

NATIONAL Assessment Centre Services. Page 1 Jan 2005 MNA 118148584

Date In: 16/11/18 15:09	Job description	Date & Time Completed	Done by
Ref No: NAI/MC18020802144	SAS e-filing		
Veh No: GBD 88935	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 15/11/18 17:40	I-Motor Claim Form	MT/1020108 ⁰⁰¹	16/11/18 17:00
OD: <input checked="" type="radio"/> 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: SBS 7665L	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

NA1807505		Invoice/Reparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	INC (\$80)		30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100);				
Contact No:	3) TP: 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)				
Ref 1:	6) TR: Re-inspection \$75				
Ref 2/3:	7) NI: Idao DA + SMRT Survey \$160				
	8) NTUC Additional Services:-				
	OD:				
	*N5: Courtesy Car / Tpl 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: Idao 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	16/11/2018 15:09
Date Of Accident	15/11/2018 17:40
Exact Location Of Accident	NEWTON CIRCUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8893S
Insured/Policyholder	
Name Of Registered Owner	KESSRICH TRADING
Co Reg No	52966876M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94508893

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5AT 5DR EURO V
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	5098524830
Cover Note Number	-

Driver

Name of Driver	CHEOK SIEW TEE
NRIC No	S1328102E
Date Of Birth	30/05/1958
Occupation	OUTDOOR
Date Of Driving Pass	25/06/1991
Driving Experience	27 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81204844
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 217 AMK AVE 1 #08-987
Postcode	560217
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	COLLISION - ROUNDABOUT
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?	
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

I WAS TRAVELLING INSIDE THE NEWTON CIRCUS ON THE THIRD LANE, SUDDENLY A BUS DASHED OUT FROM THE CLEMENCEAU AVE N AND HIT ONTO MY VEH LEFT HAND SIDE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS7665L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
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:



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

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


$$B = 50576651$$

Please Refer to statement

I/We declare the foregoing particulars are true in every respect.



Polinumber & Signature
 Date & Time:

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

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

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Cheok Siew Tee,
NRIC/FIN S1328102E, has reported to the Police a non-injury traffic accident
which occurred at Scott Road, outside Newtown Hawker Center
on 15/11/2018 at 5.42 pm involving the following vehicles:

- a. GBD8893S
- b. SBS7665L

- 2 If this accident was reported to the Police within 24 hours of its occurrence,
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt 2 Nicholas

Date: 15/11/2018 Time: '1838hrs

S/D Ref: 23

Police Post/Unit: _____

Teck Ghee NPP
Blk 321 Ang Mo Kio St 31
S'pore 560321
Tel .800 - 459 9999

Original – to be issued to informant
Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1328102E



Name

CHEOK SIEW TEE

石守智

Race

CHINESE

Date of birth

30-05-1958

Country/Place of birth

SINGAPORE

Sex

M

S1328102E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Card Number S1328102E

Name

CHEOK SIEW TEE

Birth Date: 30 May 1958

Issue Date: 30 Sep 2003



000875830F

5891676



Card No. S1328102E



Date of issue

15-03-2018

Address

APT BLK 217 ANG MO KIO AVENUE 1

#08-967

SINGAPORE 60017

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

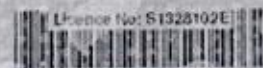
PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of which (combined) does not exceed 3500 kilograms

25 Jun 1994

NP 428A



Licence No: S1328102E

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

15/11/2018 14:55

Vehicle No.(For Motor)

GBD8893S

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098524830		KESSRICH TRADING	52966876M	GCV	Comprehensive	GBD8893S	GBD8893S	28/03/2018	27/03/2019

Continue

Claim Handling

Accident MT/1020108

Policy No.	5098524830	Vehicle No.	GBD8893S	GST Registration No.	
Certificate No.					
Policyholder Name	KESSRICH TRADING			Policyholder NRIC	529668
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	94508893	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
Report Date	16/11/2018 16:53	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	15/11/2018	Time of Accident hh:mm	17:40	Country of Accident	Singap
Reporting Centre		Grange Force		ICM No.	
Accident Location	NEWTON CIRCUS				
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	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
Policyholder Mailing Address					
Address 1	BLK 973 #06-212	Address 2	HOUANG STREET 91	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	53097
Unit No.	06-212	Related Policy Number	5098524830		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHECK SIEW TEE	Driver NRIC	S1328102E	Driver DOB	30/05/
Register Date of Driver License	25/06/1991	Driver Age	60	Driving Experience	27
Contact No.(Mobile)	61204844	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 217 #08-987	Address 2	ANG MO KIO AVENUE 1	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	560211
Unit No.	08-987				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	KESSRICH TRADING
Contact No.(Mobile)	94508893	Contact No. (Home)	
Email Address		Vehicle Number	GBD8893S
Claim Description	GBD8893S / SBS7665L ON 15 Nov 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	16/11/2018 16:58
			LIEW SHAN HUI
Print AK letter			
Save Submit			

Attachment

Accident No.	MT/1020108	Claim No.	001
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Last Rec. Received

☒ Yes ☐ No

Upload Date

16/11/2018 17:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category *

Confidential

Urgency *

Please Select ▼

NO ▼

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Normal ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2018 17:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2018 17:00	SAS	Normal	SAS 2018-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2018 17:00	Photos	Normal	Photos 2018-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2018 17:00	Photos	Normal	Photos 2018-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2018 17:00	Photos	Normal	Photos 2018-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2018 17:00	Photos	Normal	Photos 2018-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2018 16:59	Photos	Normal	Photos 2018-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2018 16:59	Photos	Normal	Photos 2018-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2018 16:59	Photos	Normal	Photos 2018-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2018 16:59	Photos	Normal	Photos 2018-11-16
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2018 16:59	Photos	Normal	Photos 2018-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2018 16:58	Photos	Normal	Photos 2018-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2018 16:58	Photos	Normal	Photos 2018-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2018 16:58	Photos	Normal	Photos 2018-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2018 16:58	Photos	Normal	Photos 2018-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2018 16:58	Photos	Normal	Photos 2018-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2018 16:58	Photos	Normal	Photos 2018-11-16

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading