

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA11814113~

| | | | |
|---------------------------|--|-----------------------|----------------|
| Date In: 31/12/18 - 09:36 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC18019826/24 | SAS e-filing | | |
| Veh No: 4P47313 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A : 26/12/18 - 17:45 | i-Motor Claim Form | M7/1017535-00~ | 31/12/18 14:49 |
| 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: 2W4018K | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|---------------------|----------------------|
| HA1807074 | Invoice Preparation Checklist | Amt (\$) In Bill | Amt (\$) 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) | | |
| | 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 | 31/10/2018 09:36 |
| Date Of Accident | 26/10/2018 17:45 |
| Exact Location Of Accident | 53 UBI AVE 3 TRAVELITE BLDG |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | YP4731S |
| Insured/Policyholder | |
| Name Of Registered Owner | DEMARCO PTE LTD |
| Co Reg No | 199408126N |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-67858000 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | MITSUBISHI |
| Model | CANTER FEB21ER4SDEB |
| 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 | 5085408989-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TAN SIEW GUAN |
| Passport No/FIN | F0283577X |
| Date Of Birth | 01/12/1958 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 22/02/1982 |
| Driving Experience | 36 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93878722 |
| Fax Number | |
| Contact Number | OFFICE-93878722 |
| EMail Address | NOEMAIL |

| | |
|---|---------------------------------------|
| Address | 53 UBI AVENUE 3 TRAVELITE BUILDING |
| Postcode | 408863 |
| 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 | COLLIDED INTO PARKED VEHICLE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| 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

REFER TO 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 | SLW4018K |
| 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) | 0 |

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

Refer to attached sketch plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.:

MINOR ACCIDENT REPORT

@ 53 UBI AVE 3 TRAVELITE BLDG

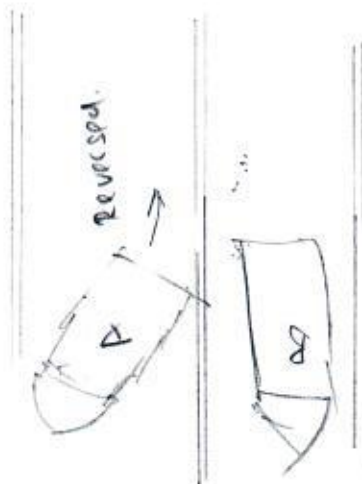
VEHICLE NO : YP4731S / SLW4018K

DATE : 26/10/2018 @ ABOUT 1745 HRS

While reversing into parking lot at above premise, my company lorry YP 4731S driven by Tan Siew Guan accidently scratched onto the stationary vehicle SLW4018K that parked at left lot of his vehicle.

This process have caused damaged to vehicle SLW4018K right hind door.

And there was no injury reported during that period.



A: YP4731S

B: SLW4018K



TAN SIEW GUAN
 DEMARCO PTE LTD
 53 UBI AVENUE 3
 #01-01 TRAVELITE BUILDING
 SINGAPORE 408863



Card Registration Completed!

Please show your employer this letter.
 We will deliver your card to the authorised
 recipient(s) 4 to 5 working days later.
 They will get the delivery details via SMS
 the day before.

AZIMAH/014/291018



MINISTRY OF
 MANPOWER



358542433080506

For Immigration Use (To clear by FIN)



F0283577X

26 Oct 2018

You need to make an appointment for Card Registration

Dear TAN SIEW GUAN

We have received a request to renew your work permit on 26 Oct 2018. Now you need to come to the MOM Services Centre – Hall C by **02 Nov 2018** for card registration.

Please go to <https://services.mom.gov.sg/appointment> to make an appointment for Work Pass Card Registration. At registration, we will check your documents (listed on page 2), register your fingerprints and take your photograph. We can only deliver your work permit card to the authorised recipient(s) 4 working days after you have successfully registered. An SMS / email with the delivery details will be sent to your authorised recipient(s) at least 1 working day before the delivery.

This Notification Letter allows you to work and stay in Singapore until you get your new card. It is valid from 26 Oct 2018 till 25 Nov 2018.

Yours sincerely

Mdm Chow Choon Yen
 for Controller of Work Passes

YOUR NAME
 TAN SIEW GUAN ✓
 FIN
 F0283577X
 WORK PERMIT NO.
 3 58542433
 DATE OF APPLICATION
 08 May 2006
 DATE OF RENEW
 26 Oct 2018
 WORK PERMIT EXPIRY DATE
 13 Mar 2020
 DATE OF BIRTH
 01 Dec 1958 ✓
 SEX
 MALE ✓
 NATIONALITY
 MALAYSIAN ✓
 TRAVEL DOCUMENT NO.
 A34751384 ✓
 TRAVEL DOCUMENT EXPIRY DATE
 13 Apr 2020 ✓
 YOUR EMPLOYER'S NAME
 DEMARCO PTE LTD
 SECTOR
 SERVICE
 OCCUPATION
 DRIVER
 SALARY
 \$2525

▲ IMPORTANT

- If you fail to report to the MOM Services Centre – Hall C for card registration, your work permit may be cancelled.
- You must keep this Notification Letter with you until you get your card. If you need to leave / enter Singapore, you will have to show this letter at the Immigration Checkpoints.

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

EFFECTIVE DATE

| | | |
|----------|--|-------------|
| Class 2B | Motorcycles <= 200 cc | 22 Feb 1992 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 22 Feb 1992 |
| Class 3 | Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg | 22 Feb 1992 |

N7 428A



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **F0283577X**

Name: **TAN SIEW GUAN**

Birth Date: **01 Dec 1958**

Issue Date: **10 Feb 2015**

Valid Till: **09 Feb 2020**

002395653A

SG 50

eBaoTech

GeneralClaim

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="26/10/2018 17:45"/> |
| Vehicle No. (For Motor) | <input type="text" value="YP4731S"/> | Certificate Number | <input type="text"/> |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------|-------------------|---------|-------------------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5085408989-01 | | DEMARCO PTE LTD | 199408126N | GCV | Preferred Workshop Plan | YP4731S | YP4731S | 01/11/2017 | 31/10/2018 |

Claim Handling

[Exit](#)

Accident MT/1017535

| | | | | | |
|----------------------|---|----------------------|---|----------------------|------------|
| Policy No. | 5085408989-01 | Vehicle No. | YP47315 | GST Registration No. | M201291950 |
| Certificate No. | | | | | |
| Policyholder Name | DEMARCO PTE LTD | Cover Type | Preferred Workshop Plan | Policyholder NRIC | 199408126N |
| Product Code | COMMERCIAL VEHICLE INSUR | Contact No. (Office) | | Loading | 0 |
| Contact No. (Mobile) | NA | Special Remark | | Contact No. (Home) | |
| Email Address | | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode | |
| KPIC | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 20 | eCode Reason | |
| NCD Protection | No | | | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|--------------------------|-------------------------------|-------|---------------------|------------------------------|
| Report Date | 29/10/2018 13:55 | Accident Report Within 24 hrs | Yes | Accident Type | Collided into Parked Vehicle |
| Date of Accident | 26/10/2018 | Time of Accident h:mm | 17:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | 53 UBI AVENUE 03 OPEN CP | | | | |

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 | Yes | GST Registration Date | 01/04/1995 |
| GST Registration No. | M201291950 | GST Status Verified | Yes |
| Modification History | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|--------------------|-----------|------------------|
| Address 1 | 53 UBI AVENUE 3 | Address 2 | TRAVELITE BUILDING | Address 3 | SINGAPORE 408663 |
| Address 4 | | Address Type | Singapore address | Post Code | 408663 |
| Unit No. | | Related Policy Number | 5085408989-02 | | |

OT 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. | | | | | |
| Does he own a Singapore Registered car? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Modification History

Claim 002 **New**










| | | | | | |
|---|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | CO-MX | Insured Name | DEMARCO PTE LTD | Insured NRIC | 199408126N |
| Contact No. (Mobile) | | Contact No. (Home) | | Contact No. (Office) | 67858000 |
| Email Address | | OT Vehicle Number | YP47315 | TP Vehicle Number | SLW4018K |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | YP47315 / SLW4018K ON 26-Oct 2018 | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Fully at Fault | | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 31/10/2018 14:49 | Claim Close Date | | Date Received | 31/10/2018 00:00 |
| Report Taken By | Jackson | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save **Submit****Attachment**

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1017535 | Claim No. | 002 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 31/10/2018 14:50 |

| Path * | Category * | Confidential | Urgency * | Description * |
|---|---------------|-----------------------------|-----------|---------------|
| <input type="text"/> Browse... <input type="button" value="Clear"/> | Please Select | <input type="checkbox"/> NO | Normal | |
| <input type="text"/> Browse... <input type="button" value="Clear"/> | Please Select | <input type="checkbox"/> NO | Normal | |
| <input type="text"/> Browse... <input type="button" value="Clear"/> | Please Select | <input type="checkbox"/> NO | Normal | |
| <input type="text"/> Browse... <input type="button" value="Clear"/> | Please Select | <input type="checkbox"/> NO | Normal | |
| <input type="text"/> Browse... <input type="button" value="Clear"/> | Please Select | <input type="checkbox"/> NO | Normal | |
| <input type="text"/> Browse... <input type="button" value="Clear"/> | Please Select | <input type="checkbox"/> NO | Normal | |

☐ Send Message
 [Upload](#)

| Attachment List | | | | | | |
|---|---|-----------------------|---------|----------------------------------|----------------|----------------------|
| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CQ) | Action |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Oct 2018 14:50 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-10-31 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Oct 2018 14:50 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-10-31 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Oct 2018 14:49 | SAS | Normal | SAS 2018-10-31 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Oct 2018 14:49 | Photos | Normal | Photos 2018-10-31 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Oct 2018 14:49 | Photos | Normal | Photos 2018-10-31 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Oct 2018 14:49 | Photos | Normal | Photos 2018-10-31 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Oct 2018 14:49 | Photos | Normal | Photos 2018-10-31 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Oct 2018 14:49 | Photos | Normal | Photos 2018-10-31 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Oct 2018 14:49 | Photos | Normal | Photos 2018-10-31 | | Edit |

| Video List | | | | |
|--|-------------|-----------|--------|--------|
| Uploaded By/Date | Folder Date | File Name | Source | Action |
| Display in New Window Scan and uploading | | | | |