

# NATIONAL Assessment Centre Services

[Ref: JA-100]

Date In: 05/05/2018 16:33	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18008237/KY	SAS e-filing		
Veh No: SFY 147H	E-mail (within 8hrs, AIC 2hrs)		
DOA: 05/05/2018 15:35	i-Motor Claim Form	MT/0993121-04	5/5/18 1735
OD: (P) 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: GBA 8561R

INC ( ) / Non-INC ( )

Tel: ( )

Owner / Driver: ( )

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:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat 1:

Cat 2/3:

## Invoice Preparation Checklist

	Am't (\$)	Am't (\$)
	1st Bill	Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$50)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) RT: 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 / Tpt Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
*N9: DV / Collect Excess Coordination \$20		
TP (N11): TP (N'n INC) against INC \$30		
9) N12: Idac Mobile		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

NA1802887



## 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	05/05/2018 16:33
Date Of Accident	05/05/2018 15:35
Exact Location Of Accident	CTE TWDS AYE BEFORE BRADDELL EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY147H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO SEOW WOON
NRIC No	S1379638F
Email Address	IGLOO_YSW@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98301150
Alternative Phone No	OTHERS-98301150

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS 2.4 CVT
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088469000-01
Cover Note Number	

### Driver

Name of Driver	YEO SEOW WOON
NRIC No	S1379638F
Date Of Birth	27/05/1959
Occupation	INDOOR
Date Of Driving Pass	25/10/1984
Driving Experience	33 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98301150
Fax Number	
Contact Number	OTHERS-98301150
EMail Address	IGLOO_YSW@HOTMAIL.COM

Address	630 UPPER THOMSON ROAD #01-66
Postcode	787132
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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?	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	GBA8561R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GOVINDARASU RAJAMURUGAN
NRIC/Passport Number	G7014105T
Contact Number	90225108
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:

5/5/18

GIAACC Form 1620 hr

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

5/5/18

1620 hr

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

5/5/2018

# SKETCH PLAN



A = SFY 147H

B = GBA 8561R

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

5/5/2018

At 1555 hrs, along lane 4, on CTE towards city, just before entering lane to PIE (Changi Airport), truck GBA 8561R hit the rear of my car SFY 147H

DRIVER OF TRUCK G RATA 90225108  
GOVINDARASU  
RAJAMURUGAN  
G7014105T

## DECLARATION

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

YEO SEOW WOON

Policyholder's Signature

Date & Time: 5/5/2018

1620 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time: 5/5/2018

1620 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

5/5/2018



Reported on 5/5/2018 @ 1620 HRS

# ACCIDENT STATEMENT

ACCIDENT DATE: 5/5/2018 (DD/MM/YYYY), TIME: 15:35 (HH:MM)  
LOCATION: CTE toward AYE Before Raddell Exit

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SFY 147H  
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 (MALE / FEMALE)  
a) NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

No of passengers  
(including driver)  
1

DRIVER (MALE / FEMALE)  
a) NAME: \_\_\_\_\_ CONTACT: 98301150  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_  
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) OWNER  
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: \_\_\_\_\_

No of passengers  
(including driver)  
1

8. THIRD PARTY VEHICLE GBA8561R MODEL: \_\_\_\_\_  
a) VEHICLE NUMBER: \_\_\_\_\_  
b) DRIVER'S NAME: PASA GOVINDARASU RAJAMURUGAN  
c) NRIC/FIN/PASSPORT: G70141051 CONTACT: 90225108  
9. THIRD PARTY VEHICLE MODEL: \_\_\_\_\_  
d) VEHICLE NUMBER: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_

No of passengers  
(including driver)  
1

email = igloo-ysw@hotmail.com  
fax = \_\_\_\_\_  
igloo-ysw@hotmail.com

Workshop: gcb\_1961@hotmail.com  
Tel: HP: 98228633

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1379638F



YEO SEOW WOON

楊少芸

Race  
CHINESE

Date of Birth

27-05-1959

Sex

F

Country of Birth

SINGAPORE

1724445



NRIC No: S1379638F



Blood Group Date of issue

O+

26-02-1994

630 UPPER THOMSON ROAD #01-88  
SINGAPORE 787132

NRIC No: S1379638F

Date: 16/11/2017

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1379638F

Name

YEO SEOW WOON

Birth Date 27 May 1959

Issue Date 26 Sep 2003



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

CLASS DATE

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

25 Oct 1984



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

05/05/2018 15:35

Vehicle No.(For Motor)

SFY147H

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088469000-01	YEO SEOW WOON	S1379638F	GPC	drive CLASSIC	SFY147H	SFY147H	16/03/2018	15/03/2019



## ▼ Policy Information

Policy No.	5088469000-01	Policyholder Name	YEO SEOW WOON	Policyholder NRIC	S1379638F
Address	630 UPPER THOMSON ROAD #01-66 MEADOWS @ PEIRCE SINGAPORE 787132				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	05/03/2018	Effective Date	16/03/2018 00:00	Expiry Date	15/03/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	630 UPPER THOMSON ROAD	Address 2	#01-66 MEADOWS @ PEIRCE	Address 3	SINGAPORE 787132
Address 4		Address Type	Singapore address	Post Code	787132
Unit No.		Related Policy Number	5088469000-01		

## ► Insured Object: SFY147H

## ▼ Endorsements

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

Continue

Cancel

## Claim Handling

Accident MT/0993121

Policy No.	5088469000-01	Vehicle No.	SFY147H	GST Registration No.	
Policyholder Name	YEO SEOW WOON	Cover Type	drive CLASSIC	Policyholder NRIC	S13
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	98301150	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

**Accident Details**

Report Date	05/05/2018 17:28	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	05/05/2018	Time of Accident hh:mm	15:35	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS AYE BEFORE BRADDELL EXIT				

**Benefits**

**Excess**

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**GST Registered Information**

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

## Policyholder Mailing Address

Address 1	630 UPPER THOMSON ROAD	Address 2	#01-66 MEADOWS @ PEIRCE	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	787
Unit No.		Related Policy Number	5088469000-01		

## OI Driver Info

Driver Name	YEO SEOW WOON	Driver Type	Main Driver	Driver DOB	27/C
Unnamed driver Name		Driver NRIC	S1379638F	Driving Experience	18
Register Date of Driver License	01/01/2000	Driver Age	58	Contact No.(Home)	0
Contact No.(Mobile)	98301150	Contact No.(Office)	0	Address 3	
Address 1	630 UPPER THOMSON ROAD	Address 2		Post Code	787
Address 4		Address Type	Singapore address		
Unit No.	#01-66			Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			

## 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	YEO SEOW WOON	Insured NRIC	S13
Contact No.(Mobile)	98301150	Contact No.(Home)	64547323	Contact No.(Office)	
Email Address	igloo_ysw@hotmail.com	OI Vehicle Number	SFY147H	TP Vehicle Number	GBA
Claim Description	SFY147H / GBA8561R ON 5 May 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	Rec
Date Registered	05/05/2018 17:34	Claim Close Date		Date Received	05/C
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

## Attachment



Accident No.

MT/0993121

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

05/05/2018 17:35

Path \*

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Category \*

Clear

Please Select

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Clear

Please Select

Confidential

NO

NO

NO

NO

NO

NO

NO

Urgency \*

Normal

Normal

Normal

Normal

Normal

Normal

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descript
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 May 2018 17:34	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 May 2018 17:33	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 May 2018 17:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 May 2018 17:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 May 2018 17:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 May 2018 17:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 May 2018 17:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 May 2018 17:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 May 2018 17:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 May 2018 17:32	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 May 2018 17:31	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 May 2018 17:31	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 May 2018 17:31	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 May 2018 17:31	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 May 2018 17:31	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 May 2018 17:31	Photos	Normal	Photos 20

Video List

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