	i-Motor Claim Form	MT/0980837	3/2/18 17:28
OD: (TP) Reporting Only	i-Motor W/O (Within: QD 3hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: YN 26954	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

MA1800776	Invoice Preparation Checklist	Amr (\$)	Amr (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
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 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non-INC) against INC \$20		
Pat. 1:	9) N12: Idac Mobile \$0		
Pat. 2 / 3	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 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	03/02/2018 15:01
Date Of Accident	02/02/2018 16:30
Exact Location Of Accident	JLN KAYU SLIP RD INTO SENGKANG WEST AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW8825E
Insured/Policyholder	
Name Of Registered Owner	UKA LEASING PTE LTD
Co Reg No	201105072Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96811163

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L300 HR M
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	THIRD PARTY
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	5061870376-04
Cover Note Number	-

Driver

Name of Driver	TAN YIT WEE
NRIC No	S1607064E
Date Of Birth	04/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	15/02/1984
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96811163
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 509 AMK AVE 8 #11-2736
 Postcode 560509
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 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? YES
 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) 2
 Passenger 1 NAME: : SIAU YING COHG
 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

PLEASE REFER TO 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 YN2695L
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver NQRAZALI BIN ZULKEFLI
 NRIC/Passport Number S8526436B
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name	TAN YIT WEE
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	GW8825E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

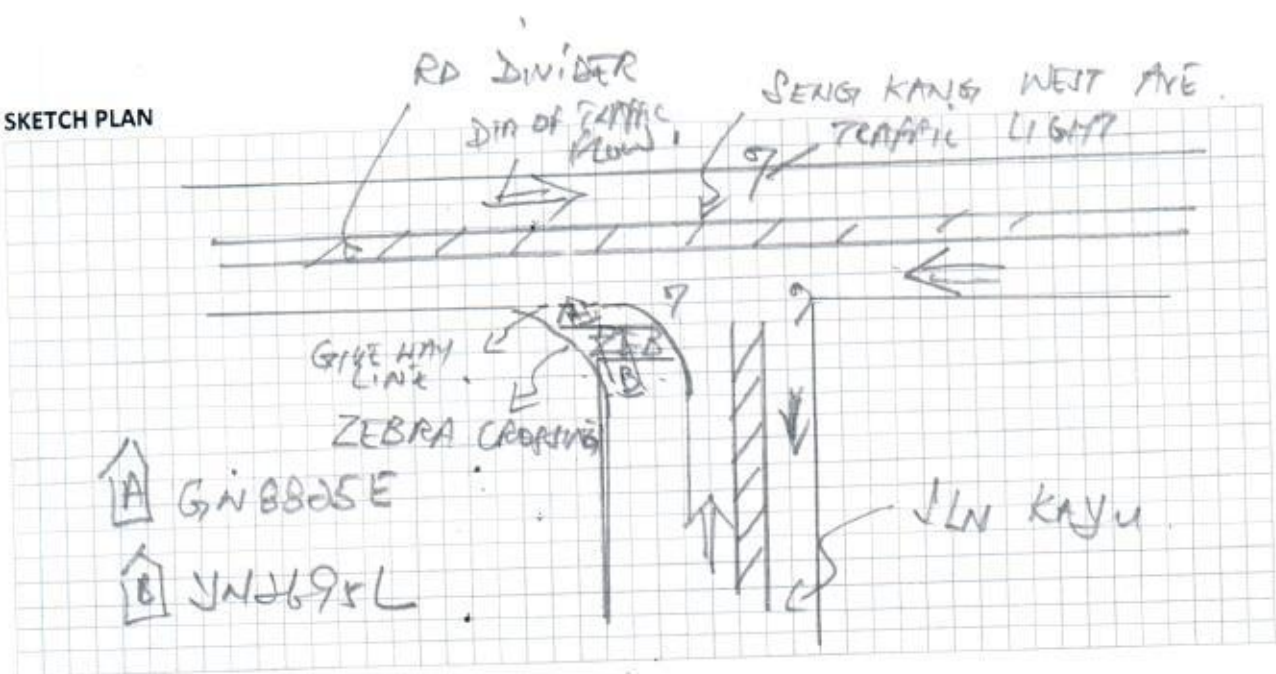


Policyholder's Signature
Date & Time:

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

On 03 FEB 2018 @ about 1630 (4:30pm) whilst I was about to joined SENG KANG WEST AVE from JLN KAYU (As shown), I halted to give way to an on-coming vehicle & suddenly a truck bearing registration YN 2695L, driven by one NORAZALI BIN ZULKIFLI; NRIC: 585264360; residing @ B/358, ANCHORVALE RD, #09-125, SPORE 540350) banged right into the rear of the van bearing GW 8805E which I was driving.

I wished to state that at the point of the impact, I did have a passenger, MR. FAY YING COH, M/Sperson, i/c 9107419B; residing @ B/602, HIGAN AVE 4, #02-231, S(530602) on the R/Light. Both passengers & myself had our seat belts firmly belted.

That's all.

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1607064E**

Name: **TAN YIT WEE**

Birth Date: **04 Oct 1963**

Issue Date: **23 Jan 2003**

0001471518




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1607064E**

Name: **TAN YIT WEE**

鄧 憶 偉

Race: **CHINESE**

Date of birth: **04-10-1963**

Country/Place of birth: **SINGAPORE**

Sex: **M**

S1607064E






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

		PASS DATE
Class 2B	Motorcycle not exceeding 200 cc	20 Feb 1991
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Feb 1984

Licence No: **S1607064E**

NP 428A



5631202

S1607064E

NRIC No: **S1607064E**

Date of issue: **04-08-2016**

Address: **APT BLK 509 ANG MO KIO AVENUE 8
#11-2736
SINGAPORE 560509**




Hello, NAC_PAYA_UBI_800601

[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"/>	5061870376-04	UKA LEASING PTE LTD	201105072Z	GFT	Third Party	GW8825E	GW8825E	26/09/2017	

2/3/2018

▼ Policy Information

Policy No.	5061870376-04	Policyholder Name	UKA LEASING PTE LTD	Policyholder NRIC	201105072Z
Address	3018A UBI ROAD 1 #01-23 SINGAPORE 408711				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	13/09/2017	Effective Date	26/09/2017 00:00	Expiry Date	25/09/2018 23:59
Third Party Excess	1000.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess		OS Premium	491.02		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	VICOM LTD	Agent Tel.	66975210	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	3018A UBI ROAD 1	Address 2	#01-23	Address 3	SINGAPORE 408711
Address 4		Address Type	Singapore address	Post Code	408711
Unit No.	01-122	Related Policy Number	5078291250-02		

► Insured Object: GW8825E

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	26/09/2017 00:00	Basic Information Endorsement	000001286660395	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicle have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. GV9129E 26-09-2017 \$756.22 In view of this amendment, a refund of \$756.22 (inclusive of GST) will be adjusted against the outstanding premium.
2	26/09/2017 00:00	Basic Information Endorsement	000001286661045	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GY903E 26-09-2017 \$756.22 In view of this amendment, an additional premium of \$756.22 (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

2/3/2018

Claim Handling

The premium on this policy has not been collected.

Accident MT/0980837

Policy No.	5061870376-04	Vehicle No.	GW8825E	GST Registration No.	201
Policyholder Name	UKA LEASING PTE LTD	Cover Type	Third Party	Policyholder NRIC	201
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96811163	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	03/02/2018 17:23	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	02/02/2018	Time of Accident hh:mm	16:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	JLN KAYU SLIP RD INTO SENGKANG WEST AVE				

▼ Benefits

▼ Excess		Windscreen Excess	
Own damage Excess	0.00	Additional Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	1,000.00	Outside Singapore TP Excess	

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/05/2014
GST Registration No.	2011050722	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	3018A UBI ROAD 1	Address 2	#01-23	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	408
Unit No.	01-122	Related Policy Number	5078291250-02		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	04/1
Unnamed driver Name	TAN YIT WEE	Driver NRIC	S1607064E	Driving Experience	33
Register Date of Driver License	15/02/1984	Driver Age	54	Contact No.(Home)	
Contact No.(Mobile)	96811163	Contact No.(Office)		Address 3	CHE
Address 1	BLK 509 #11-2736	Address 2	ANG MO KIO AVENUE 8	Post Code	560
Address 4	SINGAPORE 560509	Address Type	Singapore address		
Unit No.	11-2736	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				

Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	UKA LEASING PTE LTD	Insured NRIC	201
Contact No.(Mobile)	98579525	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GW8825E	TP Vehicle Number	YN2
Claim Description	GW8825E / YN2695L ON 2 Feb 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	03/02/2018 17:26	Claim Close Date		Date Received	03/0
Report Taken By	LEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

2/3/2018

Accident No.	MT/0980837	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/02/2018 17:28

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

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Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:28	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:28	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:28	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:27	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:27	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:27	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:27	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:27	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:27	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:26	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:26	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:26	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:26	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:26	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:26	Photos	Normal	Photos 20

Video List

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