

NATIONAL Assessment Centre Services. Part 1 Jaseong. MNA 119040284

Date In: 28/13/19 09:06	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19005498164	E-mail (within 3hrs, A/C 2hrs)		
Veh No: GT 8682R	1-Motor Claim Form	MT/1037826 <sup>001</sup>	28/13/19 14:53
D.O.A: 27/13/19 15:30	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SHO 3588K. 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/Non-INC/TP/OT/OT/OT)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: ( ) Action: ( )

MNA 1902270

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref 1:

Ref 2/3:

Invoice Ref. (Application Client)	And (\$)	And (\$)	Add Bill
1) AR: Accident Reporting (\$30)	30.00		
2) DA: Damage Assessment (\$100)		INC (\$10)	
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (ref 10 Jan 2003)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON:			
*N5: Courtesy Car / Tpt Allowance	\$3		
*N6: Repairs Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$3		
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	28/03/2019 09:06
Date Of Accident	27/03/2019 15:30
Exact Location Of Accident	SERANGOON CENTRAL DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GT8682R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WILLPOWER INVESTMENT PTE LTD
Co Reg No	201135990H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98758781
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HIACE DIESEL
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5080385285-02
Cover Note Number	-
<b>Driver</b>	
Name of Driver	SEOW SEK TEONG
NRIC No	S0838620Z
Date Of Birth	29/03/1954
Occupation	OUTDOOR
Date Of Driving Pass	27/06/1974
Driving Experience	44 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98758781
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 518 SERANGOON NORTH AVE 4 #07-218
Postcode	550518
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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

PLEASE REFER TO 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	SHD3588K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAY SIM BEE
NRIC/Passport Number	S1319517Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

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#### 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.

#### WILLPOWER INVESTMENT PTE LTD

Toa Payoh North Post Office

P.O. Box 848

Singapore 913135

Tel: 9875 8781

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

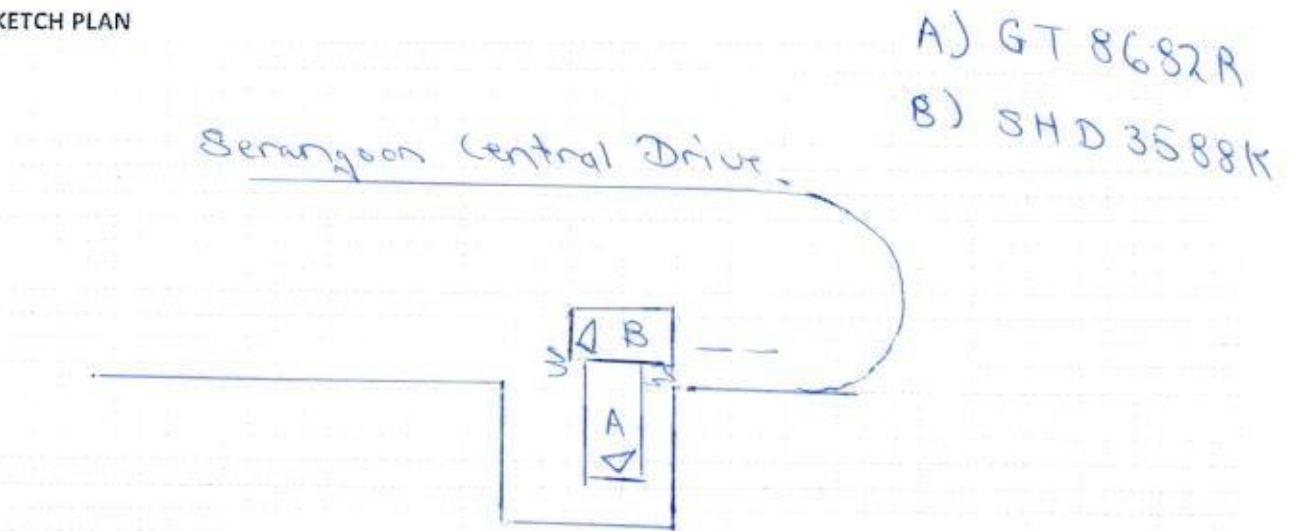
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing out of the loading & unloading lot when Veh (B) appeared from my blind spot. I immediately braked & Veh (B) grazed against the rear of my vehicle.

DECLARATION

We declare the foregoing particulars are true in every respect.

Toa Payoh North Post Office  
P.O. Box 848  
Singapore 913135  
Tel: 9875 8781

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.:



VEHICLE NO : GT 8682R		MAKE/MODEL : Toyota Hiace	
Date of Accident	27.3.19	Time: 1530	Foreign Veh Involved YES / NO
Location of Accident	S'gong Central Drive		Foreign Veh No
Country of Loss			
Vehicle Damaged			No. of Veh Involved :
Claim Type	OD / TP / <u>REPORTING</u>		Was There Any Witness YES / NO
INSURANCE CO	NTUC		Name of Witness :
Coverage	Comprehensive/TPFT/Third Party Only		Contact No :
Policy No			
Fleet Policy	YES / NO		
OWNER / CO. NAME		OTHER VEHICLES	
Will Power Pte Ltd		VEHICLE B SHD 3588K	
NRIC/Co's Reg No.	201135990H	Category	: Taxi
Address	151 Chin Swee Rd	Driver's Name	: Tay Sim Bee
	#06-05 Monhatten	NRIC No	: S13195172
Contact / Mobile No	98758781 Bldg C	Contact No	:
Email Address		No. of Passenger :	
Date of Birth			
Gender	M / F	VEHICLE C	
DRIVER'S NAME	Seow Sek Teong	Category	:
NRIC No	S08386202	Driver's Name	:
Address	Blk 518 Serangoon	NRIC No	:
	North Ave 4 #01-218	Contact No	:
Contact / Mobile No	9785 (550518)	No. of Passenger :	
Email Address	98758781		
Date of Birth	29.3.54	VEHICLE D	
Gender	M / F	Category	:
LICENSE PASSED DATE	27.6.1974	Driver's Name	:
		NRIC No	:
Occupation	Indoor / <u>Outdoor</u>	Contact No	:
Relation with Owner		No. of Passenger :	
Does Driver Own Any Other Veh ? YES / NO			
Vehicle Reg No	Employee.		
Insurance Co			
Weather Condition	Clear / Raining / Others	Video Captured : Yes / No	
Road Surface	Dry / Wet / Others		
INJURED : YES / NO			
Name of Injured :	Police Report : YES/NO		
Convey To Hospital by Ambulance : YES / NO	If YES, Where :		
NO. OF PASSENGERS : NO			
Name of Passenger :	M / F	INJURED?	YES/NO
Name of Passenger :	M / F	INJURED?	YES/NO
Name of Passenger :	M / F	INJURED?	YES/NO
Name of Passenger :	M / F	INJURED?	YES/NO
REMARKS :			
Name of Workshop :	Contact No :		
Address :	Email :		

**SUCCESS UNITED PTE LTD**

2 Kaki Bukit AutoHub  
Kaki Bukit Ave 2, #01-33/#02-29  
Singapore 417921  
Tel: 6746 1515 Fax: 6748 5015

**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **S0838620Z**  
 Name: **SEOW SEK TEONG**  
 Birth Date: **29 Mar 1954**  
 Issue Date: **30 Apr 2004**

001208420C



**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S0838620Z**




 Name: **SEOW SEK TEONG**  
**蕭錫忠**  
 Race: **CHINESE**  
 Date of birth: **29-03-1954**  
 Country/Place of birth: **SINGAPORE**  
 Sex: **M**

S0838620Z

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

Class	Description	PASS DATE
Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractor vehicles <= 2500 kg	27 Jun 1974

S0838620Z S / No. 9000296527

NP 428A

Licence No: S0838620Z



5571849



NRIC No: **S0838620Z**


 Date of issue: **20-02-2016**

Address: **APT BLK 518 SERANGOON NORTH AVENUE 4  
 #07-21B  
 SINGAPORE 550518**

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="27/03/2019 17:42"/>
Vehicle No.(For Motor)	<input type="text" value="GT8682R"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5080385285-02		WILLPOWER INVESTMENT PTE LTD	201135990H	GCV	Third Party, Fire & Theft	GT8682R	GT8682R	30/06/2018	29/06/2019



## Claim Handling

Accident MT/1037826

Policy No.	5080385285-02	Vehicle No.	GT8682R	GST Registration No.	
Certificate No.					
Policyholder Name	WILLPOWER INVESTMENT PTE LTD			Policyholder NRIC	201131
Product Code	COMMERCIAL VEHICLE (NSURAF	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	98758781	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(%)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	28/03/2019 14:49	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	27/03/2019	Time of Accident hh:mm	15:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	SERANGOON CENTRAL DRIVE				
<b>Excess</b>					
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			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	151 CHIN SWEE ROAD	Address 2	#06-05/07 MANHATTAN HOUSE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	169876
Unit No.		Related Policy Number	5080385285-02		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SEOW SEK TEONG	Driver NRIC	S0838620Z	Driver DOB	29/03/
Register Date of Driver License	27/06/1974	Driver Age	64	Driving Experience	44
Contact No.(Mobile)	98758781	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 51B #07-21B	Address 2	SERANGOON NORTH AVENUE 4	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	550511
Unit No.	07-21B				
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	WILLPOWER INVESTMENT PTE I
Contact No.(Mobile)	98758781	Contact No. (Home)	
Email Address		OI Vehicle Number	GT8682R
Claim Description	GT8682R / SHD3588K ON 27 Mar 2019		
Preferred Workshop	0	Insured Liability	Partially at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	28/03/2019 14:51
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

## Attachment

Accident No.	MT/1037826	Claim No.	001
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Last Doc. Received: 

Yes

No

Upload Date: 28/03/2019 14:53

Path \*

Choose File

No file chosen

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Choose File

No file chosen

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No file chosen

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No file chosen

Message Read

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Mar 2019 14:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Mar 2019 14:53	SAS	Normal	SAS 2019-3-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Mar 2019 14:53	Photos	Normal	Photos 2019-3-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Mar 2019 14:53	Photos	Normal	Photos 2019-3-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Mar 2019 14:53	Photos	Normal	Photos 2019-3-28
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Mar 2019 14:52	Photos	Normal	Photos 2019-3-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Mar 2019 14:52	Photos	Normal	Photos 2019-3-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Mar 2019 14:52	Photos	Normal	Photos 2019-3-28

Video List

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