

NATIONAL Assessment Centre Services

Date In 24/2/2018 10:11	Job description	Date & Time Completed	Done by
Ref No NA/INC18003543/RY	SAS e-filing		
Veh No GX2215A	E-mail (within 8hrs, AIC 2hrs)		
DOA 23/02/2018 16:40	i-Motor Claim Form	MT/0983560	26/2/18 09:45
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, 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:

Y M8980D

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)

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:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- 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 (Non INC) against INC \$20
- 9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Ant (\$)
1st Bill

Ant (\$)
Add Bill

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	24/02/2018 10:11
Date Of Accident	23/02/2018 16:40
Exact Location Of Accident	KTM (TRAIN CHECK POINT) NEAR THE TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX2215A
Insured/Policyholder	
Name Of Registered Owner	ATT SYSTEMS (S'PORE) PTE LTD
Co Reg No	199407919N
Email Address	HR@ATTSYSTEMSGROUP.COM
Mobile Phone No	(LOCAL) +65-98238968
Alternative Phone No	OFFICE-98238968

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE 2.2A
Exact Purpose for which vehicle was being used at time of accident	WORK
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5045657524-07
Cover Note Number	

Driver

Name of Driver	HUAN TECK BENG
NRIC No	S1784824J
Date Of Birth	07/01/1966
Occupation	OUTDOOR
Date Of Driving Pass	05/02/1987
Driving Experience	31 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98238968
Fax Number	
Contact Number	OTHERS-98238968
Email Address	TECKBENG@ATTSYSTEMSGROUP.COM

Address	BLK 345 TAMPINES ST 33 #10-350
Postcode	520345
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?	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: : NIL 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

PLS REFER TO THE 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	YM8980D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LI XIM XIM
NRIC/Passport Number	G2454202K
Contact Number	85958985
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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)**

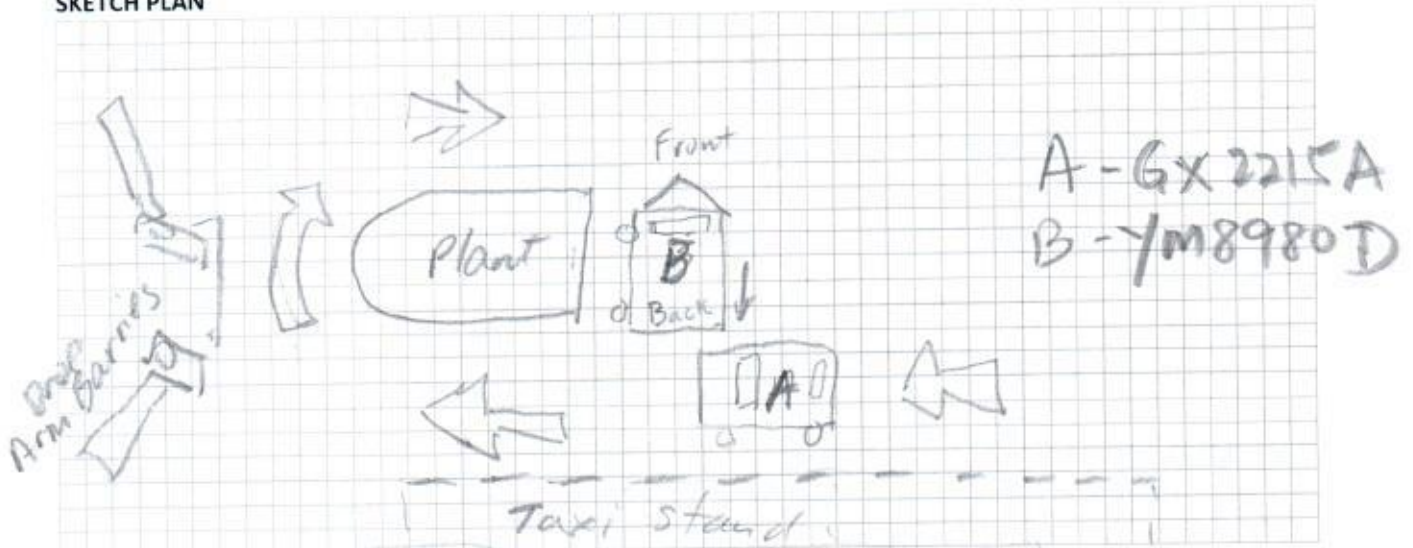
I understand, acknowledge, agree and consent that:

- (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.

X **ATT SYSTEMS (S'PORE) PTE LTD**
35 Ubi Crescent ATT Building
Singapore 408585
Reg: 199407919N
Policyholder's Signature _____
Date & Time: _____
Driver's Signature _____
(If driver is not the policyholder)
Date & Time: _____

24/2/2018
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

KTM Train check point

Vehicle A was at KTM (Train check point) near taxi stands. Vehicle A was going straight to OWC. Vehicle B U-turn and reversed back and hit on my Vehicle A front right side portion.

DECLARATION

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

Policyholder's Signature
Date & Time:

ATT SYSTEMS (S'PORE) PTE LTD
35 Ubi Crescent ATT Building
Singapore 408665
Reg: 199407819N

Date & Time:

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

Reported on 24/2/2018
@ 0920 AM

ACCIDENT STATEMENT

ACCIDENT DATE: 23/2/2018 (DD/MM/YYYY), TIME: 16:40 (HH:MM)

LOCATION: KTM (Train check points) (near Taxi stand)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: Gx 2215A
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 98238968
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Ym8980D MODEL: _____
b) DRIVER'S NAME: Li Xim Xim
c) NRIC/FIN/PASSPORT: 62454202K CONTACT: 85958985

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passengers
(including driver)

passengers (2)
1-Male
1-Female

*No of passengers
(including driver)

()

*No of passengers
(including driver)

()

hr@attsistemsgroup.com email = teckbeng@attsistemsgroup.com

fax = teckbeng@attsistemsgroup.com

Wait for Company Chop?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1784824J



Name
HUAN TECK BENG

范 德 明

Race
CHINESE

Date of birth
07-01-1966

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1784824J**

Name
HUAN TECK BENG

Birth Date: **07 Jan 1966**

Issue Date: **26 Dec 2017**

002757372H

3807824



NRIC No: **S1784824J**



Date of issue
08-12-2005

Address
**APT BLK 345 TAMPINES STREET 33
#10-350
SINGAPORE 520345**

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

Class 2B
Class 2A
Class 2
Class 3

98238968

EFFECTIVE DATE

22 Dec 1987
22 Dec 1987
01 Jul 1993
05 Feb 1987

Class 4

GX2215A

carry load
2500kg

22 Jul 1995

ATT SYSTEM



NP 428A

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"/>	5045657524-07	ATT SYSTEMS (S'PORE) PTE LTD	199407919N	GCV	Third Party, Fire & Theft	GX2215A	GX2215A	05/09/2017	04/09/2018

▼ Policy Information

Policy No.	5045657524-07	Policyholder Name	ATT SYSTEMS (S'PORE) PTE LTD	Policyholder NRIC	199407919N
Address	35 UBI CRESCENT ATT BUILDING SINGAPORE 408585				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	04/09/2017	Effective Date	05/09/2017 00:00	Expiry Date	04/09/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	THIS MARKETING INSURANCE A	Agent Tel.	63444479	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	35 UBI CRESCENT	Address 2	ATT BUILDING	Address 3	SINGAPORE 408585
Address 4		Address Type	Singapore address	Post Code	408585
Unit No.		Related Policy Number	5058201358-05		

► Insured Object: GX2215A

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/0983560

Policy No.	5045657524+07	Vehicle No.	GX2215A	GST Registration No.	199
Policyholder Name	ATT SYSTEMS (S'PORE) PTE LTD			Policyholder NRIC	199
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	98238968	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

▼ Accident Details

Report Date	26/02/2018 09:40	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	23/02/2018	Time of Accident hh:mm	16:40	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	KTM (TRAIN CHECK POINT) NEAR THE TAXI STAND				

▼ 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.	199407919N	GST Status Verified	No
Modification History			

▼ Policyholder Mailing Address

Address 1	35 UBI CRESCENT	Address 2	ATT BUILDING	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	4081
Unit No.		Related Policy Number	5058201358-05		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/01/1987
Unnamed driver Name	HUAN TECK BENG	Driver NRIC	S1784824	Driving Experience	31
Register Date of Driver License	05/02/1987	Driver Age	52	Contact No.(Home)	0
Contact No.(Mobile)	98238968	Contact No.(Office)	0	Address 3	
Address 1	BLK 345	Address 2	TAMPINES STREET 33	Post Code	5201
Address 4		Address Type	Singapore address		
Unit No.	#10-350				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input 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 OD-MX

New

Claim Type *	OD-MX	Insured Name	ATT SYSTEMS (S'PORE) PTE LTD	Insured NRIC	199
Contact No.(Mobile)	NIL	Contact No.(Home)	NIL	Contact No.(Office)	674
Email Address		Of Vehicle Number	GX2215A	TP Vehicle Number	YM8
Claim Description	GX2215A / YM8980D ON 23 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	26/02/2018
Date Registered	26/02/2018 09:50	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					

Attachment

2/26/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0983560

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

26/02/2018 09:45

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 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
Clear Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 09:50	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 09:48	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 09:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 09:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 09:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 09:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 09:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 09:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 09:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 09:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 09:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 09:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 09:46	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 09:46	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 09:46	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 09:46	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 09:46	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 09:46	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 09:46	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