

NATIONAL Assessment Centre Services

Date In: 12/12/2018 10:29	Job description	Date & Time Completed	Done by:
Ref No: NA/INC18022346/44	SAS e-filing		
Veh No: SLT 5362	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/12/2018 20:00	i-Motor Claim Form	MT/1023678-001	13/12/18 09:50
OD 1P Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: SLT 3419T	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

NA1808159

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) Int. 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) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (w/c 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 \$0		
	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	12/12/2018 10:29
Date Of Accident	05/12/2018 20:00
Exact Location Of Accident	CARPARK OF BLK 144 - 166 WOODLANDS STREET 13
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT536Z
Insured/Policyholder	
Name Of Registered Owner	SINGAPORE CABBINET
Co Reg No	53370970M
Email Address	VIVIENYEOW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90014423
Alternative Phone No	OFFICE-90014423

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA5 WAGON 2.0 AT EU6
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	THIRD PARTY
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	5104707669
Cover Note Number	

Driver

Name of Driver	YEOW YUAN XIN, VIVIEN
NRIC No	S8722330B
Date Of Birth	07/07/1987
Occupation	OUTDOOR
Date Of Driving Pass	19/04/2006
Driving Experience	12 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90014423
Fax Number	
Contact Number	OTHERS-90014423
Email Address	VIVIENYEOW@GMAIL.COM

Address	BLK 335 UBI AVENUE 1 #01-811
Postcode	400335
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - CO 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 - OPENING DOOR OF 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	
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD3419T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW LAY HONG
NRIC/Passport Number	S7729366C
Contact Number	97455423
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

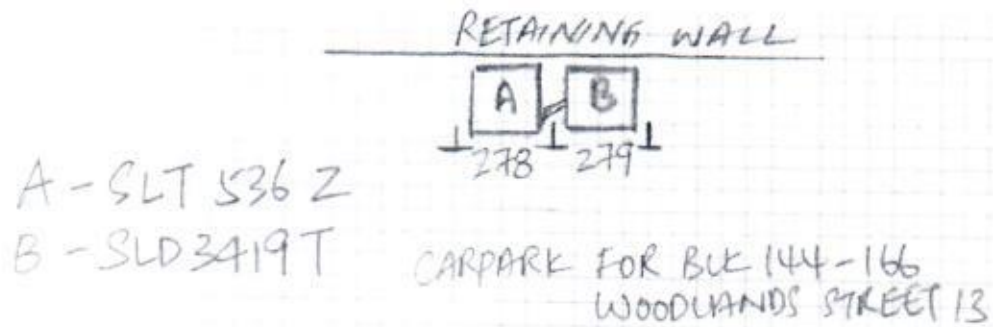
12/12/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 05 DECEMBER 2018, I WAS PARKED AT LOT 278 OF CARPARK FOR BLK 144-166 WOODLANDS STREET 13. AT 2000 HRS, SLD 3419 T CAME AND PARKED AT LOT 279 WHILE THE DRIVER, LOW LAY HONG (S7729366C), WAS EXITING HER VEHICLE, SHE OPENED HER DRIVER'S DOOR AND IT KNOCKED HARD ON MY VEHICLE CAUSING A DENT IN THE MIDDLE OF THE DOOR AS WELL AS PAINT CHIP ON THE HANDLE.

WHILE CHECKING ON THE DAMAGE ON MY VEHICLE, OWNER OF SLD 3419 T RAN FROM THE SCENE AND I GAVE CHASE IN ORDER TO OBTAIN HER PARTICULARS.

DAMAGE : LEFT FRONT DOOR DENT
LEFT FRONT DOOR HANDLE PAINT CHIP.

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.:



12/12/2018

NOTICE OF REPORTING

This is to confirm that Yeow Yuen Xin, Vivien, NRIC/FIN
S 8722301B, has reported to the Police a non-injury traffic accident which
occurred at BK 144-166, Carpark, Woodlands Street 13

on 12/5/18 at 2000 hrs am/pm involving the following vehicles: SL T5362, SLD 3419T

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: SC/CP J.H. Sheng

Date: 11/12/18 Time: 1721 hrs

S/D Ref: -

Police Post/Unit: Traffic Police

*

Reported on 11/12/2018
@ 1800 HRS

ACCIDENT STATEMENT

ACCIDENT DATE: (5/12/2018) (DD/MM/YYYY), TIME: (20:00) (HH:MM)

LOCATION: CARPARK OF BLK 144 - 166 Woodlands Street 13.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLT 536Z
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90014423
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) ☒ OWNER

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLD3419T MODEL: _____
b) DRIVER'S NAME: LOW LAY HONG
c) NRIC/FIN/PASSPORT: S7729366C CONTACT: 97455423

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
(1)

Email = vivienyeow@gmail.com

fax = vivienyeow@gmail.com

VIDE0 =

Waiting for Company Chop?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8722330B



Name
YEOW YUAN XIN, VIVIEN

姚媛心

Race
CHINESE

Date of birth
07-07-1987

Sex
F

Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S8722330B

Name
YEOW YUAN XIN, VIVIEN

Birth Date: 07 Jul 1987

Issue Date: 23 Mar 2015



5773932



NRIC No. S8722330B



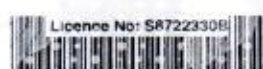
Date of issue
25-07-2017

Address
APT BLK 335 UBI AVENUE 1
#01-811
SINGAPORE 400335

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	16 Apr 2009
Class 2A	Motorcycles between 201 cc and 400 cc	26 Oct 2010
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	19 Apr 2006



NP 428A

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="05/12/2018 20:00"/>							
Vehicle No.(For Motor)	<input type="text" value="SLT536Z"/>	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"/>	5104707669		SINGAPORE CABBINET	53370970M	GPC	drive CLASSIC	SLT536Z	SLT536Z	16/10/2018	15/10/2019
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5104707669	Policyholder Name	SINGAPORE CABBIENET	Policyholder NRIC	53370970M
Certificate No.					
Address	BLK 335 #01-811 UBI AVENUE 1 SINGAPORE 400335				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	15/10/2018	Effective Date	16/10/2018 00:00	Expiry Date	15/10/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	ALPINE CREDIT PTE LTD	Agent Tel.	65113025	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 335 #01-811	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400335
Address 4		Address Type	Singapore address	Post Code	400335
Unit No.	01-811	Related Policy Number	5104707669		

Insured Object: SLT536Z

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1023678

Policy No.	5104707669	Vehicle No.	SLT536Z	GST Registration No.
Certificate No.				
Policyholder Name	SINGAPORE CABBIENET			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	90014423	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KIK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> NO <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

➤ Accident Details

Report Date	13/12/2018 09:42	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/12/2018	Time of Accident hh:mm	20:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CARPARK OF BLK 144 - 166 WOODLANDS STREET 13			

➤ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
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	No
Modification History			

➤ Policyholder Mailing Address

Address 1	BLK 335 #01-811	Address 2	UBI AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-811	Related Policy Number	5104707669	

➤ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	YEOW YUAN XIN, VIVIEN	Driver NRIC	S87223308	Driving Experience
Register Date of Driver License	19/04/2006	Driver Age	31	Contact No.(Home)
Contact No.(Mobile)	90014423	Contact No.(Office)	0	Address 3
Address 1	BLK 335 #	Address 2	UBI AVENUE 1	Post Code
Address 4		Address Type	Singapore 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

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Partially at Fault	GIA report	Received
Can get No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		

Date Registered

Report Taken By

Print AK letter

OD-MX	Insured Name	SINGAP
	Contact No. (Home)	
	OI Vehicle Number	SLT536

SLT536Z / SLD3419T ON 5 Dec 2018
















13/12/2018 09:52	Claim Close Date	
	Workshop Repairer	

Attachment

Accident No.	MT/1023678	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/12/2018 09:50

Path *	Category *	Confidential
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2018 09:52	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2018 09:50	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2018 09:49	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2018 09:49	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2018 09:49	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2018 09:49	Photos	Normal	Photos ;
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2018 09:49	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2018 09:49	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2018 09:49	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2018 09:48	Photos	Normal	Photos ;
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2018 09:48	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2018 09:48	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2018 09:47	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2018 09:47	Photos	Normal	Photos ;