

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 14/06/2018 16:01	Job description:	Date & Time Completed	Done by
Ref No: NBA/INC18010900/K4	SAS e-filing		
Veh No: GBF 38755	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/06/2018 15:30	i-Motor Claim Form	MT/0998807-001	16/6/18 16:10
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: XD8389X	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

NA1803734

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) RT: Follow-Through Survey (Resurvey) \$30		
At 1:	For claiming against INC Only (wef 10 Jan 2005)		
At 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 \$0		
	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	14/06/2018 16:01
Date Of Accident	11/06/2018 15:30
Exact Location Of Accident	100 GUL STREET (S629586)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3875S
Insured/Policyholder	
Name Of Registered Owner	ADVANCED MARINE PTE LTD
Co Reg No	197900041G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88695807
Alternative Phone No	OFFICE-88695807

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
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	5084609213-01
Cover Note Number	

Driver

Name of Driver	VINCENT TAY
NRIC No	S1271562E
Date Of Birth	06/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	17/03/1979
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88695807
Fax Number	
Contact Number	OTHERS-88695807
Email Address	NOEMAIL

Address	BLK 127C KIM TIAN ROAD #25-547
Postcode	163127
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)	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	XD8389X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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:

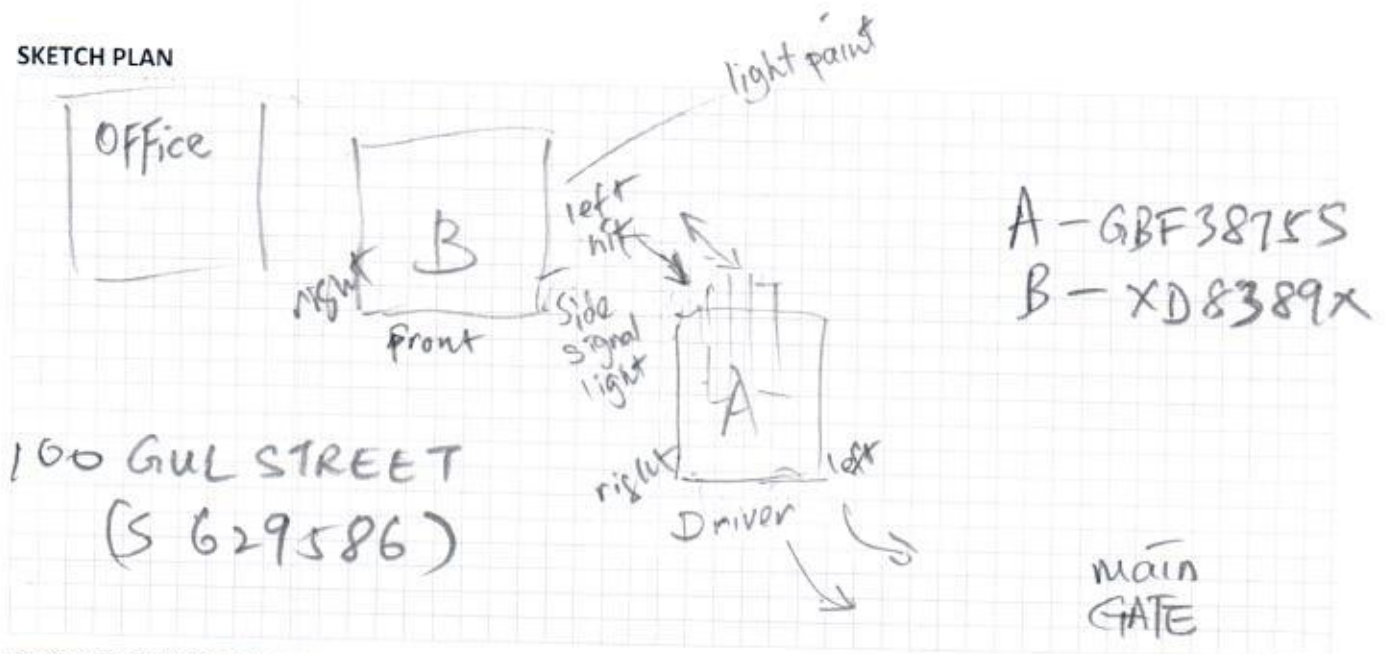
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehide A GBF3875S at 100 Gul Street S(629586) to collect items steel from CONTINENTAL STEEL Company while about to leave the company I make a turn and hit the company Conny XD 8389X parking beside the office.

The damage occur slight left hand door and left hand side signal light.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature 14/6/18
(If driver is not the policyholder)
Date & Time:

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









INCOME
Accident Reporting

You are advised to report all motor accidents promptly at any of our appointed Accident Reporting Centres (ARCs). The vehicle assessor at the ARC will assess the damages of your vehicle and take photographs of the damages.

Idac Bukit Batok (VICOM)

511 Bukit Batok Street 23

Singapore 659545

Tel: 6560 3312

Mon to Sun: 8.30am - 5.30pm

(Closed on Public Holidays)

Idac Bukit Merah (National Assessment Centre)

Blk 1007 Bukit Merah Lane 3

#01-11 Singapore 159721

Tel: 6898 0055

(Reporting for minor damages only)

Mon to Fri: 9.00am - 6.00pm

Closed on Saturdays, Sundays and Public Holidays

Claims Assistance

Call us on:

6788 6616

for immediate assistance with motor claims submission.

Mon to Sun: 9.00am - 6.00pm

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1271562E



Name

VINCENT TAY

Race

CHINESE

Date of birth

06-01-1957

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1271562E

Name:

VINCENT TAY

Birth Date: 06 Jan 1957

Issue Date: 12 Nov 2015



002492482E

SG
50



4862412

NRIC No. S1271562E



Date of issue

09-05-2012

APT BLK 127C KIM TIAN ROAD #25-547
SINGAPORE 183127

NRIC No: S1271562E

Date: 02/01/2018

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

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 17 Mar 1979



Licence No:S1271562E

NP 428A

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 : 5084609213-01

Cover : Preferred Workshop Plan

- | | |
|--|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBF38755 |
| Chassis Number | : KDY2318025768 |
| 2. Name of Policyholder | : ADVANCED MARINE PTE LTD |
| 3. Effective Date of Insurance | : 05 Oct 2017 |
| 4. Expiry Date of Insurance | : 04 Oct 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : WILLIAM'S AUTO PTE LTD (00000614823)


Date of Issue : 11 Sep 2017 22:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

[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="12/06/2018 15:30"/>						
Vehicle No. (For Motor)	<input type="text" value="GBF3875S"/>								
<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"/>	5084609213-01	ADVANCED MARINE PTE LTD	197900041G	GCV	Preferred Workshop Plan	GBF3875S	GBF3875S	05/10/2017	04/10/2018
<input type="button" value="Continue"/>									

Policy Information

Policy No.	5084609213-01	Policyholder Name	ADVANCED MARINE PTE LTD	Policyholder NRIC	197900041G
Address	1 GUL ST 4 SINGAPORE 629233				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy issue Date	11/09/2017	Effective Date	05/10/2017 00:00	Expiry Date	04/10/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	WILLIAM'S AUTO PTE LTD	Agent Tel.	67632166	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	1 GUL ST 4	Address 2	SINGAPORE 629233	Address 3	
Address 4		Address Type	Singapore address	Post Code	629233
Unit No.		Related Policy Number	5084609213-01		

Insured Object: GBF38755

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/098807

Policy No.	5084609213-01	Vehicle No.	GBF3875S	GST Registration No.	M20
Policyholder Name	ADVANCED MARINE PTE LTD			Policyholder NRIC	197
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	88695807	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

▼ Accident Details

Report Date	16/06/2018 16:01	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	11/06/2018	Time of Accident hh:mm	15:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	100 GUL STREET (5629586)				

▼ 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.	M200332962	GST Status Verified	No
Modification History			

▼ Policyholder Mailing Address

Address 1	1 GUL ST 4	Address 2	SINGAPORE 629233	Address 3	
Address 4		Address Type	Singapore address	Post Code	629.
Unit No.		Related Policy Number	5084609213-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	VINCENT TAY	Driver NRIC	S1271562E	Driver DOB	06/1
Register Date of Driver License	17/03/1979	Driver Age	61	Driving Experience	39
Contact No.(Mobile)	88695807	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 127C	Address 2	KIM TIAN ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	163
Unit No.	#25-547				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	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
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ADVANCED MARINE PTE LTD	Insured NRIC	197	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	626	
Email Address		OI Vehicle Number	GBF3875S	TP Vehicle Number	XD8	
Claim Description	GBF3875S / XD8389X ON 11 Jun 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec	
Date Registered	16/06/2018 16:10	Claim Close Date		Date Received	16/0	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired		

☒ Print AK letter

Save Submit

Attachment

Accident No.

MT/0998807

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

16/06/2018 16:10

Path *

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

Category *

Confidential

Urgency *

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 16 Jun 2018 16:10	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 16 Jun 2018 16:08	SAS	Normal	SAS 2011
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 16 Jun 2018 16:08	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 16 Jun 2018 16:08	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 16 Jun 2018 16:08	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 16 Jun 2018 16:08	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 16 Jun 2018 16:07	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 16 Jun 2018 16:07	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 16 Jun 2018 16:07	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 16 Jun 2018 16:07	Photos	Normal	Photos 20:
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 16 Jun 2018 16:07	Photos	Normal	Photos 20:
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 16 Jun 2018 16:07	Photos	Normal	Photos 20:

Video List

Uploaded By/Date	Folder Date	File Name	Source
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