

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 21/05/2018 13:45	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18009159/K4	SAS e-filing		
Veh No: GGG 6547 P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/05/2018 11:45	i-Motor Claim Form	MT/0995343	22/5/18 11:05
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLL 3944B	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

NA1803188	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2/3:	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		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	21/05/2018 13:45
Date Of Accident	20/05/2018 11:45
Exact Location Of Accident	FILTER LANE TOWARDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6547P
Insured/Policyholder	
Name Of Registered Owner	TEAM CATERING PTE. LTD.
Co Reg No	200719545G
Email Address	OPERATIONS@TEAMCATERING.COM.SG
Mobile Phone No	(LOCAL) +65-83164760
Alternative Phone No	OFFICE-83164760

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
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	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	5094355875
Cover Note Number	

Driver

Name of Driver	YAN JUN
Passport No/FIN	G8412194R
Date Of Birth	03/09/1981
Occupation	OUTDOOR
Date Of Driving Pass	14/04/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83164760
Fax Number	
Contact Number	OTHERS-83164760
Email Address	OPERATIONS@TEAMCATERING.COM.SG

Address	LE RAINBOW CATERING PTE LTD
Postcode	
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	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)	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	SLL3944B
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)	

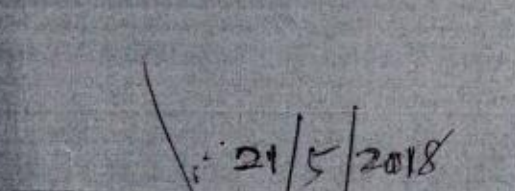
1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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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:

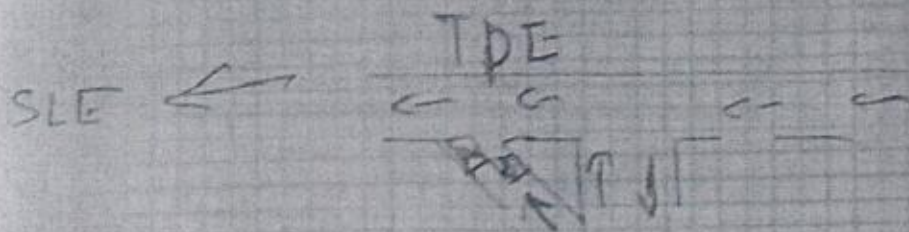
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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)


 Reporting Centre Personnel's Signature
 Name

SKETCH PLAN



A - GBB 6547P

B - SLL 3944B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

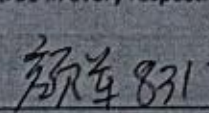
Vehicle A was driving along ^{the Filter lane} ~~TPE~~ towards TPE ~~SLE~~ and when Vehicle A stop at the guide line suddenly Vehicle B hit on Vehicle A rear portion.

DECLARATION

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

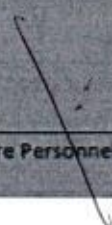
X 

Policyholder's Signature
Date & Time:

 831

Driver's Signature
(If driver is not the policyholder)



 21/5/2018
Reporting Centre Personnel's Signature
Name:

* Reported on 21/5/2018
@ 1325 HRS

ACCIDENT STATEMENT

ACCIDENT DATE: 20/5/2018 (DD/MM/YYYY), TIME: 11:45 (HH:MM)

LOCATION: Pittwater FPE towards SLE TPE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBG 6547P
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: 83164760
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

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: SLL3944B MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = operations@teamcatering.com.sg ✓

Fax =


Waiting for Certificate ✓
NTUC ✓

Vehicle Photos? (DL? & Company Chop?)
✓

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

Employer
LE RAINBOW CATERING PTE. LTD.


Sector: **SERVICE**

 Name
YAN JUN
Occupation
DELIVERY DRIVER

S Pass No.
O 72978625

Date of Application
10-07-2017
Date of Issue
28-07-2017
Date of Expiry
28-07-2019



 **L8184963**

VISIT PASS
Immigration Regulations

Name
YAN JUN



Date of Birth	Sex	Nationality
03-09-1981	M	CHINESE
FIN	Date of Issue	Date of Expiry
G6412194R	28-07-2017	28-07-2019

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.



REPUBLIC OF SINGAPORE DRIVING LICENCE



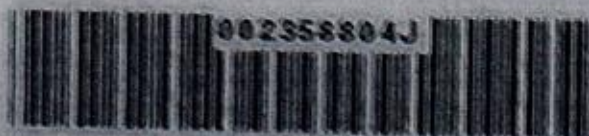
Licensee Name
Name

YAN JUN

Birth Date 03 Sep 1981

Issue Date 25 Oct 2014

Valid Till 24 Oct 2019



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

EFFECTIVE DATE

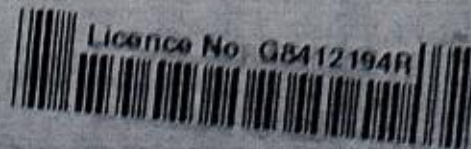
Class 2B Motorcycles ≤ 200 cc

14 Apr 2009

Class 3 Motor Cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500 kg

14 Apr 2009

NP 428A



Licence No. G8412194R

Hello, NAC_PAYA_UBT_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="20/05/2018 11:45"/>						
Vehicle No. (For Motor)	<input type="text" value="GBG6547P"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094355875	TEAM CATERING PTE. LTD.	200719545G	GCV	Comprehensive	GBG6547P	GBG6547P	27/09/2017	26/09/2018
				<input type="button" value="Continue"/>					

▼ Policy Information

Policy No.	5094355875	Policyholder Name	TEAM CATERING PTE. LTD.	Policyholder NRIC	200719545G
Address	3015 BEDOK NORTH STREET 5 #01-01 SHIMEI EAST KITCHEN SINGAPORE 486350				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/09/2017	Effective Date	27/09/2017 00:00	Expiry Date	26/09/2018 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	CONVINCE AUTO PTE. LTD.	Agent Tel.	65561131	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	3015 BEDOK NORTH STREET 5	Address 2	#01-01 SHIMEI EAST KITCHEN	Address 3	SINGAPORE 486350
Address 4		Address Type	Singapore address	Post Code	486350
Unit No.		Related Policy Number	5094355875		

▶ Insured Object: GBG6547P

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	27/09/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 27 Sep 2017, the Vehicle Number is amended as follows: VEHICLE REGISTRATION NUMBER: GBG6547P

Continue

Cancel

Claim Handling

Accident MT/0995343

Policy No.	5094355875	Vehicle No.	GBG6547P	GST Registration No.	200
Policyholder Name	TEAM CATERING PTE. LTD.			Policyholder NRIC	200
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	83164760	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	22/05/2018 10:59	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	20/05/2018	Time of Accident hh:mm	11:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	FILTER LANE TOWARDS TPE				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.
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.	200719545G	GST Status Verified	No
Modification History			

▼ Policyholder Mailing Address

Address 1	3015 BEDOK NORTH STREET 5	Address 2	#01-01 SHIMEI EAST KITCHEN	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	486
Unit No.		Related Policy Number	5094355875		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YAN JUN	Driver NRIC	G8412194R	Driver DOB	03/0
Register Date of Driver License	14/04/2009	Driver Age	36	Driving Experience	9
Contact No.(Mobile)	83164760	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	LE RAINBOW CATERING PTE LTD	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX ▼	Insured Name	TEAM CATERING PTE. LTD.	Insured NRIC	200
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	628
Email Address		OI Vehicle Number	GBG6547P	TP Vehicle Number	SLL
Claim Description	GBG6547P / SLL3944B ON 20 May 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	22/0
Date Registered	22/05/2018 11:15	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			

☒ Print AK letter

Save

Submit

Attachment



Accident No.

MT/0995343

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

22/05/2018 11:05

Path •

Category •

Confidential

Urgency *

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

[illegible]

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 11:15	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 11:08	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 11:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 11:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 11:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 11:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 11:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 11:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 11:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 11:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 11:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 11:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 11:06	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 11:06	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 11:06	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 11:06	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 11:06	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 11:06	Photos	Normal	Photos 2018

▼ Video List

Uploaded By/Date	Folder Date	File Name	Source
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Scan and uploading