

# NATIONAL Assessment Centre Services

Date In: 26/12/2018 11:25	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18023067/K4	E-mail (within 8hrs, A/C 2hrs):		
Veh No: SJFS181C	i-Motor Claim Form: MT/1025231-001	26/12/18	17:45
D.O.A: 22/12/2018 19:10	i-Motor W/O (Within: QD 2hrs, TP 4hrs):		
OD: <u>TP</u> Reporting Only	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: SH8872E	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

NA1808453	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: 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		
	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:-		
	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 \$30		
Cat 1:	Invoice dated	Fee Charged	
Cat 2 / 3:	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	26/12/2018 11:25
Date Of Accident	22/12/2018 19:10
Exact Location Of Accident	SCOTTS ROAD ( NEAR TANG PLAZA)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJF5181C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VASRO RENTALS
Co Reg No	53367446L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91554399
Alternative Phone No	OFFICE-91554399
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	-
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093371571-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	SEET TOH CHIN POO
NRIC No	S7327473G
Date Of Birth	01/08/1973
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1995
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91554399
Fax Number	
Contact Number	OTHERS-91554399
Email Address	NOEMAIL

Address	BLK 52 CHAI CHEE STREET #09-330
Postcode	460052
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 (including own vehicle) involved in the accident	2
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	SH8872E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHEONG KOK LIANG
NRIC/Passport Number	S1760517H
Contact Number	82334358
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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.

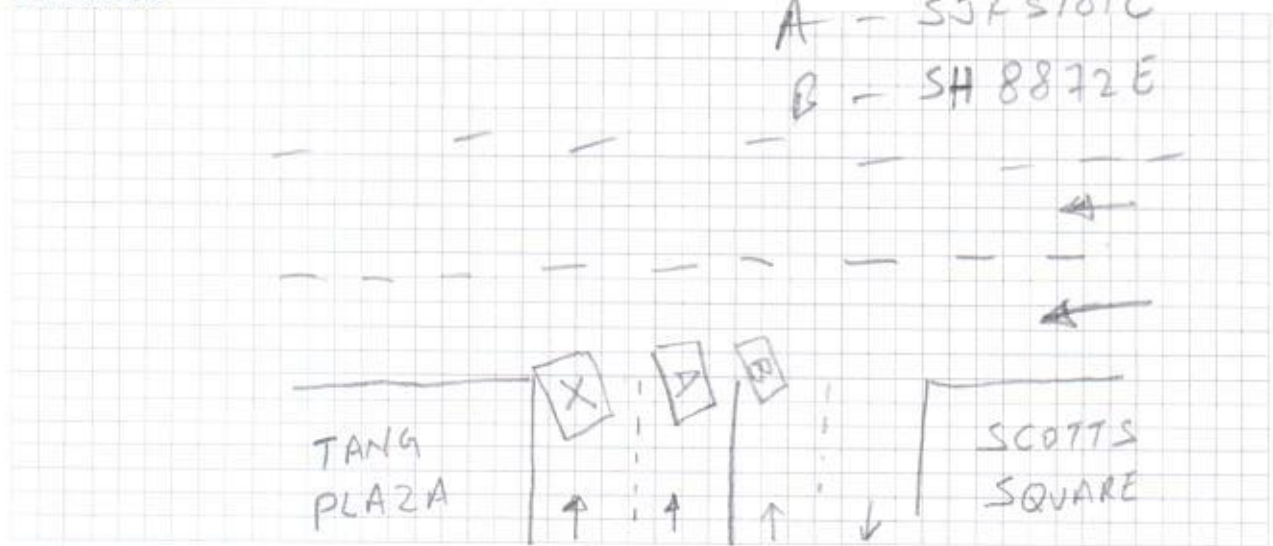


Policyholder's Signature  
Date & Time:

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

Veh. A was turning out from Tang Plaza to Scotts Rd  
 Veh B was turning out from Scotts Square to Scotts Rd  
 Veh X was turning out from Tang Plaza to Scotts Rd

Veh A was waiting for veh. X to turn out &  
 Veh B did not wait for veh A as he could  
 not see veh. A was waiting for veh X to turn  
 & come into the right side of veh A.

## 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.:

26/12/2018



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7327473G



Name  
SEET TOH CHIN POO

司 徒 进 宝

Race  
CHINESE


Date of birth  
01-08-1973

Country/Place of birth  
SINGAPORE

Sex  
M.



REPUBLIC OF SINGAPORE DRIVING LICEN



Licence Number  
Name  
SEET TOH CHIN POO

Birth Date: 01 Aug 1973  
Issue Date: 09 Mar 2004

001156823E

5735186



NRIC No. S7327473G



Date of issue  
27-04-2017

Address  
APT BLK 52 CHAI CHEE STREET  
#09-330  
SINGAPORE 460052

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
20 Sep 1995

JRA

Licence No: S7327473G

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093371571-01		VASRO RENTALS	53367446L	GFT	drive CLASSIC	SJF5181C	SJF5181C	07/08/2018	

### ▼ Policy Information

Policy No.	5093371571-01	Policyholder Name	VASRO RENTALS	Policyholder NRIC	53367446L
Certificate No.					
Address	BLK 272 #03-22 TAMPINES STREET 22 SINGAPORE 520272				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/08/2018	Effective Date	07/08/2018 00:00	Expiry Date	06/08/2019 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	1674.62		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

### ▼ Policyholder Mailing Address

Address 1	BLK 272 #03-22	Address 2	TAMPINES STREET 22	Address 3	SINGAPORE 520272
Address 4		Address Type	Singapore address	Post Code	520272
Unit No.	03-22	Related Policy Number	5093371571-01		

### ► Insured Object: SJF5181C

### ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	16/08/2018 00:00	Basic Information Endorsement	000001286883419	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 16 Aug 2018, the Hire Purchase Company is amended as follows for vehicle no SLQ5737T & SJX3638X: HIRE PURCHASE COMPANY: TAI THONG LEE TRADING PTE LTD
2	30/08/2018 00:00	Basic Information Endorsement	000001286892444	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJJ7335S 24-08-2018 \$1,430.78 2. SJJ8772G 24-08-2018 \$1,196.65 3. SJH8158R 25-08-2018 \$1,193.21 4. SJJ334R 25-08-2018 \$1,305.61 In view of this amendment, a refund of \$5,126.25 (inclusive of GST) will be adjusted against the outstanding premium.
3	05/09/2018 00:00	Basic Information	000001286895928	Endorsement Take	Thank you for giving us the



## Claim Handling

The premium on this policy has not been collected.

## Accident MT/1025231

Policy No.	5093371571-01	Vehicle No.	SJF5181C	GST Registration No.
Certificate No.				
Policyholder Name	VASRO RENTALS			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	91554399	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<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	26/12/2018 17:36	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/12/2018	Time of Accident hh:mm	19:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SCOTTS ROAD ( NEAR TANG PLAZA)			

## ▼ 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	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 272 #03-22	Address 2	TAMPINES STREET 22	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-22	Related Policy Number	5093371571-01	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	SEET TOH CHIN POO	Driver NRIC	S7327473G	Driving Experience
Register Date of Driver License	20/09/1995	Driver Age	45	Contact No.(Home)
Contact No.(Mobile)	91554399	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 52 #	Address 2	CHAI CHEE STREET	Address 3
Address 4		Address Type	Singapore 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 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 *	OD-MX	Insured Name	VASRO
Contact No.(Mobile)	90187349	Contact No. (Home)	
Email Address		Vehicle Number	SJF518
Claim Description	SJF5181C / SH8672E ON 22 Dec 2018		
Preferred Workshop		Insured Liability	Partially at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	26/12/2018 17:44	GIA report	Received
Report Taken By		Claim Close Date	
		Workshop Repairer	














[Print AK letter](#)[Save](#) [Submit](#)

## Attachment



Accident No.	MT/1025231	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/12/2018 17:45
Path *		Category *	Confidential
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="text"/> NO
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="text"/> NO
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="text"/> NO
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="text"/> NO
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="text"/> NO
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="text"/> NO
<a href="#">Message Read</a>		<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="text"/> NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 17:44	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 17:42	SAS	Normal	SAS 2(
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 17:42	Photos	Normal	Photos ;
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 17:42	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 17:41	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 17:41	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 17:41	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 17:41	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 17:41	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 17:41	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 17:40	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 17:40	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 17:40	Photos	Normal	Photos ;