

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MMA 119014590.

Date In: 31/1/19 09:15	Job description	Date & Time Completed	Done by
Ref No: NA 1MC 1900 2026164	SAS e-filing		
Veh No: GV 48925	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/1/19 10:00	I-Motor Claim Form	MT/1030308-001	31/1/19 14103.
OD: TP: 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:

SLF 7664P.

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:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref 1:

Ref 2 / 3:

NA 1900877

Invoice Preparation Charge

Amount (\$)

Ref: AIC (S)

Ref: AIC (S)

1) AR: Accident Reporting (\$30);

30.20

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2003)

6) TR: Re-inspection \$75

7) N1: Idao 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-n INC) against INC \$20

9) N12: Idao 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	31/01/2019 09:15
Date Of Accident	30/01/2019 10:00
Exact Location Of Accident	BEACH RD TWDS ROCHOR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV4892S
Insured/Policyholder	
Name Of Registered Owner	GALVIN TRADING HOUSE
Co Reg No	25132400A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98626961

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VITO 110CDI
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5091878335-01
Cover Note Number	-

Driver

Name of Driver	YEO KOH SIONG
NRIC No	S0169879F
Date Of Birth	18/12/1949
Occupation	OUTDOOR
Date Of Driving Pass	10/03/1967
Driving Experience	51 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98626961
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 118 LORONG 1 TOA PAYOH #02-431
Postcode	310118
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	
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 ALONG BEACH RD TWDS ROCHOR RD, WHILE APPROACHING THE TRAFFIC JUNCTION, SUDDENLY VEH B (BEARING NO SLF7664P) FROM MY RIGHT LANE SLOWLY FILTER INTO MY LANE AND HIT ONTO MY VEH RIGHT SIDE MIRROR.

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	SLF7664P
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)	

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.

GALVIN TRADING HOUSE

GALVIN

HOUSE

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

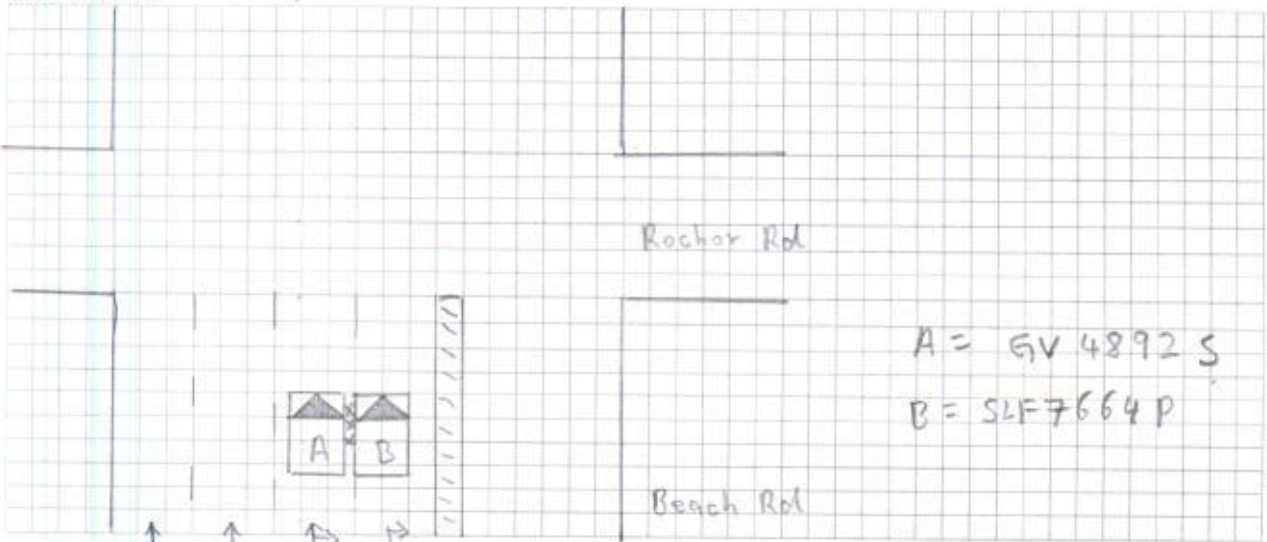
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION

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

GALVIN
GALVIN

HOUSE
HOUSE

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S0169879F**

Name **YEO KOH SIONG**

Birth Date **18 Dec 1949**

Issue Date **17 Dec 2009**

001812963J

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0169879F**

Name **YEO KOH SIONG**

楊國祥

Race **CHINESE**

Date of Birth **18-12-1949**

Sex **M**

Country of Birth **SINGAPORE**

S0169879F

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE

Class 3 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg **10 Mar 1967**

Licence No: **S0169879F**

NP 420A

0370377

NRIC No. **S0169879F**

Blood Group **O+** Date of issue **03-06-1992**

ART BLK 118 LORONG 1 TOA PAYOH #02-431

SINGAPORE 310418 TICA

NRIC # **S0169879F** Date: **17/12/2009** No: **8267281**

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"/>	5091878335-01		GALVIN TRADING HOUSE	25132400A	GCV	Third Party, Fire & Theft	GV4892S	GV4892S	27/06/2018	26/06/2019

Claim Handling

Accident MT/1030308

Policy No.	5091878335-01	Vehicle No.	GV48925	GST Registration No.	
Certificate No.					
Policyholder Name	GALVIN TRADING HOUSE			Policyholder NRIC	2513
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	98626961	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" 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	No

Accident Details

Report Date	31/01/2019 13:59	Accident Report Within 24 hrs	Yes	Accident Type	Side Impact
Date of Accident	30/01/2019	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEACH RD TWDS ROCHOR RD				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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	57 UBI AVENUE 1	Address 2	#03-05 UBI CENTRE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	4089
Unit No.		Related Policy Number	5091878335-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YEO KOH SIONG	Driver NRIC	S0169879F	Driver DOB	18/11/1967
Register Date of Driver License	10/03/1967	Driver Age	69	Driving Experience	51
Contact No.(Mobile)	98626961	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 118 #02-431	Address 2	LORONG 1 TOA PAYOH	Address 3	TOA PAYOH
Address 4	SINGAPORE 310118	Address Type	Singapore address	Post Code	3101
Unit No.	02-431				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Modification History

Claim 001 New

Claim Handling

Accident MT/1030308

Policy No.	5091878335-01	Vehicle No.	GV48925	GST Registration No.	
Certificate No.					
Policyholder Name	GALVIN TRADING HOUSE			Policyholder NRIC	2513
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	98626961	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" 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	No

Accident Details

Report Date	31/01/2019 13:59	Accident Report Within 24 hrs	Yes	Accident Type	Side Impact
Date of Accident	30/01/2019	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEACH RD TWDS ROCHOR RD				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Excess Type		Windscreen Excess	0.00		

1/31/2019

Claim Handling(accident reporting Claim Task)

All Claims Excess
YIED All Claim Excess
Total All Claim Excess Applicable
OD Standard Excess
YIED OD Excess
Additional Excess
Total OD Excess Applicable

Driver is Covered?

TP Standard Excess

YIED TP Excess

Driver is Covered?

Total TP Excess Applicable

Benefits

GST Registered Information

Policyholder Mailing Address

Address 1	57 UBI AVENUE 1	Address 2	#03-05 UBI CENTRE	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4089
Unit No.		Related Policy Number	5091878335-01		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YEO KOH SIONG	Driver NRIC	S0169879F	Driver DOB	18/11
Register Date of Driver License	10/03/1967	Driver Age	69	Driving Experience	51
Contact No.(Mobile)	98626961	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 118 #02-431	Address 2	LORONG 1 TOA PAYOH	Address 3	TOA F
Address 4	SINGAPORE 310118	Address Type	Singapore address	Post Code	3101
Unit No.	02-431				
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 OD-MX New

Claim Type *	OD-MX	Insured Name	GALVIN TRADING HOUSE
Contact No.(Mobile)		Contact No. (Home)	
Email Address		O1 Vehicle Number	GV48925
Claim Description	GV48925 / SLF7664P DN 30 Jan 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	31/01/2019 14:03
		Workshop Repairer	LIEW SHAN HUI

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1030308	Claim No.	001
Last Doc. Received	Yes No	Upload Date	31/01/2019 14:03
Path *		Category *	Confidential Urgency *
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Message Read		Clear	Please Select NO Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-31	
	31 Jan 2019 14:03			



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 14:03	SAS	Normal	SAS 2019-1-31
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 14:03	Photos	Normal	Photos 2019-1-31
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 14:03	Photos	Normal	Photos 2019-1-31
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 14:03	Photos	Normal	Photos 2019-1-31
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 14:03	Photos	Normal	Photos 2019-1-31
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 14:03	Photos	Normal	Photos 2019-1-31
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 14:03	Photos	Normal	Photos 2019-1-31
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2019 14:03	Photos	Normal	Photos 2019-1-31

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading