

NATIONAL Assessment Centre Services.

part 1 Jan 2003 MNA 119041089.

Date In: 29/13/19 15:57	Job description	Date & Time Completed	Done by
Ref No: NA/INC19005625164	SAS e-filing		
Veh No: GBD99897	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 29/13/19 16:10	I-Motor Claim Form	MT/1038005-001	29/13/19 16:37
OD / TP / Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Profitted Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: SKF 6682E	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 repaler.

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

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

Remarks: (INC Hotline: 0788 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

<p>MA1902305</p> <p>Customer's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref: 1</p> <p>2 / 3</p>	<p>Invoice Itemization (Checklist)</p> <table border="1"> <tr> <td>1) AIC: Accident Reporting (\$30)</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td>INC (\$10)</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$45</td> </tr> <tr> <td>4) PT: Follow-Through Survey</td> <td>\$120</td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> </tr> <tr> <td colspan="2">For obtaining status INC Only (yes 10 Jan 2003)</td> </tr> <tr> <td>6) TR: Re-Inspection</td> <td>\$75</td> </tr> <tr> <td>7) NI: Idan DA + SMKT Survey</td> <td>\$160</td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> </tr> <tr> <td>ON:</td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance</td> <td>\$5</td> </tr> <tr> <td>*N6: Repair Co-ordination</td> <td>\$10</td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> </tr> <tr> <td>*N8: DV / Collect Boxes Coordination</td> <td>\$5</td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC</td> <td>\$20</td> </tr> <tr> <td>9) N12: Idan Mobile</td> <td>\$0</td> </tr> </table> <p>Invoice dated _____ Fax Charged _____</p> <p>Invoice dated _____ Fax Charged _____</p>	1) AIC: Accident Reporting (\$30)		2) DA: Damage Assessment (\$100)	INC (\$10)	3) TP: Towing Fee	\$40/\$45	4) PT: Follow-Through Survey	\$120	5) PT: Follow-Through Survey (Resurvey)	\$30	For obtaining status INC Only (yes 10 Jan 2003)		6) TR: Re-Inspection	\$75	7) NI: Idan DA + SMKT 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 Boxes Coordination	\$5	TP (N11): TP (Non INC) against INC	\$20	9) N12: Idan Mobile	\$0
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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	29/03/2019 15:57
Date Of Accident	28/03/2019 16:10
Exact Location Of Accident	UPPER PAYA LEBAR RD AFTER UPPER SERANGOON RD JUNC
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD9989T
Insured/Policyholder	
Name Of Registered Owner	TUCKSHOP MANAGEMENT SERVICES LLP
Co Reg No	T15LL0567C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81130616
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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	5099316136-01
Cover Note Number	-
Driver	
Name of Driver	SIM CHING LYE LEORARD LEO
NRIC No	S1353644I
Date Of Birth	14/11/1959
Occupation	INDOOR
Date Of Driving Pass	15/01/1979
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81130616
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	35 JALAN KECHUBONG
Postcode	799399
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 - CHANGE/CROSS LANE
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 JUNCTION OF BOUNDARY RD & UPPER SERANGOON RD, WHEN THE LIGHT TURN GREEN, I PROCEED STRAIGHT CROSSING THE JUNCTION. AFTER CROSS THE JUNCTION, SUDDENLY I FELT AN IMPACT FROM THE LEFT, AFTER THE INCIDENT, I REALIZED VEH B (BEARING NO SKF6682E) FROM THE LEFT LANE CUT INTO MY LANE AND HIT ONTO MY VEH LEFT HAND SIDE.

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	SKF6682E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KEE LAY HWA
NRIC/Passport Number	S6828006J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

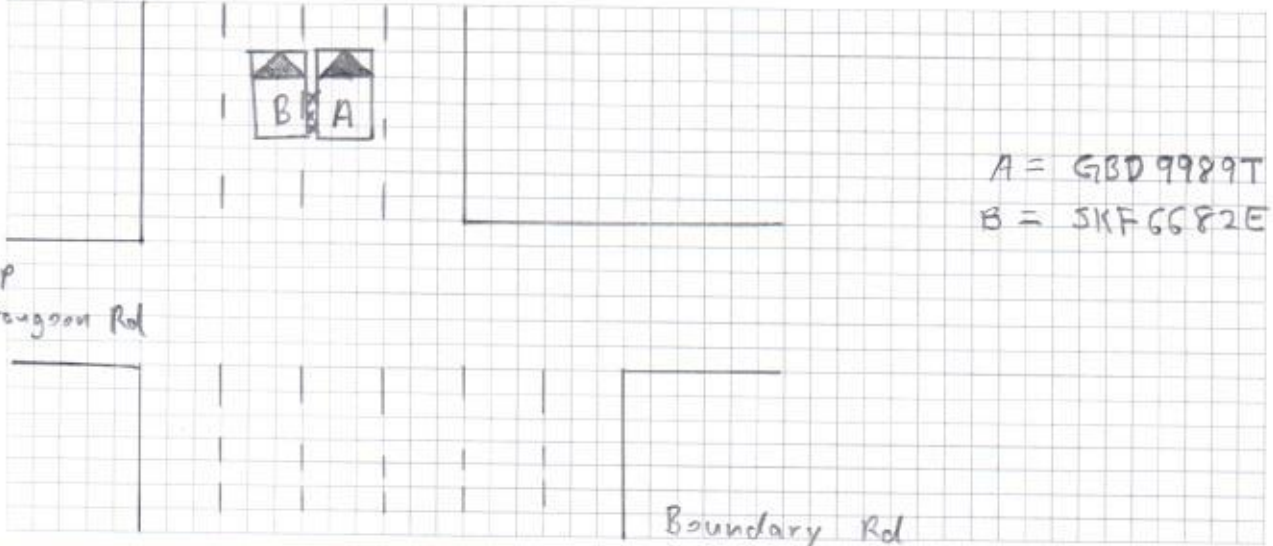
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

UPP Paya Lebar Rd.

UPP
Serangoon Rd



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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **S1353644I**
 Name
SIM CHING LYE LEORARD LEO
 Birth Date **14 Nov 1959**
 Issue Date **23 Aug 2004**

001274545A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1353644I


 Name
SIM CHING LYE LEORARD LEO

Race
CHINESE
 Date of birth
14-11-1959
 Country/Place of birth
SINGAPORE

Sex
M




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

		PASS DATE
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	15 Jan 1979
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kg	22 Feb 1983
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kg	14 May 1983

NP 428A

Licence No: S1353644I



6050417



NRIC No. **S1353644I**



Date of issue
23-10-2018

Address
**35 JALAN KECHUBONG
 SINGAPORE 799399**

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="28/03/2019 15:55"/>
Vehicle No.(For Motor)	<input type="text" value="GBD9989T"/>	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 type="checkbox"/>	5099316136-01		TUCKSHOP MANAGEMENT SERVICES LLP	T15LL0567C	GCV	Comprehensive	GBD9989T	GBD9989T	28/03/2019	27/03/2020

Claim Handling

Accident MT/1038005

Policy No.	5099316136-01	Vehicle No.	GBD9989T	GST Registration No.	
Certificate No.					
Policyholder Name	TUCKSHOP MANAGEMENT SERVICES LLP			Policyholder NRIC	T15LLC
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	81130616	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	29/03/2019 16:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	28/03/2019	Time of Accident hh:mm	16:10	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPPER PAYA LEBAR RD AFTER UPPER SERANGOON RD JUNC				
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	29/03/2019 16:35:15 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	35 JALAN KECHUBONG	Address 2	SELETAR HILLS ESTATE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	799396
Unit No.		Related Policy Number	5099316136-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SIM CHING LYE LEONARD LEO	Driver NRIC	S13536441	Driver DOB	14/11/
Register Date of Driver License	15/01/1979	Driver Age	59	Driving Experience	40
Contact No.(Mobile)	81130616	Contact No.(Office)		Contact No.(Home)	
Address 1	35 JALAN KECHUBONG	Address 2	# SELETAR HILLS ESTATE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	799396
Unit No.					
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 Type *	OD-MX	Insured Name	TUCKSHOP MANAGEMENT SERV
Contact No.(Mobile)		Contact No.(Home)	NIL
Email Address		OI Vehicle Number	GBD9989T
Claim Description	GBD9989T / SKF6682E ON 28 Mar 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
Report Taken By		Claim Close Date	29/03/2019 16:36
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1038005	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

29/03/2019 16:37

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

Category *

Confidential

Urgency *

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

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 29 Mar 2019 16:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Mar 2019 16:37	SAS	Normal	SAS 2019-3-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Mar 2019 16:37	Photos	Normal	Photos 2019-3-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Mar 2019 16:37	Photos	Normal	Photos 2019-3-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Mar 2019 16:37	Photos	Normal	Photos 2019-3-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Mar 2019 16:37	Photos	Normal	Photos 2019-3-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Mar 2019 16:36	Photos	Normal	Photos 2019-3-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Mar 2019 16:36	Photos	Normal	Photos 2019-3-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Mar 2019 16:36	Photos	Normal	Photos 2019-3-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Mar 2019 16:36	Photos	Normal	Photos 2019-3-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Mar 2019 16:36	Photos	Normal	Photos 2019-3-29

Video List

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