

NATIONAL Assessment Centre Services. [ver 1 Jan 2003] MMA119030670.

| | | | |
|----------------------------|--|---------------------------|---------------|
| Date In: 613119 16:49 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: NA11MC190041551h4. | E-mail (within 3hrs, AIC 2hrs) | | |
| Veh No: G80 867X | I-Motor Claim Form | MT/1034897 ⁰⁰¹ | 613/19 17:22. |
| D.O.A: 613119 16:00. | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| OD / TP / 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: G8A 9933U. | 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: | 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 |
|-----------|---------|
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| | |

MA1901729

| | | | |
|---------------------------------|---|----------------|--------------------|
| Claimant's Particulars: | Invoice Preparation Checklist | Am (\$) | Ref Am (\$) |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | 30.00 | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| 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 | | |
| Dat. 1: | For claiming against INC Only (ver 10 Jan 2003) | | |
| Dat. 2/3: | 6) TR: Re-Inspection \$75 | | |
| | 7) NI: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OD: | | |
| | *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: 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 | 06/03/2019 16:49 |
| Date Of Accident | 06/03/2019 16:00 |
| Exact Location Of Accident | AIRPORT RD SLIP RD INTO EUNOS LINK |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | GBD867X |
| Insured/Policyholder | |
| Name Of Registered Owner | DCSRIVER ENGINEERING & TRADING |
| Co Reg No | 53137304E |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-92280272 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | TOYOTA HIACE VAN TURBO 5 DR MANUAL |
| 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 | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5072148643-03 |
| Cover Note Number | - |
| Driver | |
| Name of Driver | KOH HAK SIO |
| NRIC No | S7011899H |
| Date Of Birth | 08/04/1970 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 29/01/2009 |
| Driving Experience | 10 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92280272 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|------------------------------|
| Address | BLK 128 RIVERVALE ST #07-820 |
| Postcode | 540128 |
| 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? | 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 STOP AT THE SLIP RD FROM AIRPORT RD INTO EUNOS LINK, WHEN I CHECK THE TRAFFIC WAS CLEAR, I STARTED TO MOVE BUT I NEVER REALIZED VEH B HAVEN'T MOVE, AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION.

Attachment(s)

| | |
|---|-----------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | HAVENT RETRIEVE |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------------|
| Vehicle Registration Number | GBA9933U |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| 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.

DCSRIVER ENGINEERING & TRADING

128 Rivervale Street #07-820

Singapore 150128

HP: 9228 0272

Date & Time:

Driver's Signature

(If driver is not the policyholder)

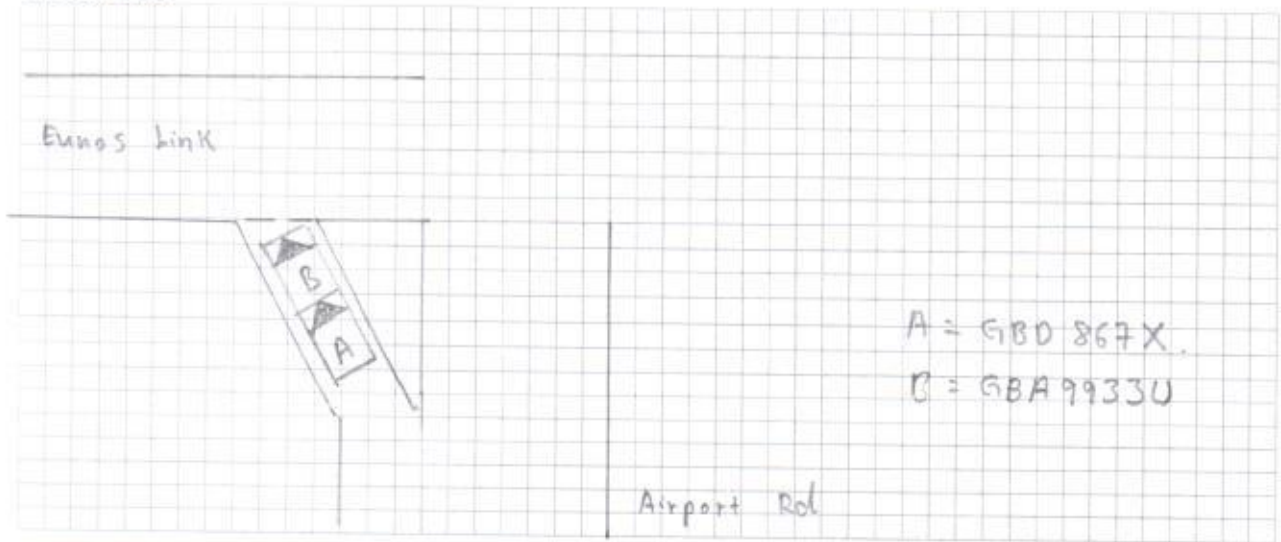
Date & Time:

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.

DCSRIVER ENGINEERING & TRADING
 128 Rivervale Street #07-820

Singapore 540128
 HP: 9228 0272

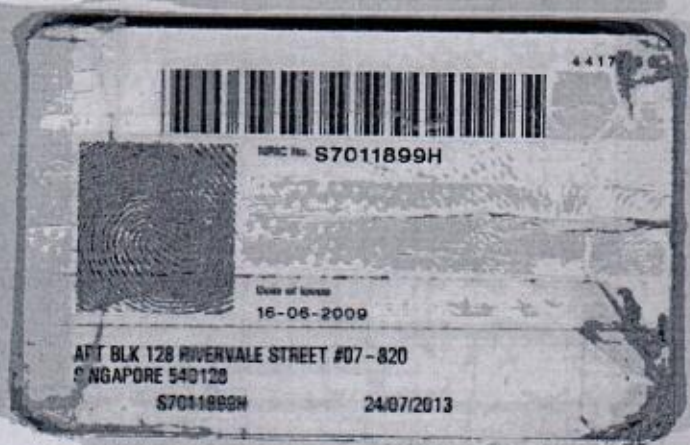
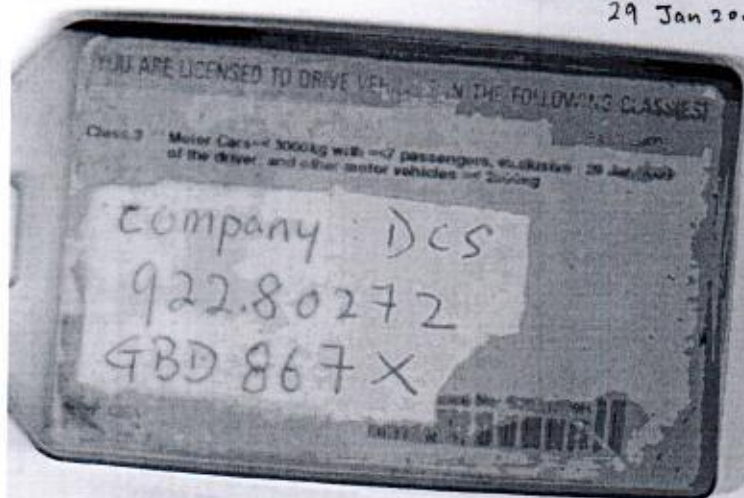
QIA/NC SketchPlanForm_V3

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

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



29 Jan 2009.



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="06/03/2019 16:42"/> |
| Vehicle No.(For Motor) | <input type="text" value="GBD867X"/> | 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 checked="" type="radio"/> | 5072148643-03 | | DCSRIVER ENGINEERING & TRADING | 53137304E | GCV | Comprehensive | GBD867X | GBD867X | 12/06/2018 | 11/06/2019 |

Claim Handling

Accident MT/1034897

| | | | | | |
|---|---|-------------------------------|---|------------------------|-----------|
| Policy No. | 5072148643-03 | Vehicle No. | G8D867X | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | DCSRIVER ENGINEERING & TRADING | | | Policyholder NRIC | 53137 |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Cover Type | Comprehensive | Loading | 0 |
| Contact No.(Mobile) | 92280272 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No ▼ |
| KPK | <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(%) | 20 | Private Hire | No |
| ▼ Accident Details | | | | | |
| Report Date | 06/03/2019 17:13 | Accident Report Within 24 hrs | Yes | Accident Type | Collision |
| Date of Accident | 06/03/2019 | Time of Accident hh:mm | 16:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | AIRPORT RD SLIP RD INTO EUNDS LINK | | | | |
| ▼ 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 | No | GST Registration Date | | | |
| GST Registration No. | | GST Status Verified | Yes | | |
| Modification History | | | | | |
| ▼ Policyholder Mailing Address | | | | | |
| Address 1 | BLK 128 #07-820 | Address 2 | RIVERVALE STREET | Address 3 | SINGAPORE |
| Address 4 | | Address Type | Singapore address | Post Code | 540121 |
| Unit No. | 07-820 | Related Policy Number | 5072148643-03 | | |
| ▼ OI Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 08/04/ |
| Unnamed driver Name | KOH HAK SIO | Driver NRIC | S7011899H | Driving Experience | 10 |
| Register Date of Driver License | 29/01/2009 | Driver Age | 48 | Contact No.(Home) | |
| Contact No.(Mobile) | 92280272 | Contact No.(Office) | | Address 3 | SINGAPORE |
| Address 1 | BLK 128 #07-820 | Address 2 | RIVERVALE STREET | Post Code | 540121 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 07-820 | | | | |
| 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 | DCSRIVER ENGINEERING & TRADING |
| Contact No.(Mobile) | 92280272 | Contact No. (Home) | NIL |
| Email Address | | OI Vehicle Number | G8D867X |
| Claim Description | G8D867X / GBA9933U ON 6 Mar 2019 | | |
| Preferred Workshop | 0 | Insured Liability | Fully at Fault ▼ |
| Repair No. Finalisation | Yes ▼ | Preferred Repair Option | Preferred Workshop, Name unknown ▼ |
| Date Registered | | GIA report | Received ▼ |
| Report Taken By | | Claim Close Date | 06/03/2019 17:21 |
| | | | LIEW SHAN HUI |
| <input checked="" type="checkbox"/> Print AK letter | | | |

Save Submit

Attachment

| | | | |
|--------------|------------|-----------|-----|
| Accident No. | MT/1034897 | Claim No. | 001 |
|--------------|------------|-----------|-----|

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

06/03/2019 17:22

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 *

Please Select ▼

Confidential

NO ▼

Urgency *

Normal ▼

Clear

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NO ▼

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NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

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Please Select ▼

NO ▼

Normal ▼

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|------------|---|-----------------------|---------|--------------------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2019 17:22 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-3-6 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2019 17:22 | SAS | Normal | SAS 2019-3-6 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2019 17:22 | Photos | Normal | Photos 2019-3-6 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2019 17:21 | Photos | Normal | Photos 2019-3-6 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2019 17:21 | Photos | Normal | Photos 2019-3-6 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2019 17:21 | Photos | Normal | Photos 2019-3-6 |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2019 17:21 | Photos | Normal | Photos 2019-3-6 |

Video List

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