

NATIONAL Assessment Centre Services

[ver 1 Jan 2005]

Date In: 28/09/2018 13:35	Job description	Date & Time Completed	Done by
Ref No: NA/INC18017653/K4	SAS e-filing		
Veh No: YN3519G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/09/2018 10:30	i-Motor Claim Form	MT/1013545-001	29/9/18 0945
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

GBE2055D

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

NA1806182

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

Int. Bill

Add. Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2 / 3:

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

2) DA: Damage Assessment (\$100); INC (\$30)

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

4) FT: Follow-Through Survey \$120

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

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idau 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: Idau 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	28/09/2018 13:35
Date Of Accident	27/09/2018 10:30
Exact Location Of Accident	CHIN BEE DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN3519G
Insured/Policyholder	
Name Of Registered Owner	TAN BAN YAU MACHINERY PTE LTD
Co Reg No	198303132M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	OFFICE-62883225

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE83BEOSRDEA
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	5063108971-04
Cover Note Number	

Driver

Name of Driver	GOH YEOW ENG
NRIC No	S0014251D
Date Of Birth	24/06/1953
Occupation	OUTDOOR
Date Of Driving Pass	08/05/1976
Driving Experience	42 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	OFFICE-62883225
Email Address	NOEMAIL

Address	BLK 289 BISHAN STREET 24 #08-17
Postcode	570289
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	GBE2055D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ISMAIL
NRIC/Passport Number	
Contact Number	91134880
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



A - YN3519G
B - GBE2055D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Chin Bee Drive, and when came to stop and ~~reversed~~ Vehicle A reversed and Vehicle B also reversed and both rear portions hit.

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.:

28/9/2018

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0014251D



Name
GOH YEOW ENG

吴 焯 融

Race
CHINESE

Date of birth
24-06-1953

Country/Place of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S0014251D

Name
GOH YEOW ENG

Birth Date: 24 Jun 1953

Issue Date: 16 Jul 2007



5704154



NRIC No S0014251D



Date of issue
03-02-2017

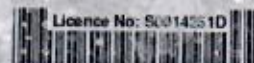
Address

APT BLK 289 BISHAN STREET 24
#06-17
SINGAPORE 570289

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

PASS DATE

Class 3 Motor Cars <= 3000kg wt, <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 08 May 1976



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 : 5063108971-04

Cover : Comprehensive

- | | |
|--|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : YN3519G |
| Chassis Number | : FE83BEA20917 |
| 2. Name of Policyholder | : TAN BAN YAU MACHINERY PTE LTD |
| 3. Effective Date of Insurance | : 20 Dec 2017 |
| 4. Expiry Date of Insurance | : 19 Dec 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 : LIM LIN SIONG EDDIE (00000512637)
Date of Issue : 11 Dec 2017 15:25 hrs
Reprint : 11 Dec 2017 15:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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"/>	5063108971-04		TAN BAN YAU MACHINERY PTE LTD	198303132M	GCV	Comprehensive	YN3519G	YN3519G	20/12/2017	19/12/2018

▼ Policy Information

Policy No.	5063108971-04	Policyholder Name	TAN BAN YAU MACHINERY PTE L	Policyholder NRIC	198303132M
Certificate No.					
Address	1 KIM CHUAN LANE SINGAPORE 537068				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan	Group Policy Flag	N		
Policy issue Date	11/12/2017	Effective Date	20/12/2017 00:00	Expiry Date	19/12/2018 23:59
Third Party Excess	0.0	Own damage Excess	600	Windscreen Excess	100.0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	LIM LIN SIONG EDDIE	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	1 KIM CHUAN LANE	Address 2	SINGAPORE 537068	Address 3	
Address 4		Address Type	Singapore address	Post Code	537068
Unit No.		Related Policy Number	5063108971-04		

► Insured Object: YN3519G

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue

Cancel

Claim Handling

Accident MT/1013545

Policy No.	5063108971-04	Vehicle No.	YN3519G	GST Registrat
Certificate No.				
Policyholder Name	TAN BAN YAU MACHINERY PTE LTD			Policyholder f
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	0	Contact No.(Office)	62883225	Contact No.(f
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	29/09/2018 09:33	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/09/2018	Time of Accident hh:mm	10:30	Country of Ar
Reporting Centre		Orange Force		ICM No.
Accident Location	CHIN BEE DRIVE			

▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen E
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	No
Modification History			

▼ Policyholder Mailing Address

Address 1	1 KIM CHUAN LANE	Address 2	SINGAPORE 537068	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5063108971-04	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	GOH YEOW ENG	Driver NRIC	S0014251D	Driver DOB
Register Date of Driver License	08/05/1976	Driver Age	65	Driving Exper
Contact No.(Mobile)	0	Contact No.(Office)	62883225	Contact No.(l
Address 1	BLK 289	Address 2	BISHAN STREET 24	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#08-17			
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 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.

Email Address

(Home)

OI

Vehicle Number

Claim Description

YN3519G / GBE2055D ON 27 Sept 2018

Preferred

Workshop

Contact No.

Finalisation

Date Registered

Report Taken By

☒ Print AK letter

Insured Liability

Please Select

Preferred

Repair

Option

Please Select

GIA report

Pending

Claim

Close

Date

Workshop

Repairer

Save

Submit

Attachment

Accident No.	MT/1013545	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/09/2018 00:00

Path *	Category *	Confid
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:41	NRIC/ Driving License	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:40	SAS	Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:39	Photos	Normal	p
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:39	Photos	Normal	p
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:39	Photos	Normal	p
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:39	Photos	Normal	p
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:39	Photos	Normal	p
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:39	Photos	Normal	p
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:39	Photos	Normal	p
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:38	Photos	Normal	p
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:38	Photos	Normal	p
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:38	Photos	Normal	p
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:38	Photos	Normal	p
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:38	Photos	Normal	p
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Sep 2018 09:38	Photos	Normal	p

Video List

Uploaded By/Date	Folder Date	File Name
------------------	-------------	-----------