

NATIONAL Assessment Centre Services

Date In: 13/08/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18014616/13	SAS e-filing		
Veh No: SLX8530R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/08/18 1515	i-Motor Claim Form	MT/1007003-001	
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: SLT3499E	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%; P: 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

NA1805012	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) FT: 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:-		
	QD*		
	*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	13/08/2018 15:30
Date Of Accident	11/08/2018 15:15
Exact Location Of Accident	PIE TWDS CHANGI AFT BEDOK NORTH AVE 3 EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLX8530R
Insured/Policyholder	
Name Of Registered Owner	PRESTIGE LEASING PTE. LTD
Co Reg No	201723326H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5098811203
Cover Note Number	
Driver	
Name of Driver	YAP CHEE BOON(YE ZHIWEN)
NRIC No	S7229570F
Date Of Birth	15/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	21/07/2000
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90148989
Fax Number	
Contact Number	
Email Address	SHAMEL8989@GMAIL.COM

Address	BLK 107 ANG MO KIO AVE 4 #08-162
Postcode	560107
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180811/2129

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ3499E
Vehicle Make/Model/Colour	HONDA HRV
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SON CHEE KIONG
NRIC/Passport Number	S6940185F
Contact Number	91088509
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	YAP CHEE BOON(YE ZHIWEN)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLX8530R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180811/2129

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:

2/sep. 13/8/18

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

2/sep 13/08/18



SINGAPORE POLICE FORCE



T/20180811/2129

1 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20180811/2129

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/08/2018 22:16		Vide Report No.:		Station Diary No.: 160	
Informant's Particulars					
Name of Informant: YAP CHEE BOON			Address: APT BLK 107 ANG MO KIO AVENUE 4 #08-162 SINGAPORE 560107		
ID Type / ID No.: NRIC NO / S7229570F			Contact No.: Home/Office: Mobile: 90148989		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 15/08/1972	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/08/2018 15:15	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE towards Changi after Bedok North Avenue 3 Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLJ3499E	Car	HONDA	HRV 1.5 DX CVT	Red	Slightly Damaged	0
SLX8530R	Car	TOYOTA	PRIUS HYBRID 1.8E CVT	Silver	Slightly Damaged	4

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180811/2129

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 3

Report No. T/20180811/2129

CONTINUATION OF REPORT

Driver				
Name	SON CHEE KIONG		ID No.	S6940185F
Related Vehicle	SLJ3499E (Car)		Contact No.	91088509
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	YAP CHEE BOON		ID No.	S7229570F
Related Vehicle	SLX8530R (Car)		Contact No.	90148989
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/08/2018		Date Discharge	11/08/2018
No. of Days granted Medical Leave	05		Degree of Injury	Slight

Brief Details.

On 11 August 2018, at around 03:15pm, I was driving vehicle: SLX8530R along PIE towards Changi after Bedok North Avenue 3 exit when I saw the vehicle in front of me slowing down as such I followed suit. Suddenly, I felt a hard impact from the rear and due to the hard impact, it moved my car to the front and come to a stop.

I came down to check my vehicle and realized that vehicle: SLJ3499E had hit my rear bumper causing it dented. I also took photos of the scene before exchanging particulars with the other party. I wish to state that I have 4 passengers in my vehicle however no one was injured at that point of time. I also wish to state that after the incident I felt some pain in the neck and shoulder area as such I went to see the doctor and was given 5 days MC. I also wish to state that I have an in-car camera in my vehicle. I am lodging this report for insurance claims.



**SINGAPORE
POLICE FORCE**



T/20180811/2129

3 of 3

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20180811/2129

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

E /

Sgt 2 KHAIRUL SYAZWAN BIN SAHAK

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Signature Of Informant:

Date/Time:

11/08/2018 22:16

Classification Of Case:

Authentication Stamp

NP168




SINGAPORE
POLICE FORCE

SN 061

SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7229570F



Name
YAP CHEE BOON
(YE ZHIWEN)
叶志文

Race
CHINESE

Date of Birth
15-08-1972

Sex
M

Country of Birth
SINGAPORE

A0261366



NRIC No. **S7229570F**



Residential Address
**APT BLK 107 ANG MO KIO AVENUE 4 #08-162
SINGAPORE 560107**

NRIC No. **S7229570F**

Date of Issue
13-11-2002

Date
22/01/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7229570F**

Name
YAP CHEE BOON
(YE ZHIWEN)

Birth Date **15 Aug 1972**

Issue Date **24 Aug 2012**



002099933A


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 21 Jul 2000

Licence No. S7229570F

NP 428A



Land Transport Authority


VOCATIONAL LICENCE

Licence No. **S7229570F**

Name **YAP CHEE BOON**


Issue Date **15/8/2014**

Please visit www.lta.gov.sg to check the status of this vocational licence



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	15/08/2014



Hello, NAC_PAYA_UBI_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="11/08/2018 15:15"/>
Vehicle No. (For Motor)	<input type="text" value="SLX8530R"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098811203		PRESTIGE LEASING PTE. LTD	201723326H	GFT	drive CLASSIC	SLX8530R	SLX8530R	13/04/2018	

Claim Handling

The premium on this policy has not been collected.

Accident MT/1007003

Policy No.	5098811203	Vehicle No.	SLX8530R	GST Registrat
Certificate No.				
Policyholder Name	PRESTIGE LEASING PTE. LTD			Policyholder 1
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91449265	Contact No.(Office)	0	Contact No.(1
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
▼ Accident Details				
Report Date	13/08/2018 19:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/08/2018	Time of Accident hh:mm	15:15	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE TWDS CHANGI AFT BEDOK NORTH AVE 3 EXIT			
▼ Benefits				
▼ Excess				
Own damage Excess	2,000.00	Additional Excess	0	Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
▼ Policyholder Mailing Address				
Address 1	25 KAKI BUKIT ROAD 4	Address 2	#01-62 SYNERGY @ KB	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-62	Related Policy Number	5098811203	
▼ O1 Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	YAP CHEE BOON(YE ZHIWEN)	Driver NRIC	S7229570F	Driver DOB
Register Date of Driver License	21/07/2000	Driver Age	45	Driving Exper
Contact No.(Mobile)	90148989	Contact No.(Office)	0	Contact No.(1
Address 1	BLK 107	Address 2	ANG MO KIO AVENUE 4	Address 3
Address 4	SINGAPORE 560107	Address Type	Singapore address	Post Code
Unit No.	#08-162			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insure
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Modification History				

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)		Contact No. (Home)	
Email Address		O1 Vehicle Number	
Claim Description	SLX8530R / SL13499E ON 11 Aug 2018		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	13/08/2018 19:44
		Workshop Repairer	ROSINDA
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment



Accident No. MT/1007003 Claim No. 001
 Last Doc. Received * Yes ☐ No ☐ Upload Date 13/06/2018 00:00

Path *

Category *

Confide

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

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Please Select

NO

Choose File No file chosen

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Please Select

NO

Choose File No file chosen

Clear

Please Select

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NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2018 19:44	NRIC/ Driving License	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2018 19:44	SAS	Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2018 19:44	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2018 19:44	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2018 19:44	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2018 19:44	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2018 19:44	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2018 19:43	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2018 19:43	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2018 19:43	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2018 19:43	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2018 19:43	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2018 19:43	Photos	Normal	P

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

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