

NATIONAL Assessment Centre Services

(wef: 1 Jan 2009)

Date In: 07/11/2018 13:03	Job description	Date & Time Completed	Done by
Ref No: NA/INC18020115/K4	SAS e-filing		
Veh No: SLK9206P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/11/2018 23:00	i-Motor Claim Form	MT/1018634-002 8/11/18 17:50	
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: SMA501L	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

NA1807195

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) 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		
Est 1:	For claiming against INC Only (wef 10 Jan 2009)		
Est 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 \$0		
	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	07/11/2018 13:03
Date Of Accident	03/11/2018 23:00
Exact Location Of Accident	BUKIT MERAH ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLK9206P
Insured/Policyholder	
Name Of Registered Owner	METRO CAR LEASING PTE LTD
Co Reg No	201810490D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96486184
Alternative Phone No	OFFICE-96486184
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101550015
Cover Note Number	
Driver	
Name of Driver	SOH SOON GUAN RAYMOND (SU SHUNYUAN RAYMOND)
NRIC No	S7435499H
Date Of Birth	21/10/1974
Occupation	OUTDOOR
Date Of Driving Pass	16/07/1994
Driving Experience	24 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96486184
Fax Number	
Contact Number	OFFICE-96486184
Email Address	NOEMAIL

Address	BLK 489 ADMIRALTY LINK #07-105
Postcode	750489
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	2
Passenger 1	
	NAME: : NIL
	GENDER: : FEMALE

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	SMA501L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM WEE CHER, SHERWIN
NRIC/Passport Number	S9000869B
Contact Number	85338422
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

[Signature] R-5

Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 7/11/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: SLK 9206 P

VEHICLE: SMA 501L

← B+ Merah

Tong Bahay / Alexander →

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I checked on on-coming traffic before proceeding. The traffic was clear, and I slowly proceeded. Suddenly, vehicle B, SM 15012, came on at high speed and collided with my vehicle. I wish to state that vehicle B, did not on his headlight, thus the poor visibility.

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
IDENTITY CARD NO. S7435499H



Name

SOH SOON GUAN RAYMOND
(SU SHUNYUAN RAYMOND)

苏 顺 源

Race

CHINESE

Date of birth

21-10-1974

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7435499H

Name

SOH SOON GUAN RAYMOND
(SU SHUNYUAN RAYMOND)

Birth Date 21 Oct 1974

Issue Date 06 Aug 2013



5209129



NRIC No. S7435499H



Date of issue

05-08-2013

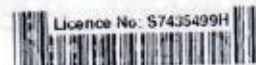
Address

APT BLK 489 ADMIRALTY LINK
#07-105
SINGAPORE 750489

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

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 16 Jul 1994



NP 428A

workshop Email: zoomantoworks@gmail.com ✓

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="03/11/2018 23:00"/>
Vehicle No.(For Motor)	<input type="text" value="SLK9206P"/>	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"/>	5101550015		METRO CAR LEASING PTE LTD	201810490D	GPC	drive CLASSIC	SLK9206P	SLK9206P	18/06/2018	17/06/2019

Policy Information

Policy No.	5101550015	Policyholder Name	METRO CAR LEASING PTE LTD	Policyholder NRIC	201810490D
Certificate No.					
Address	210 TURF CLUB ROAD #LOTA8 THE GRANDSTAND SINGAPORE 287995				
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N		
Policy issue Date	19/06/2018	Effective Date	18/06/2018 00:00	Expiry Date	17/06/2019 23:59
Third Party Excess	1500	Own damage Excess	1500	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	1500		
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020 null	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	210 TURF CLUB ROAD	Address 2	#LOTA8 THE GRANDSTAND	Address 3	SINGAPORE 287995
Address 4		Address Type	Singapore address	Post Code	287995
Unit No.	LOTA8	Related Policy Number	5105166699		

Insured Object: SLK9206P

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Accident MT/1018634

Policy No.	5101550015	Vehicle No.	SLK9206P	GST Registration No.
Certificate No.				
Policyholder Name	METRO CAR LEASING PTE LTD			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		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 13:14	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/11/2018	Time of Accident hh:mm	22:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JALAN BUKIT MERAH			

▼ Excess

Own damage Excess	1,500.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	1,500.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	08/11/2018 11:08:13 Deborah Mui changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	210 TURF CLUB ROAD	Address 2	#LOTA8 THE GRANDSTAND	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	LOTA8	Related Policy Number	5105166699	

▼ 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.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	METRO
Contact No.(Mobile)	81119294	Contact No. (Home)	
Email Address		OI Vehicle Number	SLK920
Claim Description	SLK9206P / SMA501L ON 3 Nov 2018		
Preferred Workshop	Preferred Repair Option	Insured Liability	Partially at Fault
Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	08/11/2018 17:50	Claim Close Date	
Report Taken By		Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No. MT/1018634

Claim No. 002

Last Doc. Received * Yes No

Upload Date 08/11/2018 17:50

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Message Read

Clear

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Category *

Confidential

Please Select NO

Please Select NO

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 17:50	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 17:48	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 17:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 17:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 17:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 17:47	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 17:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 17:47	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
<div>Display in New Window Scan and uploading</div>		