

# NATIONAL Assessment Centre Services

(Ref: 14005)

MAN/18/133128

Date In: 13/10/2018 15:47	Job description	Date & Time Completed	Done by
Ref No: NA/INC/18/8591/Y	SAS e-filing		
Veh No: SMD 571 G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/09/2018 14:30	i-Motor Claim Form	MT/10/14/28-001	13/10/2018
OD TP <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		16:13
	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: BARRIKER	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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
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		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 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 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 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. 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	13/10/2018 15:47
Date Of Accident	28/09/2018 14:30
Exact Location Of Accident	COMPASS ONE MALL BASEMENT 2 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD5171G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BAK YUE SHEN MERVYN (MAI YOUQUAN, MERVYN)
NRIC No	S7824470D
Email Address	MERVYNBAK@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98005864
Alternative Phone No	OTHERS-98005864

### Vehicle Particulars

Manufacturer	LEXUS
Model	RX350-3.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5079835596-02
Cover Note Number	

### Driver

Name of Driver	BAK YUE SHEN MERVYN (MAI YOUQUAN, MERVYN)
NRIC No	S7824470D
Date Of Birth	22/08/1978
Occupation	INDOOR
Date Of Driving Pass	03/09/1999
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98005864
Fax Number	
Contact Number	OTHERS-98005864
Email Address	MERVYNBAK@YAHOO.COM.SG



Address	123 COMPASSVALE BOW #03-25
Postcode	544819
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

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

## 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:

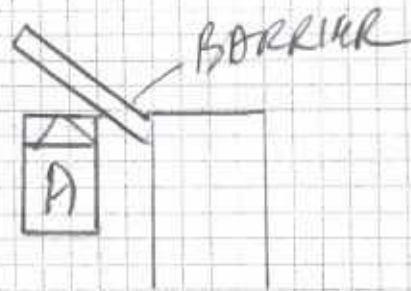


13/10/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



SKETCH PLAN

COMPASS ONE MALL B2 CARPARK



A) SMD5111G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE DAY OF THE ACCIDENT 28/09/2018 WHEN MY VEHICLE WAS PREPARING TO EXIT THE CARPARK OF COMPASSONE MALL AT APPROXIMATELY 14:30 HRS. I CAME TO A STOP BEFORE THE BARRIER TO ENSURE THAT MY CASH CARD PAYMENT WAS DEDUCTED FIRST AND LET THE BARRIER OPEN BEFORE I PROCEED.

ONCE THE BARRIER WAS RAISED I THEN PROCEEDED TO MOVE OFF BUT SUDDENLY THE BARRIER JAM HALFWAY AND MY VEHICLE HAD ALREADY GONE THROUGH THEREFORE CAUSING MY VEHICLE TO HIT THE BARRIER CAUSING THE BARRIER TO BEND AND ALSO SCRATCHING MY VEHICLE.

I SINCERELY ASK THE MANAGEMENT OF COMPASSONE MALL TO LOOK INTO THIS MATTER SERIOUSLY AND VIEW CCTV FOOTAGES TO JUSTIFY MY POINT.

THANK YOU

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:

 13/10/2018  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

10/13/2018

## Claim Handling

Accident MT/1014129

Policy No.	5079835596-02	Vehicle No.	SMD5171G	GST Registration No.
Certificate No.				Policyholder NRIC
Policyholder Name	BAK YUE SHEN MERVYN	Cover Type	Third Party	Loading
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)
Contact No.(Mobile)	NA	Special Remark		eCode
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	0	Private Hire
NCD Protection	No			

## ▼ Accident Details

Report Date	03/10/2018 11:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/09/2018	Time of Accident hh:mm	00:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	At Compass One B2 carpark			

## ▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	

## ▼ Benefits

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	123 COMPASSVALE BOW	Address 2	#03-25 ESPARINA RESIDENCES	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-25	Related Policy Number	5079835596-02	

## ▼ OI Driver Info

Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Experience
Register Date of Driver License		Driver Age		Contact No.(Home)
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				Driver Insurer Comp
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		
Modification History				

Claim 002

New

Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop  Insured Liability  Not at Fault  G1A report  Received

Workshop No.  Preferred Repair Option  Preferred Workshop, Name unknown

Date Registered

Report Taken By

Print AK letter

OD-MX  Insured Name  BAK YUE

98005864  Contact No. (Home)  64439121

OI Vehicle Number  SMD5171

SMD5171G / BARRIER ON 28 Sept 2018

13/10/2018 16:13  Claim Close Date

ROSLI WAHAB

Save Submit

10/13/2018

## Attachment

Accident No.	MT/1014128	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/10/2018 16:13
Path *		Category *	Confidential
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Desc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Oct 2018 16:13	Photos	Normal	Photos 2f
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Oct 2018 16:13	Photos	Normal	Photos 2f
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Oct 2018 16:13	Photos	Normal	Photos 2f
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Oct 2018 16:13	Photos	Normal	Photos 2f
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Oct 2018 16:13	Photos	Normal	Photos 2f
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Oct 2018 16:13	SAS	Normal	SAS 201
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Oct 2018 16:13	NRIC/ Driving License	Normal	NRIC/ Driving Lic

## Video List

Uploaded By/Date

Folder Date

File Name



# ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 09 / 2018 (DD/MM/YYYY), TIME: 14 : 30 (HH:MM)

LOCATION: COMPASS ONE MALL

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMD 5171 G  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: LEXUS RX 350  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: BAK YUE SHEN MERVYN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 57824470D CONTACT: 98005864  
 c) ADDRESS: 123 COMPASSVALE BOW #03-25  
(S) 544019

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 22 / 08 / 1998 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 03 / 09 / 1999

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) (NO)

7. a) REPORTED TO POLICE (YES / NO) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ 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: \_\_\_\_\_

Email = mervynbak@yahoo.com.sg

Fax = \_\_\_\_\_



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7824470D



Name  
BAK YUE SHEN, MERVYN  
(MAI YOUQUAN, MERVYN)  
麦 优 权

Race  
CHINESE

Date of birth  
22-08-1978

Sex  
M

Country of birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number  
S7824470D

BAK YUE SHEN, MERVYN  
(MAI YOUQUAN, MERVYN)

Birth Date 22 Aug 1978  
Issue Date 11 Dec 2003



3606047




NRIC No. S7824470D

Date of issue  
12-08-2004

123 COMPASSVALE BOW #03-25  
SINGAPORE 544818  
NRIC No: S7824470D Date: 23/06/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE  
03 Sep 1999

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms



NP 428A



Our Ref: MT/CA/TP/001/1014129-001/HT/SB

03 Oct 2018

BAK YUE SHEN MERVYN  
123 COMPASSVALE BOW  
#03-25 ESPARINA RESIDENCES  
SINGAPORE 544819

Dear Policyholder

**CLAIM NUMBER: MT/1014129-001**

**ACCIDENT INVOLVING SMD5171G / PROPERTY on 28 Sept 2018**

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely



Goh Peng Hong  
Manager  
Motor Insurance



My Desktop  
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text"/>
Vehicle No.(For Motor)	<input type="text" value="SMD5171G"/>	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 checked="" type="radio"/>	5079835596-02		BAK YUE SHEN MERVYN	S7824470D	GPC	Third Party	SMD5171G	SMD5171G	30/04/2018	29/04/2019

Continue