

NATIONAL Assessment Centre Services. (ver 1 Jan 2008)

Date In: 28/05/2018 15:18
 Ref No: NA/INC18009650/14
 Job description: SAS e-billing
 Date & Time Completed: MT/0996347-001 / 30/5/18 09:58
 Done by: [Signature]
 Veh No: SKA 6611L
 E-mail (within 3hrs, AIC 3hrs)
 D.O.A: 27/05/2018 10:35
 I-Motor Claim Form
 I-Motor W/O (within 60 hrs, TP 3hrs)
 I-Photo Uploaded
 OD / TP / Reporting Only
 Assessment/Survey Report
 TP Insured:
 Ass't Report by Fax/ Hand to Owner/Wksp

Preferred Wksp / INC Assgn Wksp / QW: ()
 TP Particulars: Yeh No: SL'GISE, INC () / Non-INC ()
 Owner / Driver: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: ()
 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 repolter.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC hotline: 6788 6016)
 1) Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: _____

Date/Time	Actions

NA1803344

Item's Particulars	Invoice/Repair/Grnd/Dis	Amnt (\$)	Amnt (\$)
Per/Owner:		Bill	Adj. bill
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100); INC (\$30)			
3) TP: Towing Fee		540/543	
4) FT: Follow-Through Survey		3120	
5) FT: Follow-Through Survey (Resurvey)		310	
For estimate against INC Only (ver 10 Jan 2005)			
6) TR: Re-inspection		375	
7) NI: Idn DA + SMRT Survey		5160	
8) NTUC Additional Services			
Q11:			
*NI: Courtesy Car / Tpl Allowance		55	
*NI: Repair Coordination		310	
*NI: Post Repair Inspection		323	
*NI: DY / Collect Excess Coordination		33	
TP (NI): TP (Non INC) against INC		320	
9) NI: Idn Mobile		101	
Invoice dated	File Charged		
Invoice dated	File 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	28/05/2018 15:18
Date Of Accident	27/05/2018 10:35
Exact Location Of Accident	CAUSEWAY TOWARDS JB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA6611L
Insured/Policyholder	
Name Of Registered Owner	GD CARZ
Co Reg No	53122597J
Email Address	ERICTAYYY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98804444
Alternative Phone No	OFFICE-98804444

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID 1.5G CVT
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096990907
Cover Note Number	

Driver

Name of Driver	TAY YEOW YEE (ZHENG YAOYI)
NRIC No	S7348479J
Date Of Birth	20/12/1973
Occupation	INDOOR
Date Of Driving Pass	29/11/2005
Driving Experience	12 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98804444
Fax Number	
Contact Number	OTHERS-98804444
Email Address	ERICTAYYY@GMAIL.COM

Address	127 COMPASSVALE BOW #08-32
Postcode	544821
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	SIDE SWIPE
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)	6
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : FEMALE
Passenger 3	NAME: : NIL GENDER: : FEMALE
Passenger 4	NAME: : NIL GENDER: : FEMALE
Passenger 5	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	SLC6115E
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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)

SKETCH PLAN

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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**.
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:

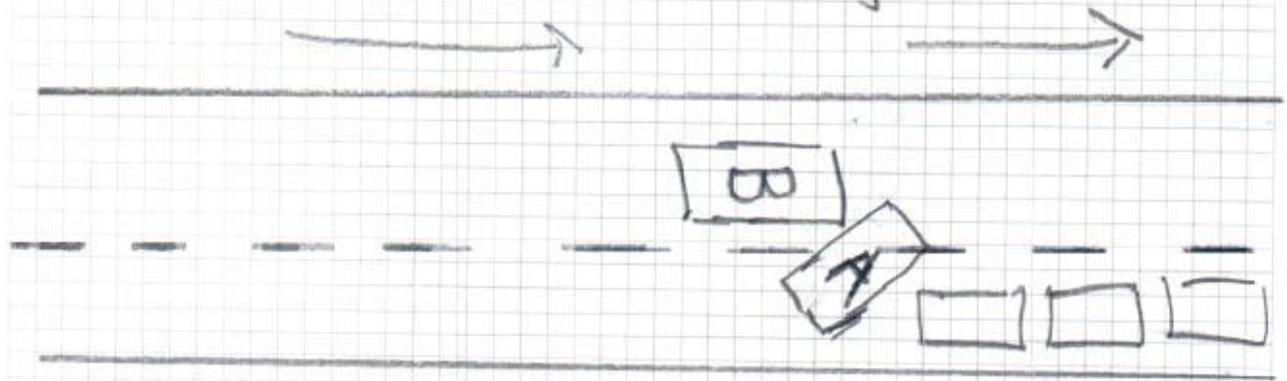


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Causeway towards JB



A - SKA6611L
 B - SLC6115E

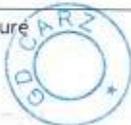
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I am joining the long congestion towards JB at causeway Bridge, I realized that my left lane was empty without any vehicle, so I decided to turn left and after I had made a left turn into left lane, a Lexus car hadveed me take ahead his lane and bang straight into my front left bumper.

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]
 28/5/2018

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7348479J



Name
**TAY YEOW YEE
(ZHENG YAOYI)**
郑耀益
Race
CHINESE
Date of birth
20-12-1973 Sex
M
Country of birth
SINGAPORE



S7348479J

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S7348479J**

Name

**TAY YEOW YEE
(ZHENG YAOYI)**

Birth Date **20 Dec 1973**

Issue Date **29 Nov 2005**



001384350H

3597430



NRIC No. **S7348479J**



Date of issue
05-08-2004

**127 COMPASSVALE BOW #08-32
SINGAPORE 544821**

S7348479J

06/01/2014

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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg **29 Nov 2005**



Licence No: S7348479J

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096990907	GD CARZ	53122597J	GPC	drivo CLASSIC	SKA6611L	SKA6611L	27/12/2017	26/12/2018

Continue

▼ **Policy Information**

Policy No.	5096990907	Policyholder Name	GD CARZ	Policyholder NRIC	53122597J
Address	210 TURF CLUB ROAD B16 TURF CITY SINGAPORE 287995				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/12/2017	Effective Date	27/12/2017 00:00	Expiry Date	26/12/2018 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	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	210 TURF CLUB ROAD	Address 2	B16 TURF CITY	Address 3	SINGAPORE 287995
Address 4		Address Type	Singapore address	Post Code	287995
Unit No.		Related Policy Number	5078340356-02		

▶ **Insured Object: SKA6611L**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	27/12/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 27 Dec 2017, the Vehicle Number is amended as follows: VEHICLE REGISTRATION NUMBER: SKA6611L

Continue

Cancel

Claim Handling

Accident MT/0996347

Policy No.	5096990907	Vehicle No.	SKA6611L	GST Registration No.	
Policyholder Name	GD CARZ	Cover Type	drive CLASSIC	Policyholder NRIC	531
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	98804444	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(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	30/05/2018 09:48	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	27/05/2018	Time of Accident hh:mm	10:35	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	CAUSEWAY TOWARDS JB				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.
Unnamed Driver Excess		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	No
Modification History			

▼ Policyholder Mailing Address

Address 1	210 TURF CLUB ROAD	Address 2	B16 TURF CITY	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	287
Unit No.		Related Policy Number	5078340356-02		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/1
Unnamed driver Name	TAY YEOW YEE (ZHENG YAOYI)	Driver NRIC	57348479J	Driving Experience	12
Register Date of Driver License	29/11/2005	Driver Age	44	Contact No.(Home)	0
Contact No.(Mobile)	98804444	Contact No.(Office)	0	Address 3	
Address 1	127 COMPASSVALE BOW	Address 2		Post Code	544
Address 4		Address Type	Singapore address		
Unit No.	#08-32	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> 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	GD CARZ	Insured NRIC	531
Contact No.(Mobile)	82331245	Contact No.(Home)		Contact No.(Office)	646
Email Address		OI Vehicle Number	SKA6611L	TP Vehicle Number	SLC
Claim Description	SKA6611L / SLC611SE ON 27 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	30/C
Date Registered	30/05/2018 09:59	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			

 Print AK letter

Save Submit

Attachment



Accident No. MT/0996347 Claim No. 001
 Last Doc. Received Yes No Upload Date 30/05/2018 09:55

Path *

Category *	Confidential	Urgency *
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal
<input type="button" value="Clear"/> Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 09:59	NRIC/ Driving License	Normal	NRIC/ Driving Licc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 09:54	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 09:54	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 09:54	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 09:54	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 09:53	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 09:53	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 09:53	Photos	Normal	Photos 20:

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	