

# NATIONAL Assessment Centre Services

Date In: <b>13/04/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC18006839/13</b>	SAS e-filing		
Veh No: <b>GBD6591B</b>	E-mail (w/In, S/In, A/C 2hrs)		
Date: <b>07/04/18</b> <b>1800</b>	i-Motor Claim Form <b>ni/0989553</b>		
QD: <b>Reporting Out</b>	i-Motor W/O (Within 01/2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
IP Particulars:	Veh No: <b>SGV5818B</b>	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

<b>NA1802315</b>	<b>Invoice Preparation Checklist</b>	<b>Amt (\$)</b>	<b>Amt (\$)</b>	
		<b>1st Bill</b>	<b>Add Bill</b>	
<b>Claimant's Particulars :-</b>	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) i-T: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idnc DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	9) N12: Idnc Mobile			
<b>Driver/Owner:</b>	• N5: Courtesy Car / Tpt Allowance	\$5		
	• N6: Repair Co-ordination	\$10		
	• N7: Post Repair Inspection	\$25		
	• N8: DV / Collect Excess Coordination	\$5		
<b>Contact No:</b>	TP (N11): TP (Non INC) against INC	\$20		
<b>Damaged Portion:</b>				
<b>QC Checked by (Engr-In-Charge):</b>				
<b>Auditors' Comments :-</b>				
<b>Cal. 1:</b>	Invoice dated	Fee Charged		
<b>Cal. 2 / 3:</b>	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	13/04/2018 11:49
Date Of Accident	07/04/2018 18:00
Exact Location Of Accident	ECP TWDS MARINE PARADE RD(STILL RD)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6591B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTOMOBILE TRADERS PTE. LTD.
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84848621

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L200
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5076718445-02
Cover Note Number	

### Driver

Name of Driver	THAN HTIKE SOE
Passport No/FIN	F8495359T
Date Of Birth	20/05/1977
Occupation	OUTDOOR
Date Of Driving Pass	09/05/2014
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85337498
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address	BLK 643 BEDOK RESERVOIR RD #02-85
Postcode	410643
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER(COMPANY)
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	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)	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

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	SGV5818B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOO CHEE SIONG
NRIC/Passport Number	S1419854G
Contact Number	98207060
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

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)**

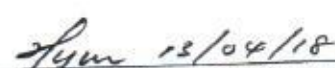
I understand, acknowledge, agree and consent that:

- (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.



Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: Mar 11/04/18

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



SKETCH PLAN

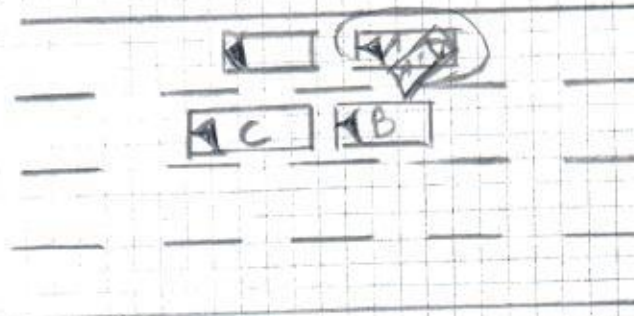
ECP TWO'S MARINE PARADE RD

(STILL RD)

A - GBD6591B

B - SUV5818B

C - UNKNOWN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

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.:

*[Signature]* 11/04/18

*[Signature]* 13/04/18

I WAS TRAVELLING FROM ECP TWDS MARINE PARADE RD(STILL RD).SUDDENLY INFRT OF MY VEH E-BRAKE AND I FOLLOWED SUIT TO STOP DUE TO THE ROAD SURFACE WET MY VEH SPIN ONE ROUND AND HIT ONTO THE VEH(B)REAR RIGHT SIDE PORTION OF HIS VEH.THE DRIVER INFRT OF VEH B SAID THAT MY VEH GRAZED ONTO HIS VEH(C),I'M NOT SURE THAT MY VEH HAD GRAZED ONTO HIS VEH.

Person Interview Statement

Date Of Accident: 07/04/2018

Date Of Interview: \_\_\_\_\_

I'm writing this letter to file a report for car accident in which I was involved on 7<sup>th</sup> April 2018. I was driving 4wheel car on the way of ECP to Merne Parade road exit around 6pm. The vehicle in front of my car was suddenly break and I also used the break but due to heavy raining, my car was ~~break~~ slipped and turned and hit the vehicle beside door with my car back.

Name Of Person : Tham Huike See

Name Of Interviewer: Fauzi Yahya

Signature Of Person : [Signature]

Signature Of Interviewer: [Signature]

Date : 09/04/2018

Date : Apr 16 / 18

PH / 85337498



# ACCIDENT STATEMENT

ACCIDENT DATE: (07 / 04 / 18) (DD/MM/YYYY), TIME: (18 : 00) (HH:MM)

LOCATION: ECP SWAS MARINE PARADE RD (STILL RD)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBD6591B  
 b) INSURANCE COMPANY: NITEL  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: MITSUBISHI L200  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
 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: 84848621  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: THAN HTIKE SOE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: F8495359T CONTACT: 85337498  
 c) ADDRESS: BLK 643 BEDOK RESERVOIR R  
#02-85 410643

\*d) DATE OF BIRTH: (20 / 05 / 1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 09/05/2014

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: COMPANY HIRE

## 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: SGV5818B MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: KOO CHEE SIONG  
 c) NRIC/FIN/PASSPORT: 51419854G / E CONTACT: 98207060

## 9. THIRD PARTY VEHICLE

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

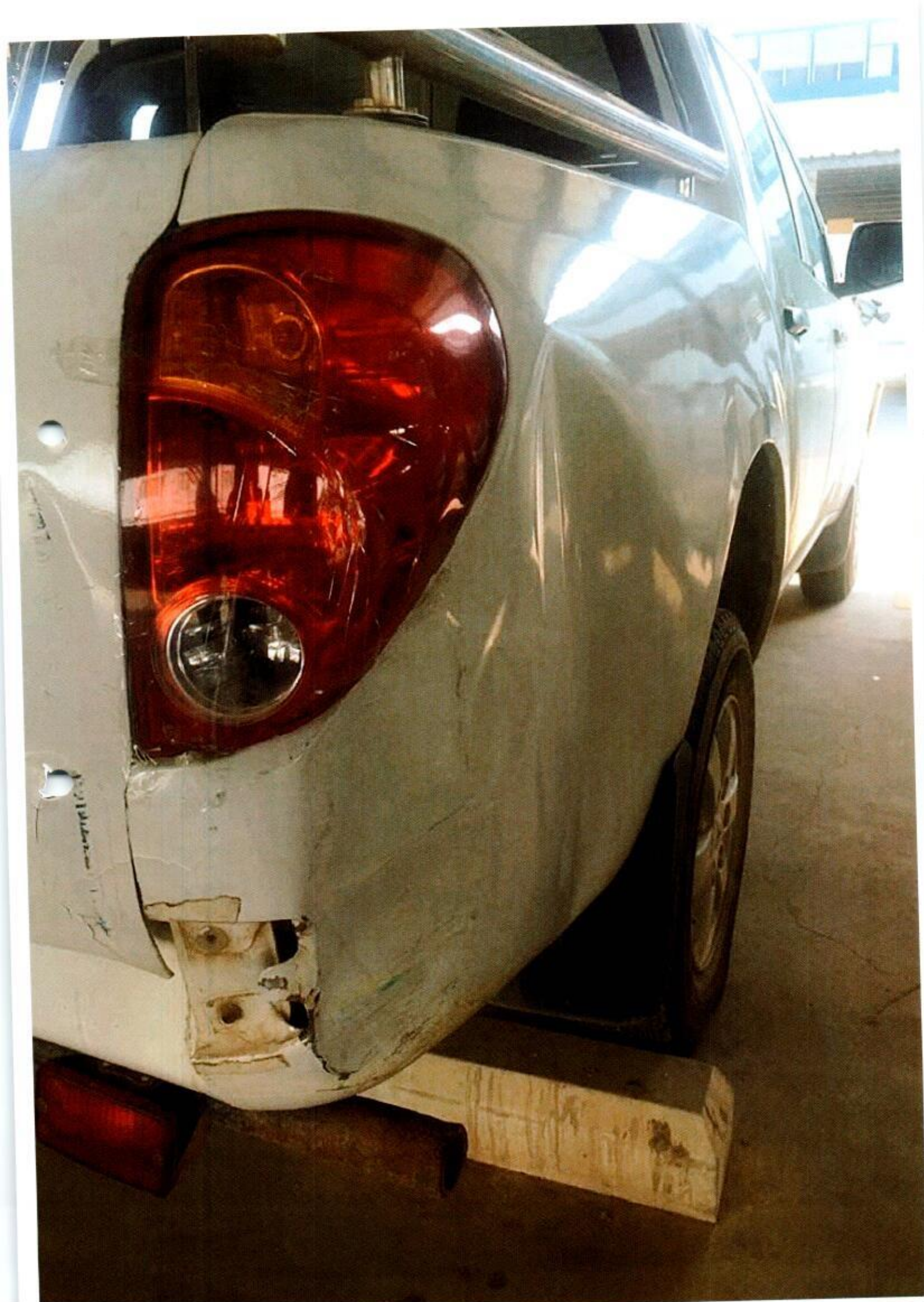
waiting for veh

Email = thanhtike soe.p2@gmail.com

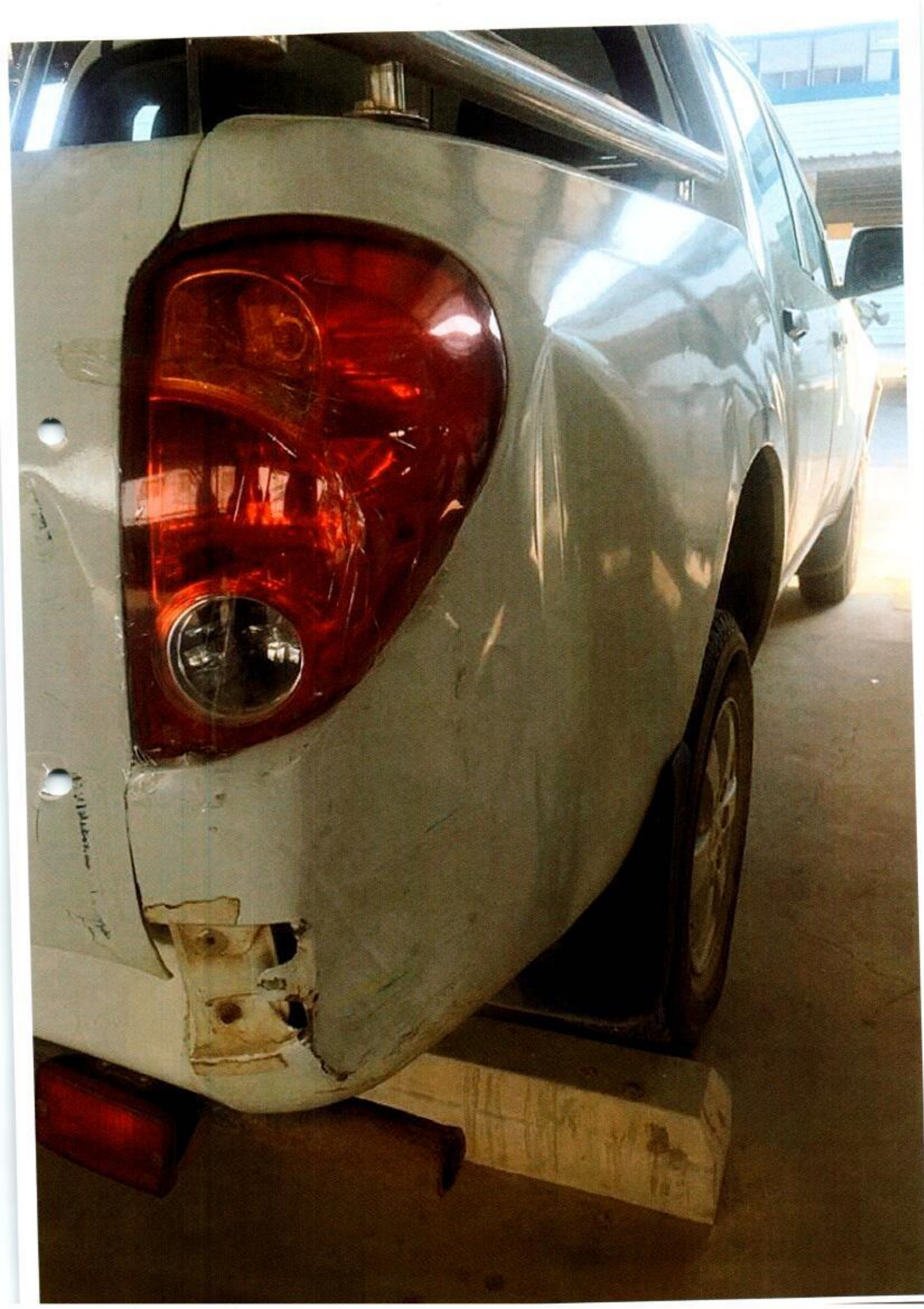
fax =

VISION AUTOWORK

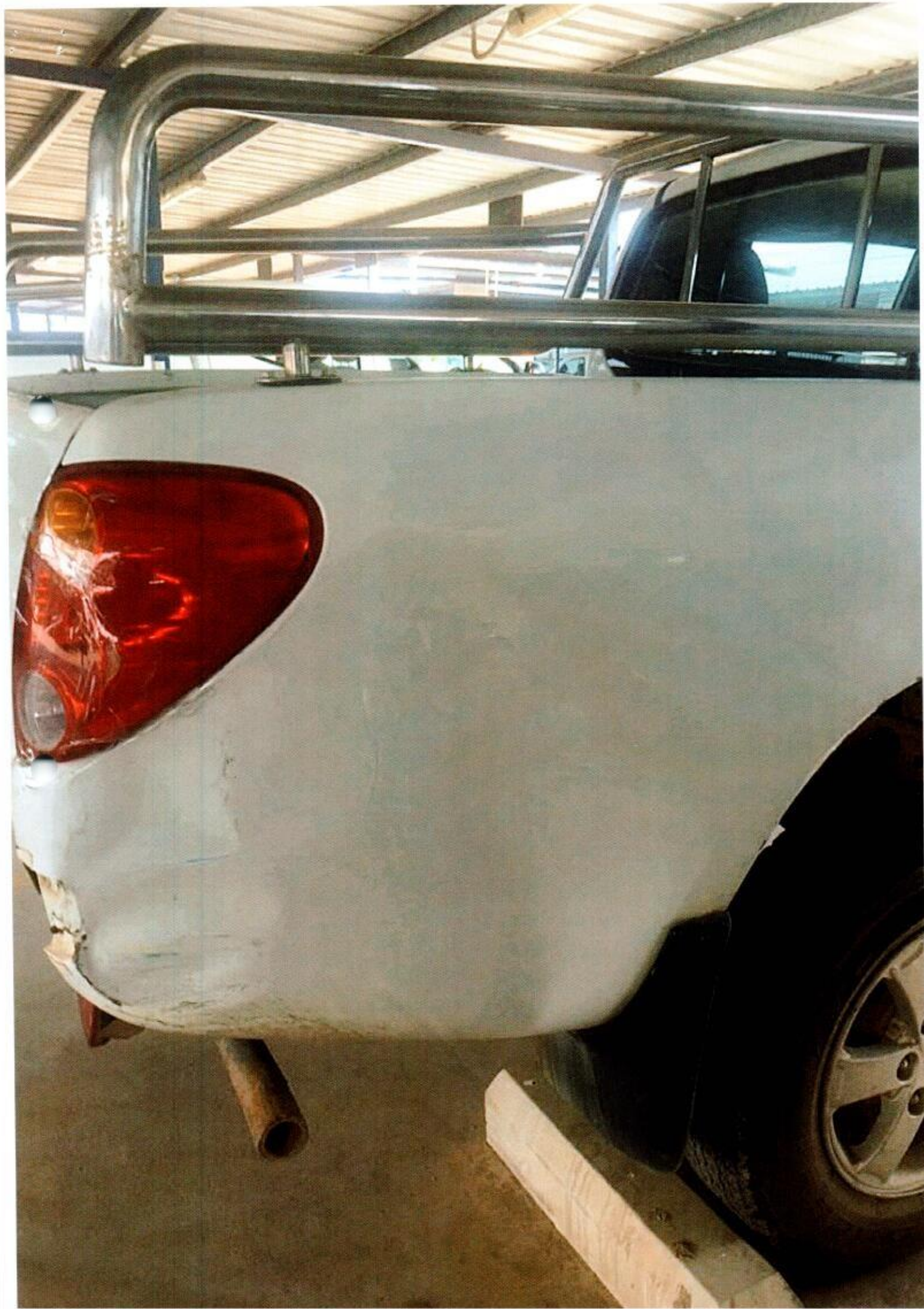


















**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**CIVIL TECH PTE. LTD.**

Sector: **CONSTRUCTION**

Name  
**THAN HTIKE SOE**

Occupation  
**MACHINE OPERATOR**

S Pass No.  
**0 90584391**

Date of Application  
**12-07-2016**

Date of Issue  
**26-07-2016**

Date of Expiry  
**27-10-2018**



**L7041962**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**


License Number **F8495359T**

Name  
**THAN HTIKE SOE**

Birth Date **20 May 1977**

Issue Date **09 May 2014**

Valid Till **08 May 2019**



**VISIT PASS**  
Immigration Regulations

Name  
**THAN HTIKE SOE**



Date of Birth **20-05-1977** Sex **M** Nationality **MYANMAR**

FIN **F8495359T** Date of Issue **26-07-2016** Date of Expiry **27-10-2018**

**MULTIPLE JOURNEY VISA ISSUED**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.




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

**EFFECTIVE DATE**

**Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 09 May 2014**

**NP 428A**

 Licence No: F8495359T



Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

07/04/2018 18:00

Vehicle No. (For Motor)

GBD6591B

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5076718445-02	AUTOMOBILE TRADERS PTE. LTD.	201025189R	GFT	Comprehensive	GBD6591B	GBD6591B	08/09/2017	

## Claim Handling

Accident MT/0989553

Policy No.	507671844S-02	Vehicle No.	GBD65918	GST Registration No.	201025189R
Policyholder Name	AUTOMOBILE TRADERS PTE. LTD.			Policyholder NRIC	201025189R
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

## Accident Details

Report Date	09/04/2018 15:44	Accident Report Within 24 hrs.	Yes	Accident Type	Side Swipe
Date of Accident	07/04/2018	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	STILL ROAD SOUTH TOWARDS STILL ROAD				

## Benefits

## Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	1
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

## GST Registered Information

GST Registered	Yes	GST Registration Date	01/12/2011
GST Registration No.	201025189R	GST Status Verified	Yes
Modification History	10/04/2018 17:21:07 Carol Wan changed GST Registered from No to Yes 10/04/2018 17:21:07 Carol Wan changed GST Registration No. from null to 201025189R 10/04/2018 17:21:07 Carol Wan changed GST Registration Date from null to 01/12/2011		

## Policyholder Mailing Address

Address 1	210 TURF CLUB ROAD	Address 2	LOT B-01 THE GRANDSTAND	Address 3	SINGAPORE 287995
Address 4		Address Type	Singapore address	Post Code	287995
Unit No.		Related Policy Number	5073681076-02		

## O1 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 003 OD-MX **New**

Claim Type *	OD-MX	Insured Name	AUTOMOBILE TRADERS PTE. LTD.	Insured NRIC	201025189R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	63655335
Email Address		O1 Vehicle Number	GBD65918	TP Vehicle Number	SGV5818B
Claim Description	GBD65918 / SGV5818B ON 7 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	13/04/2018 00:00
Date Registered	13/04/2018 17:46	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

Print AK letter

Save Submit

## Attachment

Accident No.	MT/0989553	Claim No.	003
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/04/2018 00:00





  

Path *	Category *	Confidential	Urgency *	Descr
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	

Message Read

Sen

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:46	SAS	Normal	SAS 2018-4-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:45	Photos	Normal	Photos 2018-4-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:45	Photos	Normal	Photos 2018-4-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:45	Photos	Normal	Photos 2018-4-13
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:45	Photos	Normal	Photos 2018-4-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:45	Photos	Normal	Photos 2018-4-13

## Video List

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