

NATIONAL Assessment Centre Services. [wef 1 Jan 05] MMA 118109099.

Date In: 23/1/18 14:33	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 18015617164.	SAS e-filing		
Veh No: YP 9143 G.	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/1/18 01:30.	i-Motor Claim Form	MT/1009143-001	28/1/18 16:43.
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: Vch No: Unknown, 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:-	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 :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Date 1:	For claiming against INC Only (wef 10 Jan 2005)		
Date 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QI*		
	*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	23/08/2018 14:33
Date Of Accident	21/08/2018 01:30
Exact Location Of Accident	CTE TWDS WOODLANDS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP9143G
Insured/Policyholder	
Name Of Registered Owner	A-HUAT METAL TENT CONSTRUCTION
Work Permit No	53207549L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90904876
Alternative Phone No	OFFICE-90904876
Vehicle Particulars	
Manufacturer	HINO
Model	XZU710R 14FT WIDE CAB 5T
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	5101764386
Cover Note Number	-
Driver	
Name of Driver	TAN TONG FONG
NRIC No	S1577716H
Date Of Birth	10/12/1963
Occupation	OUTDOOR
Date Of Driving Pass	27/12/2011
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91636506
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address BLK 12 EUNOS CRESCENT #13-2787
 Postcode 400012
 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 NO COLLISION
 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) 3
 Passenger 1 NAME: : UNKNOWN
 GENDER: : MALE
 Passenger 2 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 UNKNOWN
 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.

A-HUAT METAL TENT
CONSTRUCTION

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

A = YP 9143G
B = Unknown.

CTE two's woodlands.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to statement

DECLARATION

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

A

A - HUAT METAL TENT
CONSTRUCTION

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.:

I WAS TRAVELLING ALONG CTE TWDS WOODLANDS, SUDDENLY A MERCEDES STOP ME AND THE DRIVER TOLD ME, MY LORRY STUFF (CHAIR) DROP AND HIT ONTO HIS VEH, BUT I CANNOT FOUND THE MENTIONED STUFF ON THE ROAD. THE DRIVER SAY WILL CLAIMS ON MY LORRY INSURANCE. THAT ALL.

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 8 / 18) (DD/MM/YYYY), TIME: (01 : 30) (HH:MM)

LOCATION: CTE twds Woodlands.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP 9143G.
b) INSURANCE COMPANY: INC.
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: A-Huat metal tent construction (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90904876.
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan tong fong. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9163 6506.
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: _____

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: Unknown. 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)
(3)

/ 1
MM.

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Waiting veh & chop.

AK.

email = nikki @ df . sg

fax =

video =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Expiry Number: S1577716H

Name: TAN TONG FONG

Birth Date: 10 Dec 1963

Issue Date: 04 Nov 2010

001907810D




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1577716H



Name: TAN TONG FONG

陳東峰

Race: CHINESE

Date of birth: 10-12-1963

Sex: M

Country of birth: SINGAPORE





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	EFFECTIVE DATE
Class 2	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	27 Jul 1987
Class 4	Heavy motor cars and motor tractors > 2500 kg	27 Dec 2011

S1577716H

S/No. 9000154716

Licence No: S1577716H



NP 428A

4652402



NRIC No: S1577716H



Date of issue: 03-11-2010

APT BLK 12 EUNOS CRESCENT #13-2787
SINGAPORE 400012

NRIC No: S1577716H Date: 22/02/2011 No: 6691266

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="21/08/2018 13:30"/>
Vehicle No.(For Motor)	<input type="text" value="YP9143G"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101764386		A-HUAT METAL TENT CONSTRUCTION	53207549L	GCV	Preferred Workshop Plan	YP9143G	YP9143G	04/07/2018	03/07/2019

Continue

Claim Handling

Accident MT/1009143

Policy No.	5101764386	Vehicle No.	YP9143G	GST Registration No.	
Certificate No.					
Policyholder Name	A-HUAT METAL TENT CONSTRUCTION			Policyholder NRIC	532071
Product Code	COMMERCIAL VEHICLE (INSURAF)	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	90904876	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(%)	15	Private Hire	No

Accident Details

Report Date	28/08/2018 16:29	Accident Report Within 24 hrs	Yes	Accident Type	No colli
Date of Accident	21/08/2018	Time of Accident hh:mm	01:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS WOODLANDS				

Excess

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			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 1010 #01-30	Address 2	EUNOS AVENUE 6	Address 3	EUNOS
Address 4	SINGAPORE 409622	Address Type	Singapore address	Post Code	40962
Unit No.	01-20	Related Policy Number	S093276919-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN TONG FONG	Driver NRIC	S1577716H	Driver DOB	10/12/
Register Date of Driver License	27/12/2011	Driver Age	54	Driving Experience	6
Contact No.(Mobile)	91636506	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 12 #13-2787	Address 2	EUNOS CRESCENT	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	40001
Unit No.	13-2787				
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

Claims 001 **New**

Claim Type *	OD-MX	Insured Name	A-HUAT METAL TENT CONSTRU
Contact No.(Mobile)	97304876	Contact No. (Home)	
Email Address		O1 Vehicle Number	YP9143G
Claim Description	YP9143G / UNKNOWN ON 21 Aug 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Finalisation	Yes	Received	
Date Registered		Claim Close Date	28/08/2018 16:42
Report Taken By	LIEW SHAN HUI		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1009143	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

28/08/2018 16:43

Path

- 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
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 16:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 16:43	SAS	Normal	SAS 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 16:43	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 16:43	Photos	Normal	Photos 2018-8-28
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 16:42	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 16:42	Photos	Normal	Photos 2018-8-28
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 16:42	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 16:42	Photos	Normal	Photos 2018-8-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2018 16:42	Photos	Normal	Photos 2018-8-28

Video List

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