

NATIONAL Assessment Centre Services. [wef 1 Jan 03] **MA 119026752**

Date In: 26/12/19 15:44	Job description	Date & Time Completed	Done by
Ref No: MA/INC19003657144	SAS e-filing		
Veh No: SDH 86 M.	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 26/12/19 14:30.	I-Motor Claim Form	MT/1033894-001	27/12/19 14101
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/WESP		

Prototrad Wesp / INC Assign Wesp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: SLL 9022 Y.	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 repaier.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:	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

MA1901521

Claimant's Particulars:	Invoice Itemization	Am (\$)	PA Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Ref 1:	For claiming against INC Only (wef 10 Jan 2003)		
2 / 3:	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*N5: Courtesy Car / Tpt Allowance \$35		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non 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	26/02/2019 15:44
Date Of Accident	26/02/2019 14:30
Exact Location Of Accident	DUNEARN RD U TURN TO BT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDH86M
Insured/Policyholder	
Name Of Registered Owner	EIGHTY6 SERVICES
Co Reg No	53357677J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90099887

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5090450833-01
Cover Note Number	-

Driver

Name of Driver	KIAN WEN SHUN
NRIC No	S7807337C
Date Of Birth	16/03/1978
Occupation	OUTDOOR
Date Of Driving Pass	05/05/2000
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90099887
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 425 CHOA CHU KANG AVE 4 #09-160
Postcode	680425
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	COLLISION - HEAD TO REAR
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL9022Y
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)

DETAILS OF INJURED PERSON 1

Name KIAN WEN SHUN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SDH86M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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.**
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.

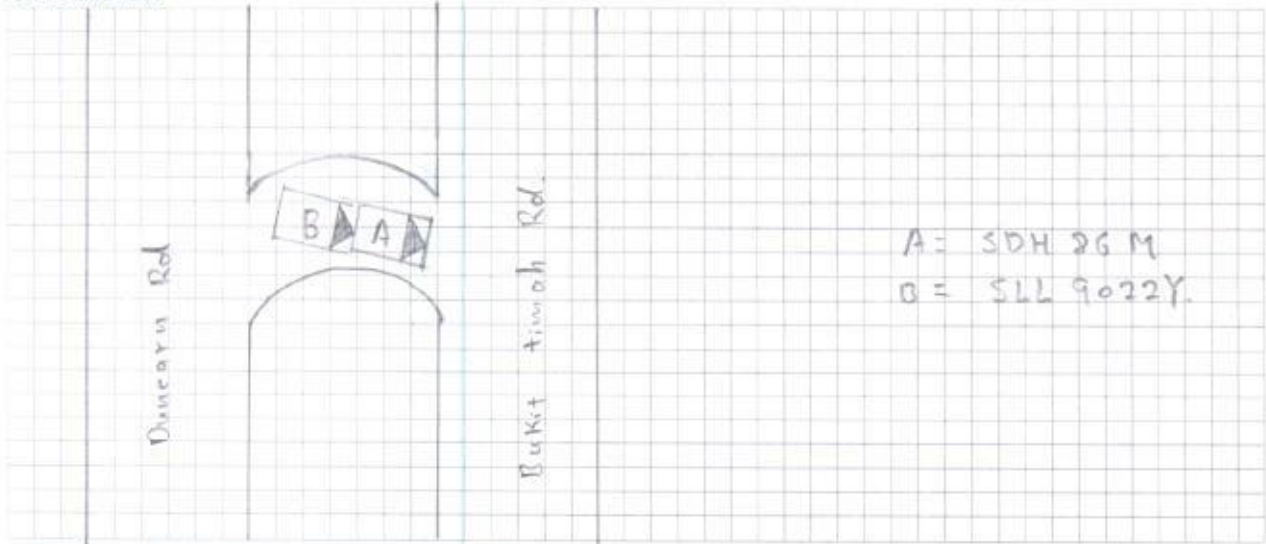


Policyholder's Signature
Date & Time:

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

Please Refer to Statement

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.:



SINGAPORE POLICE FORCE



T/20190226/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190226/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2019 18:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KIAN WEN SHUN			Address: APT BLK 425 CHOA CHU KANG AVENUE 4 #09-160 SINGAPORE 680425		
ID Type / ID No.: NRIC NO / S7807337C			Contact No.: Home/Office: Mobile: 90099887		
Nationality: SINGAPORE CITIZEN			Email: frankie.kws16@gmail.com		
Sex: Male	Age: 40	Date of Birth: 16/03/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CARGO OFFICER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/02/2019 14:30	Type of Location: Uturn lane
Location: BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDH86M	Car	HONDA	CIVIC	White	Seriously Damaged	0
SLL9022Y	Car	TOYOTA	ALTIS	White	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190226/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190226/7015

CONTINUATION OF REPORT

Driver			
Name	KIAN WEN SHUN	ID No.	S7807337C
Related Vehicle	SDH86M (Car)	Contact No.	90099887
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/02/2019	Date Discharge	26/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 26/02/2019 about 1430hrs I was travelling on my vehicle (SBH86M) along bukit timah road about to make a u-turn, my car was stationary while waiting for the traffic to be cleared before i make a u-turn. Suddenly there was a huge impact from the back. I moved to the side of the road and alighted my vehicle to realise that vehicle B (SLL9022Y) had collided head to rear of my vehicle. I wish to state that i have a working in-car camera that recorded the whole accident. After the accident i consulted the doctor as i was feeling pain from the impact and was given a 3-days MC.



**SINGAPORE
POLICE FORCE**



T/20190226/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190226/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
26/02/2019 18:11

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No: S7807337C

KIAN WEN SHUN

Birth Date: 16 Mar 1978

Issue Date: 14 Aug 2018

002834675E

REPUBLIC OF SINGAPORE

IDENTIFY CARD NO. S7807337C

Name: KIAN WEN SHUN

程文順

Race: CHINESE

Date of birth: 16-03-1978

Sex: M

Country of birth: SINGAPORE

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S7807337C

Name: KIAN WEN SHUN

Please visit www.lta.gov.sg to check the status of this vocational licence

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	05 May 2000

NP 428A



4203093

NRIC No. S7807337C

Date of issue: 11-04-2008

PT BLK 425 CHOA CHU KANG AVENUE 4 #09-160

APOR 680425

S7807337C Date: 08/02/2015

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
12	TAXI VL	05/06/2018



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="26/02/2019 15:42"/>
Vehicle No.(For Motor)	<input type="text" value="SDH86M"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090450833-01		EIGHTY6 SERVICES	53357677J	GCV	Comprehensive	SDH86M	SDH86M	04/07/2018	03/07/2019

Continue

Claim Handling

Accident MT/1033894

Policy No.	5090450833-01	Vehicle No.	SDH86M	GST Registration No.	
Certificate No.					
Policyholder Name	EIGHTY6 SERVICES			Policyholder NRIC	533571
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	90099887	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	27/02/2019 13:56	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	26/02/2019	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	DUNEARN RD U TURN TO BT TIMAH RD				
Excess					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			
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 425 #09-160	Address 2	CHOA CHU KANG AVENUE 4	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	680421
Unit No.	09-160	Related Policy Number	5090450833-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KIAN WEN SHUN	Driver NRIC	S7807337C	Driver DOB	16/03/1980
Register Date of Driver License	05/05/2000	Driver Age	40	Driving Experience	18
Contact No.(Mobile)	90099887	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 425 #09-160	Address 2	CHOA CHU KANG AVENUE 4	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	680421
Unit No.	09-160				
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 type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	EIGHTY6 SERVICES
Contact No.(Mobile)	90099887	Contact No. (Home)	
Email Address	FRANKIE.KWS16@GMAIL.COM	OI Vehicle Number	SDH86M
Claim Description	SDH86M / SLL9022Y ON 26 Feb 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	27/02/2019 14:00
<input checked="" type="checkbox"/> Print AK letter			LIEW SHAN HUI

Save Submit

Attachment

Accident No.	MT/1033894	Claim No.	001
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Last Doc. Received

* Yes No

Upload Date

27/02/2019 14:01

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category *

Confidential

Urgency *

Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

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NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 14:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 14:01	SAS	Normal	SAS 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 14:00	Photos	Normal	Photos 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 14:00	Photos	Normal	Photos 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 14:00	Photos	Normal	Photos 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 14:00	Photos	Normal	Photos 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 14:00	Photos	Normal	Photos 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 14:00	Photos	Normal	Photos 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 14:00	Photos	Normal	Photos 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 14:00	Photos	Normal	Photos 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 14:00	Photos	Normal	Photos 2019-2-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2019 14:00	Photos	Normal	Photos 2019-2-27

Video List

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