

# NATIONAL Assessment Centre Services. [ref: Jan/05] MMA 118105367.

Date In: 15/18/18 11:15	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 18014817/44	E-mail (within 5hrs, A/C 2hrs)		
Veh No: GBE 3095G	i-Motor Claim Form	MT/1007427-001	16/18/18 11:26.
DOA: 13/18/18 10:20	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP: Reporting Only	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 4609P.	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 repaier.

( ) 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

Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) iFT: Follow-Through Survey (Resurvey) \$30 For clearing against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 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	Amt (\$) 30.00 1st Bill Add Bill
	Invoice dated Invoice dated	Fee Charged 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	15/08/2018 11:15
Date Of Accident	13/08/2018 10:20
Exact Location Of Accident	ORCHARD RD TWDS PRINSEP ST
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE3095G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	IDEAL TO IDEAL PTE LTD
Co Reg No	201216586G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64920002
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HIACE
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075338489-02
Cover Note Number	-
<b>Driver</b>	
Name of Driver	TING TECK SEENG
NRIC No	S2769401B
Date Of Birth	07/10/1967
Occupation	OUTDOOR
Date Of Driving Pass	20/11/2009
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91124308
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 113 BEDOK RESERVOIR RD #04-250
Postcode	470113
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 - 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?	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

I WAS TRAVELLING ALONG ORCHARD RD TWDS PRINSEP ST ON THE EXTREME RIGHT LANE. WHEN I NOTICED VEH INFRONT SLOW DOWN AND STOPPED DUE TO TRAFFIC CONGESTED, AS SUCH I FOLLOW TO SLOW DOWN AND STOPPED. MOMENT LATER I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SKN4609P) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION. I ASK THE DRIVER HOW HE WANT TO SETTLE THIS MATTER, DUE TO MY DAMAGE NOT SERIOUS I TOLD THE DRIVER BETTER TO SETTLE PRIVATELY BUT HE MENTIONED HIS BOSS WILL BACK ON THIS END OF MONTH AND UPDATED TO ME, THAT WHY I LATE REPORT TO MY INSURANCE COMPANY.

#### 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	SKN4609P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PAULEO ASIKIN
NRIC/Passport Number	S8601528E
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.



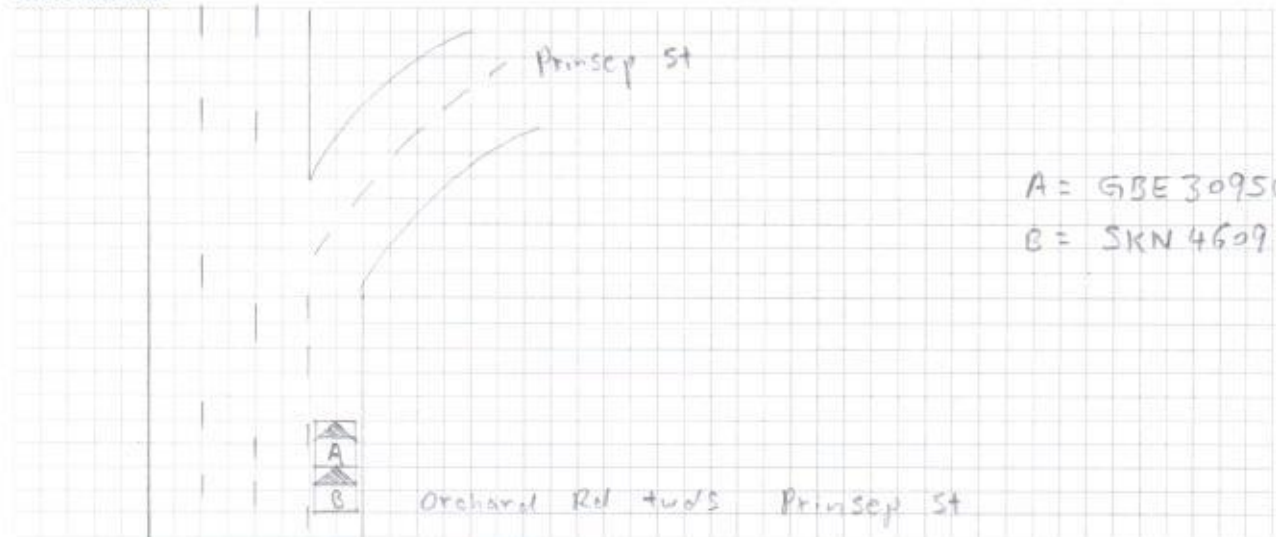
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

## 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.:

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S2769401B**

Name: **TING TECK SEENG**

Birth Date: **07 Oct 1967**

Issue Date: **21 Nov 2012**

002124226E




**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S2769401B**

Name: **TING TECK SEENG**

陳添盛

Race: **CHINESE**

Date of birth: **07-10-1967**

Country/Place of birth: **MALAYSIA**

Sex: **M**



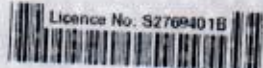


**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES**

Class	Vehicle Description	Effective Date
Class 2B	Motorcycles <= 200 cc	20 Nov 2009
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	20 Nov 2009

4VP 42BA

Licence No. S2769401B



5670403

NRIC No. **S2769401B**

Date of issue: **10-11-2016**

Address: **APT BLK 113 BEDOK RESERVOIR ROAD  
#04-250  
SINGAPORE 470113**




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)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5075338489-02		IDEAL TO IDEAL PTE LTD	201216586G	GCV	Comprehensive	GBE3095G	GBE3095G	30/10/2017	29/10/2018



## Claim Handling

## Accident MT/1007427

Policy No.	5075338489-02	Vehicle No.	GBE3095G	GST Registration No.	
Certificate No.					
Policyholder Name	IDEAL TO IDEAL PTE LTD			Policyholder NRIC	201211
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	64920002	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	15	Private Hire	No
<b>Accident Details</b>					
Report Date	16/08/2018 11:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	13/08/2018	Time of Accident hh:mm	10:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ORCHARD RD TWDS PRINSEP ST				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	61 UBI ROAD 1	Address 2	#03-12 OXLEY BIZHUB	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	408721
Unit No.	03-12	Related Policy Number	5075338489-02		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TING TECK SEENG	Driver NRIC	S2769401B	Driver DOB	07/10/
Register Date of Driver License	20/11/2009	Driver Age	50	Driving Experience	8
Contact No.(Mobile)	91124308	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 113 #04-250	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS
Address 4	SINGAPORE 470113	Address Type	Singapore address	Post Code	470113
Unit No.	04-250				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	IDEAL TO IDEAL PTE LTD
Contact No.(Mobile)	NIL	Contact No. (Home)	
Email Address		OI Vehicle Number	GBE3095G
Claim Description	GBE3095G / SKN4609P ON 13 Aug 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	16/08/2018 11:25
			LEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

## Attachment

Accident No. MT/1007427

Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

16/08/2018 11:26

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

Clear	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 ▼

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2018 11:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2018 11:26	SAS	Normal	SAS 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2018 11:26	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2018 11:26	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2018 11:26	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2018 11:26	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2018 11:26	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2018 11:26	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2018 11:26	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Aug 2018 11:26	Photos	Normal	Photos 2018-8-16

## Video List

Uploaded By/Date	Folder Date	File Name	Source
<div>Display in New Window</div> <div>Scan and uploading</div>			