

NATIONAL Assessment Centre Services. [ver 1 Jan'03] **MMA 11903 5352.**

Date In: 18/13/19 08:51	Job description	Date & Time Completed	Done by
Ref No: MA11MC19004819144	SAS e-filing		
Veh No: SGU 2306 L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/13/19 18:15	I-Motor Claim Form	MT/1036230-001	18/13/19 11:03
OD: <input checked="" type="checkbox"/> 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: SLN 616H	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: YBS () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of rep/ier.

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

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

Reminders: (INC: 6788/6616)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

MA1901995		Invoice Preparation Checklist		Ant (\$)	Payable (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)				
Contact No:	3) TP: Towing Fee \$40/\$45				
Damaged Portion:	4) FT: Follow-Through Survey \$120				
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30				
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2003)				
Ref 1:	6) TR: Re-inspection \$75				
Ref 2/3:	7) NI: Idao 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 (N'm 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	18/03/2019 08:51
Date Of Accident	14/03/2019 18:15
Exact Location Of Accident	UPP THOMSON RD JUNC WITH MARYMOUNT LN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU2306L
Insured/Policyholder	
Name Of Registered Owner	STEAMMAPLEH
Co Reg No	53321445M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96968147
Alternative Phone No	OFFICE-96968147

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	5100067093
Cover Note Number	-

Driver

Name of Driver	TONY YAU SUN ANN
NRIC No	S7285188I
Date Of Birth	12/11/1972
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1995
Driving Experience	23 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96968147
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 274A COMPASSVALE BOW #12-535
Postcode	541274
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 - 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?	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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

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

PLEASE REFER TO ATTACHED STATEMENT.

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	SLN616H
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	TONY YAU SUN ANN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGU2306L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	GRAB PASSENGER
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGU2306L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

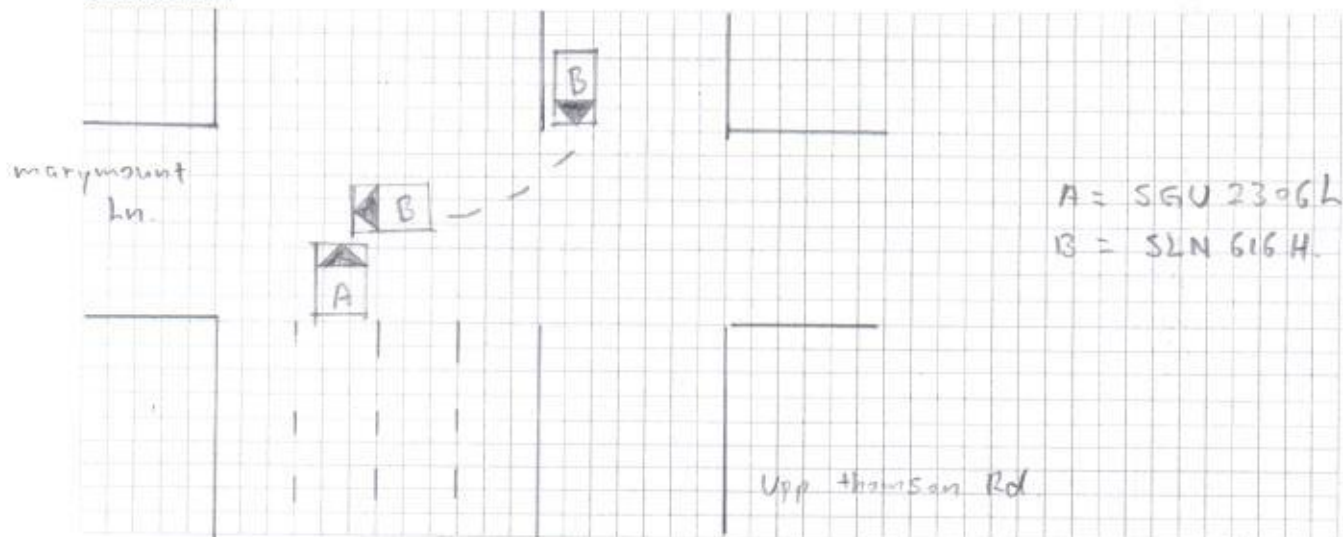
STEAMMAPLEH

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.

STEAMMAPLEH

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.:

I WAS TRAVELLING ALONG UPP THOMSON RD WHILE APPROACHING TRAFFIC JUNC OF MARYMOUNT LANE, THE TRAFFIC LIGHT WAS ON MY FAVOR, I PROCEED TO CROSS THE JUNCTION. SUDDENLY VEH B (BEARING NO SLN616H) FROM OPPOSITE DIRECTION MAKE A RIGHT TURN, AS THE RESULT, MY VEH CANNOT STOP IN TIME AND HIT ONTO THE VEH LEFT FRONT PORTION.

STEAMMAPLEH

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 3 / 19.) (DD/MM/YYYY), TIME: (18:15.) (HH:MM)

LOCATION: Upp Thomson Rd Junction with Marymount Ln.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGU 2306L.
 b) INSURANCE COMPANY: IMC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Commercial
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Steammaple. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 9696 68147.
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tony Yau Sun Ann. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

*d) DATE OF BIRTH: (/ /) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) - Driver & passenger. grab passenger

7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLN 616H. MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

tonyzuko@gmail.com

writing to chop.

Email = Shee Lee Lai.

fax =

VIDEO = Yes.

Land Transport Authority



VOCATIONAL LICENCE

Licence No : S7285188I

Name : TONY YAU SUN ANN

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

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

Type	Description	Issue Date
14	PRIVATE HIRE CAR VL	07/05/2018



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S72851881



Name

TONY YAU SUN ANN

姚新安

Race

CHINESE

Date of birth
12-11-1972

Sex

M

Country of birth
MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE



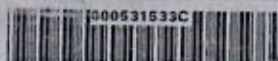
Licence Number: S72851881

Name

TONY YAU SUN ANN

Birth Date 12 Nov 1972

Issue Date 02 Jun 2003



9187188

NRIC No. S72851881



Nationality

MALAYSIAN

Date of issue

18-01-2013

APT BLK 274A COMPASSVALE BQW #12-535
SINGAPORE 541274

NRIC No: S72851881

Date: 10/01/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B	Motorcycles not exceeding 250 cc
Class 2A	Motorcycles between 251 cc and 400 cc
Class 3	Motor Cars and Motor Tractors the weight of which (laden does not exceed 2500 kilograms

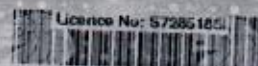
PASS DATE

24 Mar 1995

06 May 1997

24 Mar 1995

NP 428A



Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

14/03/2019 14:25

Vehicle No.(For Motor)

SGU2306L

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"/>	5100067093		STEAMMAPLEH	53321445M	GPC	drivo CLASSIC	SGU2306L	SGU2306L	07/05/2018	06/05/2019

Claim Handling

Accident MT/1036230

Policy No.	5100067093	Vehicle No.	SGU2306L	GST Registration No.	
Certificate No.					
Policyholder Name	STEAMMAPLEH			Policyholder NRIC	533214
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96968147	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	Yes	NCD Entitlement(%)	50	Private Hire	Yes

Accident Details

Report Date	18/03/2019 10:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	14/03/2019	Time of Accident hh:mm	18:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP THOMSON RD JUNC WITH MARYMOUNT LN				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
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 274A #12-535	Address 2	COMPASSVALE BOW	Address 3	COMPASSVALE BOW
Address 4	SINGAPORE 541274	Address Type	Singapore address	Post Code	541274
Unit No.	12-535	Related Policy Number	5100067093		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TONY YAU SUN ANN	Driver NRIC	S7285188I	Driver DOB	12/11/1995
Register Date of Driver License	24/03/1995	Driver Age	46	Driving Experience	23
Contact No.(Mobile)	96968147	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 274A #12-535	Address 2	COMPASSVALE BOW	Address 3	COMPASSVALE BOW
Address 4	SINGAPORE 541274	Address Type	Singapore address	Post Code	541274
Unit No.	12-535				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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 Type *	OD-MX	Insured Name	STEAMMAPLEH
Contact No.(Mobile)	96968147	Contact No. (Home)	
Email Address	TONYZUKO@GMAIL.COM	OI Vehicle Number	SGU2306L
Claim Description	SGU2306L / SLN616H ON 14 Mar 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Subject No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	18/03/2019 11:02
			LIEW SHAN HU

Print AK letter

Save Submit

Attachment

Accident No.	MT/1036230	Claim No.	001
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Last Doc. Received

* Yes ☐ No ☐

Upload Date

18/03/2019 11:03

Path *

Category *

Confidential

Urgency *

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

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

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NO

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:03	SAS	Normal	SAS 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:03	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:03	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:03	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:03	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:02	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:02	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:02	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:02	Photos	Normal	Photos 2019-3-18
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:02	Photos	Normal	Photos 2019-3-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Mar 2019 11:02	Photos	Normal	Photos 2019-3-18

Video List

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