

NATIONAL Assessment Centre Services

part 1 (Jan 2005)

MM/A 118074734.

Date In: 8/16/18 17:26	Job description	Date & Time Completed	Done by
Ref No: NA/INC18010515164	SAS e-filing		
Veh No: GBE 4570U	E-mail (within Shrs, AIG 2hrs)		
D.O.A: 7/16/18 11:45.	i-Motor Claim Form	MT10997910 ⁹⁰¹	8/16/18 17:57.
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:

SKN 8288 E.

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

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

Claimant's Particulars:-

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

Driver/Owner:

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

Contact No:

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

Damaged Portion:

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QC Checked by (Engr-In-Charge):

9) Q1*

*N5: Courtesy Car / Tpl Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

Auditors' Comments:-

TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile 30

Ref 1:

Invoice dated

Fee Charged

Ref 2/3:

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	08/06/2018 17:26
Date Of Accident	07/06/2018 11:45
Exact Location Of Accident	28 TAI SENG ST SAKAE BUILDING LEVEL 2 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4570U
Insured/Policyholder	
Name Of Registered Owner	SAKAE HOLDINGS LTD.
Co Reg No	199604816E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96815229

Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4AA
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	5069793081-03
Cover Note Number	-

Driver

Name of Driver	FOO KIA HEE
NRIC No	S1308366E
Date Of Birth	28/09/1942
Occupation	INDOOR
Date Of Driving Pass	27/06/1970
Driving Experience	47 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90112452
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	107 SEAGULL WALK
Postcode	486705
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - COMPANY ADVISOR
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	2
Passenger 1	NAME: : UNKNOWN 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

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	SKN8288E
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

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)**

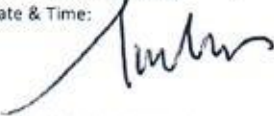
I understand, acknowledge, agree and consent that:

- (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.

Sakae Holdings Ltd.

28 Tai Seng Street
Sakae Building, Level 7
Singapore 534106
Tel: 6438 6629 Fax: 6438 6639

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.:



Stamp
→

SKETCH PLAN

Please

Refer

to

Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHILE REVERSING THE DRIVER KNOCKED INTO THE
STATIONARY CAR.

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.:

Sakae Holdings Ltd.

28 Tai Seng Street
Sakae Building, Level 7
Singapore 534106
Tel: 6438 6629 Fax: 6438 6639

ACCIDENT STATEMENT

ACCIDENT DATE: (7 / 6 / 18) (DD/MM/YYYY), TIME: (11 : 45) (HH:MM)

LOCATION: 28 Tai Seng St Sakae Building Level 2 carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 4570 U
b) INSURANCE COMPANY: IMC
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: Sakae Holdings Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9681 5229
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Foo Xiq Hee (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9011 2452
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: company adviser

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: SKN 8288 E 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: _____

*No of passenger
(Including driver)
(2)

Male

*No of passenger
(Including driver)
(0)

*No of passenger
(Including driver)
()

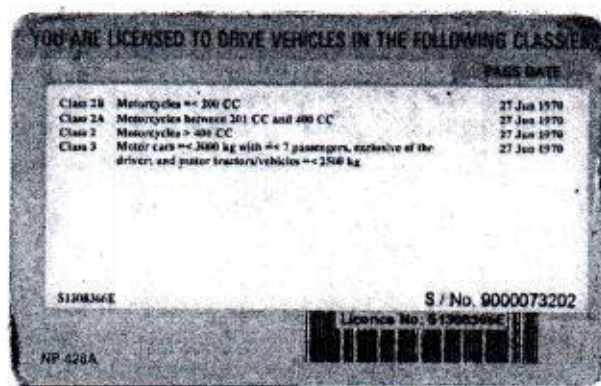
waiting - license

- Stamp

- driver signature

Email =

fax =



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1308366E



Name
FOO KIA HEE

符家祚

CHINESE

Date of Birth

28-09-1942

Country of Birth

SINGAPORE

Sex

M



1394655



NRIC No: S1308366E



Blood Group

O+

Date of Issue

01-11-1983

107 SEAGULL WALK
SINGAPORE 486705

NRIC No: S1308366E

Date: 17/04/2009

No: 6357629

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5069793081-03	SAKAE HOLDINGS LTD.	199604816E	GFT	Comprehensive	GBE4570U	GBE4570U	01/05/2018	

▼ Policy Information

Policy No.	5069793081-03	Policyholder Name	SAKAE HOLDINGS LTD.	Policyholder NRIC	199604816E
Address	28 TAI SENG STREET SAKAE BUILDING LEVEL 7 SINGAPORE 534106				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/05/2018	Effective Date	01/05/2018 00:00	Expiry Date	30/04/2019 23:59
Third Party Excess	0.00	Own damage Excess	500.00	Windscreen Excess	100.00
Additional Excess		OS Premium	23430.99		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	AVA INSURANCE BROKERS PTE	Agent Tel.	65356838	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	28 TAI SENG STREET	Address 2	SAKAE BUILDING LEVEL 7	Address 3	SINGAPORE 534106
Address 4		Address Type	Singapore address	Post Code	534106
Unit No.		Related Policy Number	5069793081-03		

▶ Insured Object: GBE4570U

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

The premium on this policy has not been collected.

Accident MT/0997910

Policy No.	5069793081-03	Vehicle No.	GBE4570U	GST Registration No.	199604816E
Policyholder Name	SAKAE HOLDINGS LTD.			Policyholder NRIC	199604816E
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96815229	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	No

Report Date: 08/06/2018 17:53 Accident Report Within 24 hrs: Yes Accident Type: Collided into Parked Vehicle

Date of Accident: 07/06/2018 Time of Accident hh:mm: 11:45 Country of Accident: Singapore

Reporting Centre: Orange Force

Accident Location: 28 TAI SENG ST SAKAE BUILDING LEVEL 2 CARPARK

Benefits

Excess

Own damage Excess	500.00	Additional Excess	Windscreen Excess	100.00
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	01/01/2015
GST Registration No.	199604816E	GST Status Verified	No

Modification History:

Policyholder Mailing Address

Address 1	28 TAI SENG STREET	Address 2	SAKAE BUILDING LEVEL 7	Address 3	SINGAPORE 534106
Address 4		Address Type	Singapore address	Post Code	534106
Unit No.		Related Policy Number	5069793081-03		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	28/09/1942
Unnamed driver Name	FOO KIA HEE	Driver NRIC	S1308366E	Driving Experience	47
Register Date of Driver License	27/06/1970	Driver Age	75	Contact No.(Home)	
Contact No.(Mobile)	90112452	Contact No.(Office)		Address 3	
Address 1	107 # SEAGULL WALK	Address 2	SINGAPORE 486705	Post Code	486705
Address 4		Address Type	Singapore address		
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

New

Claim Type *	OD-MX	Insured Name	SAKAE HOLDINGS LTD.	Insured NRIC	199604816E
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	64386629
Email Address	jilian@sakaeholdings.com	OI Vehicle Number	GBE4570U	TP Vehicle Number	5KN8288E
Claim Description	GBE4570U / 5KN8288E ON 7 Jun 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	08/06/2018 00:00
Date Registered	08/06/2018 17:55	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0997910	Claim No.	001
Last Doc. Received	Yes No	Upload Date	08/06/2018 17:57

Path *

Choose File	No file chosen	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

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Message Read

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Clear	Please Select ▼	NO ▼	Normal ▼	
Clear	Please Select ▼	NO ▼	Normal ▼	

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jun 2018 17:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jun 2018 17:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jun 2018 17:56	SAS	Normal	SAS 2018-6-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jun 2018 17:56	Photos	Normal	Photos 2018-6-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jun 2018 17:56	Photos	Normal	Photos 2018-6-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jun 2018 17:55	Photos	Normal	Photos 2018-6-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jun 2018 17:56	Photos	Normal	Photos 2018-6-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jun 2018 17:55	Photos	Normal	Photos 2018-6-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jun 2018 17:55	Photos	Normal	Photos 2018-6-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jun 2018 17:55	Photos	Normal	Photos 2018-6-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jun 2018 17:55	Photos	Normal	Photos 2018-6-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jun 2018 17:55	Photos	Normal	Photos 2018-6-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jun 2018 17:55	Photos	Normal	Photos 2018-6-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jun 2018 17:55	Photos	Normal	Photos 2018-6-8

Video List

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

Scan and uploading