

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MDA118154045**

Date In: <b>28/11/18 - 1h19</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC8024432/24</b>	SAS e-filing		
Veh No: <b>SKJ5319L</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>28/11/18 - 17:00</b>	i-Motor Claim Form	<b>MT/1021095-002</b>	<b>28/11/18 12:23</b>
OD: TP- Reporting <b>Only</b>	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: <b>JK247B</b>	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

<b>NA1802289</b>	Invoice Preparation Checklist		Am't (\$) Int Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
	5) FT : Follow-Through Survey (Resurvey) \$30			
	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:-			
	QD*			
	*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 (N-in INC) against INC \$20			
	9) N12: Idac Mobile 30			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		
Auditors' Comments :-				
Ref 1:				
Ref 2/3:				



## 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	28/11/2018 11:19
Date Of Accident	22/11/2018 17:00
Exact Location Of Accident	SLIP RD UPPER PAYA LEBAR RD TWDS AIRPORT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK5314L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEO AUTO LEASING PTE LTD
Co Reg No	201814915N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5104798553
Cover Note Number	

### Driver

Name of Driver	YEO TECK SOON
NRIC No	S7301646J
Date Of Birth	14/01/1973
Occupation	OUTDOOR
Date Of Driving Pass	09/05/2005
Driving Experience	13 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96466415
Fax Number	
Contact Number	OFFICE-96466415
EMail Address	NOEMAIL

Address	BLK 929 TAMPINES STREET 91 #12-453
Postcode	520929
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	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	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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I DID NOT NOTICED THAT VEHICLE B WAS IN STATIONARY POSITION. AS A RESULT MY VEHICLE HIT ONTO VEHICLE B REAR PORTION.

#### 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	SLG247B
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)

1



## 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.

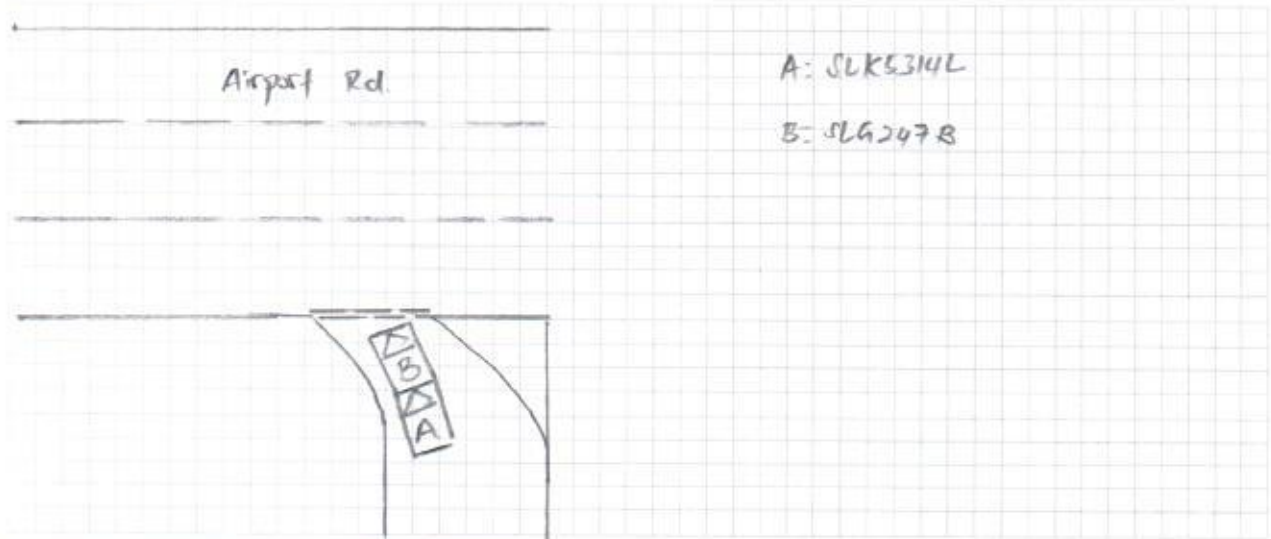


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## 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:

Signature of Reporting Centre

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

Portrait of Yeo Teck Soon

Licence Number: **S7301646J**

Name: **YEO TECK SOON**

Birth Date: **14 Jan 1973**

Issue Date: **09 May 2005**

Barcode: 001340050J

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7301646J**

Portrait of Yeo Teck Soon

Name: **YEO TECK SOON**

杨德顺

Race: **CHINESE**

Date of Birth: **14-01-1973**

Sex: **M**

Country of Birth: **SINGAPORE**

Ministry of Defence Seal

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

Class 3 Motor cars  $\leq$  3500 kg with  $\leq$  7 passengers, exclusive of the driver; and motor tractors / vehicles  $\leq$  2500 kg

PASS DATE: **09 May 2005**

Licence No: **S7301646J**

LP 420A

2532561

Barcode

Portrait of Yeo Teck Soon

NRIC No: **S7301646J**

Blood Group: **A+**

Date of issue: **25-11-1994**

Ministry of Defence Seal

**SAF FCG**

APT BLK 929 TAMPINES STREET 91 #12-453  
SINGAPORE 520929

NRIC No: **S7301646J** Date: **01-02-2004** No: **4832790**



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104798553		NEO AUTO LEASING PTE LTD	201814915N	GFT	drive CLASSIC	SLK5314L	SLK5314L	24/10/2018	



## Claim Handling

The premium on this policy has not been collected.

[Exit](#)

Accident MT/1021095

Policy No.	5104798553	Vehicle No.	SLK5314L	GST Registration No.	
Certificate No.					
Policyholder Name	NEO AUTO LEASING PTE LTD.	Cover Type	drive CLASSIC	Policyholder NRIC	201814915N
Product Code	FLEET INSURANCE	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	<input type="text"/>
KTK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available

Report Date	23/11/2018 13:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/11/2018	Time of Accident hh:mm	17:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPPER PAYA LEBAR RD TWO AIRPORT RD				

Own damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess	1,500.00		
Third Party Excess	1,900.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information	
GST Registered	No
GST Registration No.	
Modification History	26/11/2018 10:13:18 Deborah Mui changed GST Status Verified from No to Yes
GST Registration Date	
GST Status Verified	Yes

Policyholder Mailing Address	
Address 1	BLK 31 #17-204
Address 2	BUNOS CRESCENT
Address 3	BUNOS COURT
Address 4	SINGAPORE 400031
Address Type	Singapore address
Post Code	400031
Unit No.	17-204
Related Policy Number	5104798553

O1 Driver Info	
Driver Name	Driver Type
Unnamed driver Name	Driver NRIC
Registrar Date of Driver License	Driver DOB
Contact No. (Mobile)	Driving Experience
Address 1	Contact No. (Office)
Address 2	Contact No. (Home)
Address 3	Address 4
Address Type	Foreign address
Post Code	
Unit No.	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Driver Vehicle No.	Driver Insurer Company

## Modification History

Claim 002 [New](#)

Claim Type *	CO-MX	Insured Name	NEO AUTO LEASING PTE LTD	Insured NRIC	201814915N
Contact No. (Mobile)	81332853	Contact No. (Home)		Contact No. (Office)	NIL
Email Address		O1 Vehicle Number	SLK5314L	TP Vehicle Number	SLG247B
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLK5314L / SLG247B ON 22 Nov 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	28/11/2018 12:23	Claim Close Date		Date Received	28/11/2018 00:00
Report Taken By	Jackson				
<input type="checkbox"/> Print AK letter					














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

## Attachment

Accident No.	MT/1021095	Claim No.	002	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/11/2018 12:24	
Path *	Category *	Confidential	Urgency *	Description *
<a href="#">Browse...</a>	<a href="#">Clear</a> Please Select	<input type="radio"/> No	Normal	
<a href="#">Browse...</a>	<a href="#">Clear</a> Please Select	<input type="radio"/> No	Normal	
<a href="#">Browse...</a>	<a href="#">Clear</a> Please Select	<input type="radio"/> No	Normal	
<a href="#">Browse...</a>	<a href="#">Clear</a> Please Select	<input type="radio"/> No	Normal	
<a href="#">Browse...</a>	<a href="#">Clear</a> Please Select	<input type="radio"/> No	Normal	
<a href="#">Browse...</a>	<a href="#">Clear</a> Please Select	<input type="radio"/> No	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Nov 2018 12:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-28		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Nov 2018 12:24	SAS	Normal	SAS 2018-11-28		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Nov 2018 12:23	Photos	Normal	Photos 2018-11-28		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Nov 2018 12:23	Photos	Normal	Photos 2018-11-28		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Nov 2018 12:23	Photos	Normal	Photos 2018-11-28		<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Nov 2018 12:23	Photos	Normal	Photos 2018-11-28		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Nov 2018 12:23	Photos	Normal	Photos 2018-11-28		<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>	