

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MW 118 16710

Date In: 15/12/18-12:56	Job description	Date & Time Completed	Done by
Ref No: 4A/141018022092/24	SAS e-filing		
Veh No: 6BF2708R	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 17/12/18-14:45	i-Motor Claim Form	MT/1024314-001	15/12/18 16:07
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: X0859J 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Est Bill	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 2005)		
Est. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*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		
	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 willful 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	18/12/2018 12:56
Date Of Accident	17/12/2018 14:45
Exact Location Of Accident	JURONG PIER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7708R
Insured/Policyholder	
Name Of Registered Owner	YAP SUN HARDWARE MFY PTE LTD
Co Reg No	199002839H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67474109

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 4 DR AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5097881194
Cover Note Number	

Driver

Name of Driver	LOW ENG CHYE
NRIC No	S0160062A
Date Of Birth	15/02/1953
Occupation	OUTDOOR
Date Of Driving Pass	09/05/1979
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90883693
Fax Number	
Contact Number	OFFICE-90883693
Email Address	NOEMAIL

Address	BLK 53 HAVELOCK ROAD #29-112
Postcode	161053
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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: : BING PIXUN 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

REFER TO 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	XD859J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHUAH AH SENG
NRIC/Passport Number	S2577001C
Contact Number	93709122
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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**.
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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.



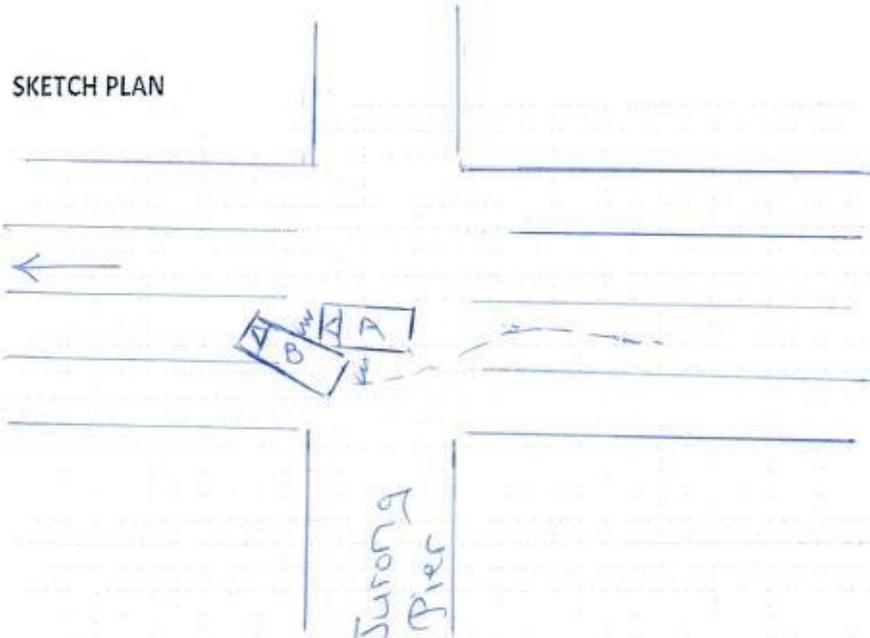
Policyholder's Signature
Date & Time:

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

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

Jurong Island rd

SKETCH PLAN



A) GBF 7708R
 B) XD859J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My van was stationary waiting for vehicles ahead to move off.
 Veh (B), a trailer, overtake from my rear attempted to cut in front of me. In the process, his trailer hit against the front left of my van.
 A security officer came & requested us to exchange particulars & to move our vehicle to the roadside.

DECLARATION

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



Policyholder's Signature
 Date & Time:

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

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

VEHICLE NO : <u>GBF7708R</u>		MAKE/MODEL : <u>Toyota Hiace</u>	
Date of Accident	<u>17-12-19</u>	Time: <u>14.45 hrs</u>	Foreign Veh Involved YES / NO
Location of Accident	<u>Jurong Pier</u>		Foreign Veh No
Country of Loss			
Vehicle Damaged	No. of Veh Involved :		
Claim Type	<u>OD / TP / REPORTING</u>	Was There Any Witness YES / NO	
INSURANCE CO	<u>NTUC Income</u>	Name of Witness :	
Coverage	<u>Comprehensive/TPFT/Third Party Only</u>	Contact No :	
Policy No			
Fleet Policy	<u>YES / NO</u>		
OTHER VEHICLES			
OWNER / CO. NAME	<u>Yap Sun Hware Mfg</u>	VEHICLE B	<u>XD859J</u>
NRIC / Co's Reg No.	<u>19902839H P15</u>	Category	: <u>Trailer</u>
Address	<u>120 Sims Ave</u>	Driver's Name	: <u>Chuah Ah Sen</u>
	<u>Spor 387443</u>	NRIC No	: <u>S2577001C</u>
Contact / Mobile No	<u>67474109</u>	Contact No	: <u>TJS Pte Ltd</u>
Email Address		No. of Passenger	: <u>No</u>
Date of Birth		tel	: <u>93709122</u>
Gender	<u>M / F</u>	VEHICLE C	
DRIVER'S NAME	<u>Low Eng Chye</u>	Category	:
NRIC No	<u>S0160062A</u>	Driver's Name	:
Address	<u>Blk 53 Havelock Rd</u>	NRIC No	:
	<u>#129-112 (161053)</u>	Contact No	:
Contact / Mobile No	<u>90883693</u>	No. of Passage	:
Email Address			
Date of Birth	<u>15-2-53</u>	VEHICLE D	
Gender	<u>(M) / F</u>	Category	:
LICENSE PASSED DATE	<u>9-5-79</u>	Driver's Name	:
		NRIC No	:
Occupation	<u>Indoor / Outdoor</u>	Contact No	:
Relation with Owner	<u>Employer</u>	No. of Passenger	:
Does Driver Own Any Other Veh ?	<u>YES / NO</u>		
Vehicle Reg No			
Insurance Co			
Weather Condition	<u>Clear / Raining / Others</u>	Video Captured	: Yes / No
Road Surface	<u>Dry / Wet / Others</u>		
INJURED	<u>: YES / NO</u>		
Name of Injured	:	Police Report	: YES/NO
Convey To Hospital by Ambulance	: YES / NO	If YES, Where	:
NO. OF PASSENGERS	:		
Name of Passenger	: <u>Bing Pixun (male)</u>	<u>(M) / F</u>	INJURED? YES/NO
Name of Passenger	:	M / F	INJURED? YES/NO
Name of Passenger	:	M / F	INJURED? YES/NO
Name of Passenger	:	M / F	INJURED? YES/NO
REMARKS : <u>SUCCESS UNITED PTE LTD</u>			
Name of Workshop	: <u>2 Kaki Bukit AutoHub</u>	Contact No	:
Address	: <u>Kaki Bukit Ave 2, #01-33/#02-29</u>	Email	:
	: <u>Singapore 417921</u>		
	: <u>Tel: 6746 1515 Fax: 6748 5015</u>		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S0160062A**

Name:

LOW ENG CHYE

Birth Date: **15 Feb 1953**

Issue Date: **17 Jan 2018**



002764692A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S0160062A**



Name

LOW ENG CHYE

劉榮財

Race

CHINESE

Date of birth

15-02-1953

Sex:

M

Country of birth

SINGAPORE

S0160062A

Driver

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	01 Dec 1981
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	09 May 1979



Licence No: S0160062A

NP 428A



NRIC No. **S0160062A**



Date of issue

15-05-2012

APT BLK 53 HAVELOCK ROAD #29-112

SINGAPORE 161053

NRIC No: **S0160062A**

Date: **29/06/2012**

No: **7047**

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) 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"/>	5097881194		YAP SUN HARDWARE MFY PTE LTD	199002839H	GCV	Preferred Workshop Plan	GBF7708R	GBF7708R	01/03/2018	28/02/2019

Continue

Policy Information

Policy No:	5097881194	Policyholder Name	YAP SUN HARDWARE MFY PTE L	Policyholder NRIC	199002839H
Certificate No.					
Address	120/120-A SIM'S AVENUE SINGAPORE 387443				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy Issue Date	05/02/2018	Effective Date	01/03/2018 00:00	Expiry Date	28/02/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	OS Premium 0				
Outside Singapore OD Excess	Outside Singapore TP Excess Young/Inexperience Driver Excess				
Agent	ONE STOP INSURANCE AGENCY	Agent Tel.	67475667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	120/120-A SIM'S AVENUE	Address 2	SINGAPORE 387443	Address 3	
Address 4		Address Type	Singapore address	Post Code	387443
Unit No.		Related Policy Number	5097881194		

Insured Object: GBF7708R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>				

Claim Handling

Exit

Accident MT/1024314

Policy No.	5097881194	Vehicle No.	GBF7708R	GST Registration No.	M20093614X
Certificate No.					
Policyholder Name	YAP SUN HARDWARE MPY PTE LTD			Policyholder NRIC	199002839H
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	67474109	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	18/12/2018 16:01	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	17/12/2018	Time of Accident hh:mm	14:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG PIER				

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	Yes	GST Registration Date	01/01/2015
GST Registration No.	M20093614X	GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	120/120-A SIM'S AVENUE	Address 2	SINGAPORE 387443	Address 3	
Address 4	Singapore address	Address Type	Singapore address	Post Code	387443
Unit No.		Related Policy Number	5097881194		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/02/1953
Unnamed driver Name	LOW ENG CHYE	Driver NRIC	S0160062A	Driving Experience	39
Register Date of Driver License	09/05/1979	Driver Age	65	Contact No.(Home)	0
Contact No.(Mobile)	90883693	Contact No.(Office)	0	Address 3	HAVELOCK VIEW
Address 1	BLK 53	Address 2	HAVELOCK ROAD	Post Code	161053
Address 4	SINGAPORE 161053	Address Type	Singapore address		
Unit No.	29-112				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	YAP SUN HARDWARE MPY PTE L	Insured NRIC	199002839H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67474109
Email Address	yapsun@singnet.com.sg	Of Vehicle Number	GBF7708R	TP Vehicle Number	XD8593
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBF7708R / XD8593 ON 17 Dec 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	18/12/2018 16:03	Claim Close Date		Date Received	18/12/2018 00:00
Report Taken By	Jackson				

Print A4 letter

Save **Submit**

Attachment

Accident No.	MT/1024314	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	18/12/2018 16:04

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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 18 Dec 2018 16:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Dec 2018 16:04	SAS	Normal	SAS 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Dec 2018 16:04	Photos	Normal	Photos 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Dec 2018 16:04	Photos	Normal	Photos 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Dec 2018 16:04	Photos	Normal	Photos 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Dec 2018 16:04	Photos	Normal	Photos 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Dec 2018 16:03	Photos	Normal	Photos 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Dec 2018 16:03	Photos	Normal	Photos 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Dec 2018 16:03	Photos	Normal	Photos 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Dec 2018 16:03	Photos	Normal	Photos 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Dec 2018 16:03	Photos	Normal	Photos 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Dec 2018 16:03	Photos	Normal	Photos 2018-12-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Dec 2018 16:03	Photos	Normal	Photos 2018-12-18		Edit

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"/>				