

# NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 05/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC 180300501-3	SAS e-filing		
Veh No: GBH14175	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 04/11/18 1545	I-Motor Claim Form	07/10/1808 -	001
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: SR61127E	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:	NA/PC7333	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
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		
Page 1:		For claiming against INC Only (wef 10 Jan 2005)		
Page 2/3:		6) TR: Re-inspection \$75		
		7) N1: Idac DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		OD*		
		*N5: Courtesy Car / Tpt Allowance \$3		
		*N6: Repair Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$3		
		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	05/11/2018 17:50
Date Of Accident	04/11/2018 15:45
Exact Location Of Accident	SIMS WAY TO GUILLEMARD RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1417J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DANTAH ENGINEERING PTE LTD
Co Reg No	199302142N
Email Address	DANTAH@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64499711

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	LEISURE 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097658917
Cover Note Number	

### Driver

Name of Driver	TONG AH HIN
NRIC No	S2510622I
Date Of Birth	25/08/1959
Occupation	OUTDOOR
Date Of Driving Pass	12/10/1982
Driving Experience	36 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98534683
Fax Number	
Contact Number	
Email Address	DANTAH@SINGNET.COM.SG

Address	325 GUILLEMARD ROAD
Postcode	399750
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	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?	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?	YES
Remarks/ Reasons:	WITH THE DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE1127E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FAKHURU RADZI
NRIC/Passport Number	
Contact Number	84878225
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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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.

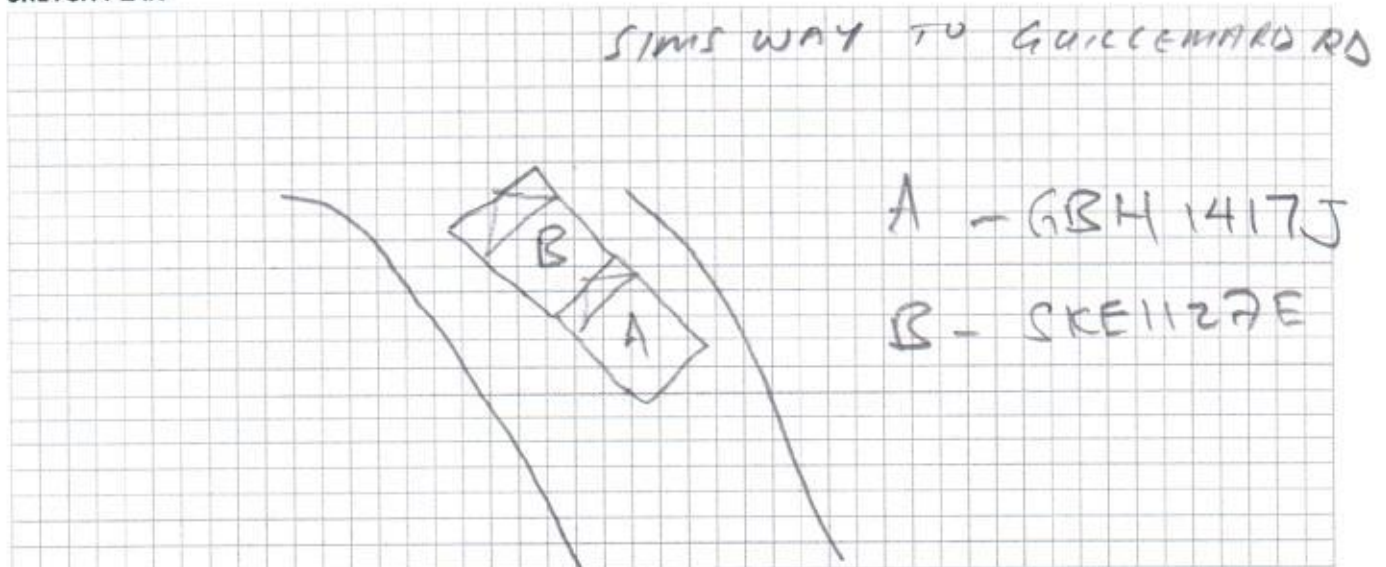


Policyholder's Signature  
Date & Time:

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

On 04/11/18 at around 3:45pm, I was driving along Sims way following towards Guillermo Road when Veh B brake. I could not brake in time and collided onto Veh B.

## 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: **S25106221**

Name: **TONG AH HIN**

Birth Date: **25 Aug 1959**

Issue Date: **05 Aug 2017**

002710626B




**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S25106221**

Name: **TONG AH HIN**

湯 亞 興

Race: **CHINESE**

Date of birth: **25-08-1959**

Sex: **M**

Country/Place of birth: **MALAYSIA**







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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	12 Oct 1982
Class 2A	Motorcycles between 201 cc and 400 cc	12 Oct 1982
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	12 Oct 1982

NP 428A

Licence No: S25106221



5354268

**S25106221**

NRIC No. **S25106221**

Date of issue: **24-08-2015**

Address: **325 GUILLEMARD ROAD  
SINGAPORE 399750**




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="04/11/2018 15:45"/>
Vehicle No.(For Motor)	<input type="text" value="GBH1417J"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097658917		DANTAH ENGINEERING PTE LTD	199302142N	GCV	Preferred Workshop Plan	GBH1417J	GBH1417J	25/01/2018	24/01/2019

## Claim Handling

## Accident MT/1018628

Policy No.	5097658917	Vehicle No.	GBH1417J	GST Registration No.
Certificate No.				
Policyholder Name	DANTAH ENGINEERING PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	0	Contact No.(Office)	64499711	Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	0	Private Hire

Accident Details

Report Date	07/11/2018 12:46	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/11/2018	Time of Accident hh:mm	15:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SIMS WAY TO GUILLEMARD RD			

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess
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	01/01/20
GST Registration No.	M201139724	GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 509 #01-115	Address 2	BEDOK NORTH STREET 3	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5097658917	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TONG AH HIN	Driver NRIC	S25106221	Driver DOB
Register Date of Driver License	12/10/1982	Driver Age	39	Driving Experience
Contact No.(Mobile)	98534683	Contact No.(Office)	0	Contact No.(Home)
Address 1	325 GUILLEMARD ROAD	Address 2	SINGAPORE 399750	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

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	DANTAH
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OT Vehicle Number	GBH14
Claim Description	GBH1417J / SKE1127E ON 4 Nov 2018		
Preferred Workshop		Insured Liability	Fully at Fault
Workshop No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation		GIA report	Received
Date Registered	07/11/2018 12:52	Claim Close Date	
Report Taken By	ROSILINDA	Workshop Repairer	

☐ Print AK letter



[Save](#) [Submit](#)

## Attachment

Accident No.	MT/1018628	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/11/2018 00:00
Path *		Category *	Confidential
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Message Read</a>			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Nov 2018 12:51	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Nov 2018 12:51	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Nov 2018 12:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Nov 2018 12:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Nov 2018 12:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Nov 2018 12:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Nov 2018 12:51	Photos	Normal	Photos

## Video List

Uploaded By/Date	Folder Date	File Name
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