

NATIONAL Assessment Centre Services

Part 1 of 2

MMA 118068210

Date In	25/5/18 15:25	Job description	Date & Time Completed	Done by
Ref No	MA/INC18009547/1h4	SAS e-filing		
Veh No	YL 70916.	E-mail (action 3hrs, ADC 2hrs)		
D.O.A	22/5/18 07:40.	i-Motor Claim Form	M710995975 ⁰⁰¹	26/5/18 11:11.
OD - TP	Reporting Only	i-Motor W/O (Within OD 2hrs, TP 4hrs)		
		i-Photo Uploaded		
TP Insurer		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SFM 2311.	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 () / Towel-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:- (INC helpline: 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

MA1803305

Invoice Preparation Checklist

Amt (\$)
1st Bill

Amt (\$)
Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1

Lat. 2/3

1) AR: Accident Reporting (\$30);	30.00
2) DA: Damage Assessment (\$100), INC (\$40)	
3) TF: Towing Fee \$40/\$45	
4) FT: Follow-Through Survey \$120	
5) FT: Follow-Through Survey (Resurvey) \$39	
For claiming against INC Only (wef 10 Jan 2005)	
6) TR: Re-inspection \$75	
7) N1: Idao DA + SMRT Survey \$160	
8) NTUC Additional Services:-	
Q1:	
*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 (N-in INC) against INC \$20	
9) N12: Idao Mobile 30	

Invoice date: 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	25/05/2018 15:25
Date Of Accident	22/05/2018 07:40
Exact Location Of Accident	YIO CHU KANG RD JUNC OF SERANGOON NORTH AVE 5
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YL7091G
Insured/Policyholder	
Name Of Registered Owner	PTC DELIVERY2HOME PTE LTD
Co Reg No	200514860M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91440834
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FE639ETOSRDE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5073659690-02
Cover Note Number	-
Driver	
Name of Driver	GIAM TECK HAU
NRIC No	S1260307Z
Date Of Birth	14/08/1957
Occupation	OUTDOOR
Date Of Driving Pass	22/11/1978
Driving Experience	39 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91440834
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 603 AMK AVE 5 #11-2667
Postcode	560603
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 - CHANGE/CROSS LANE
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?	
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

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	SFM2311
Vehicle Make/Model/Colour	NOT ACCURATE
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)	

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.:

Serangoon North Ave 5

A = YL7091G
B = SFM2311
Not accurate

Yio Chu Kang Rd

A = YL7091G.
B = SFM2311
(not accurate)

Yio Chur Kang Rd

Please Refer to statement

Please Refer to statement

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



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

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

I STOP AT THE TRAFFIC JUNCTION OF YIO CHU KANG RD & SERANGOON NORTH AVE 5 ON THE SECOND LANE, ALL OF A SUDDEN, I HEARD SCRATCHING SOUND FROM BEHIND. AFTER THE INCIDENT, I REALIZED VEH B FROM BEHIND WHILE FILTER TO THE EXTREME RIGHT LANE, HIS VEH LEFT HAND SIDE MISJUDGED HIT ONTO MY VEH RIGHT REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 5 / 18) (DD/MM/YYYY), TIME: (07 : 40) (HH:MM)

LOCATION: Yeo Chu Kang Rd Junction of Serangoon North Ave 5

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YL 7091G.
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: 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: Pte Delivery 2 Home Pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9144 0834
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Giam Teck Hau (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9144 0834.
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: SFM 2311 (not accurate) 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: _____

camera: NO.

warning chop & email

email =

fax =

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1260307Z



Name
GIAM TECK HAU

Race
CHINESE

Date of birth
14-08-1957

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1260307Z**
Name
GIAM TECK HAU

Birth Date **14 Aug 1957**
Issue Date **16 May 2006**

001417
17K

3859056



NRIC No. **S1260307Z**



Date of issue
16-03-2006

APT BLK 603 ANG MO KIO AVENUE 5 #11-2667
SINGAPORE 560603

NRIC No: **S1260307Z** Date: **27/02/2016**

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

PASS DATE
22 Nov 1978

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

NP 428A

Licence No: **S1260307Z**

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5073659690-02

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **YL7091G**
Chassis Number : **FE639EA45867**
2. Name of Policyholder : **PTC DELIVERY2HOME PTE LTD**
3. Effective Date of Insurance : **01 Oct 2017**
4. Expiry Date of Insurance : **30 Sep 2018**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ACORN INTERNATIONAL NETWORK PTE LTD (00000691082)

Date of Issue : 25 Sep 2017 09:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0995975

Policy No.	5073659690-02	Vehicle No.	YL7091G	GST Registration No.	200514860M
Policyholder Name	PTC DELIVERY2HOME PTE LTD			Policyholder NRIC	200514860M
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91440834	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	26/05/2018 11:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	22/05/2018	Time of Accident hh:mm	07:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Y10 CHU KANG RD JUNC OF SERANGOON NORTH AVE 5				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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	09/02/2015		
GST Registration No.	200514860M	GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	48 PANDAN ROAD	Address 2	SINGAPORE 609289	Address 3	
Address 4		Address Type	Singapore address	Post Code	609289
Unit No.		Related Policy Number	5073667601-02		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	14/08/1957
Unnamed driver Name	GIAM TECK HAU	Driver NRIC	S1260307Z	Driving Experience	39
Register Date of Driver License	22/11/1978	Driver Age	60	Contact No.(Home)	
Contact No.(Mobile)	91440834	Contact No.(Office)		Address 3	Y10 CHU KANG GREEN
Address 1	BLK 503 #11-2667	Address 2	ANG MO KIO AVENUE 5	Post Code	560603
Address 4	SINGAPORE 560603	Address Type	Singapore address		
Unit No.	11-2667				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	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		

Modification History

Claim 001 **New**

Claim Type *	OD-MX ▼	Insured Name	PTC DELIVERY2HOME PTE LTD	Insured NRIC	200514860M
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	+
Email Address		OI Vehicle Number	YL7091G	TP Vehicle Number	SFM2311
Claim Description	YL7091G / SFM2311 ON 22 May 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault ▼	GIA report	Received
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	Date Received	26/05/2018 00:00
Date Registered	26/05/2018 11:10	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0995975	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/05/2018 11:11			
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

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 11:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 11:11	SAS	Normal	SAS 2018-5-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 11:11	Photos	Normal	Photos 2018-5-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 11:11	Photos	Normal	Photos 2018-5-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 11:10	Photos	Normal	Photos 2018-5-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 11:10	Photos	Normal	Photos 2018-5-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 11:10	Photos	Normal	Photos 2018-5-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 11:10	Photos	Normal	Photos 2018-5-26
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 11:10	Photos	Normal	Photos 2018-5-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 11:10	Photos	Normal	Photos 2018-5-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 11:10	Photos	Normal	Photos 2018-5-26

Video List

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

Scan and uploading