

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] **MA11904315**

Date In: 3/4/09 10:34	Job description	Date & Time Completed	Done by
Ref No: NA/14CM00575/24	SAS e-filing		
Veh No: 4p44204	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2/4/09-14:15	i-Motor Claim Form	M7/1038675-001	3/4/09 12:31
OD / TP / 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: **XDJ125K** 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 hotline: 6788 6616)

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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Date 1:	For claiming against JNC Only (wef 10 Jan 2005)		
Date 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ*		
	*N5: Courtesy Car / Tpl 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: Idac Mobile 30		
	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	03/04/2019 10:34
Date Of Accident	02/04/2019 14:15
Exact Location Of Accident	70 ALPS AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP4400Y
Insured/Policyholder	
Name Of Registered Owner	LOADED SERVICES PTE LTD
Co Reg No	200010432N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65468936
Vehicle Particulars	
Manufacturer	MINIBUS
Model	FUSO FK62FMZ1RDEB
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	5089776504-01
Cover Note Number	
Driver	
Name of Driver	SNG YEW HOCK
NRIC No	S1203568C
Date Of Birth	15/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	14/12/2002
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97773316
Fax Number	
Contact Number	OFFICE-97773316
EMail Address	NOEMAIL

Address	BLK 7 BEDOK SOUTH AVENUE 2 #09-328
Postcode	460007
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS I WENT TO WAREHOUSE TO COLLECT GOODS. I LOOK FROM THE WAREHOUSE THAT MY VEHICLE WAS SHAKING AND REALIZE THAT VEHICLE B REVERSED AND HIT ONTO MY VEHICLE FRONT PORTION. THE OTHER PARTY REFUSE TO GIVE HIS PARTICULARS AFTER THIS ACCIDENT OCCUR.

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	XD5125K
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)	1

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1203568C



Name
SNG YEW HOCK

孫友福

Race
CHINESE

Date of Birth Sex
15-05-1956 M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1203568C
Name
SNG YEW HOCK

Birth Date 15 May 1956
Issue Date 17 Dec 2002




000029681D

1425516



NRIC No. S1203568C



Blood Group Date of issue
AB_o 14-11-1993

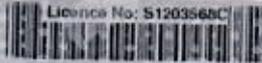
APT BLK 7 BEDOK SOUTH AVENUE 2 #09-32B
SINGAPORE 460007
NRIC No: S1203568C Date: 17/03/2010 No: 6322767

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

		PASS DATE
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	27 Jan 1975
Class 4	Heavy Motor Cars and Motor Tractors the weight unladen exceeds 2500 kg	14 Dec 2002
Class E	Motor Vehicles not constructed to carry any load and the weight unladen exceeds 7250 kg	15 Feb 2003

S1203568C S / No. 9000000138

Licence No: S1203568C



NP-2PA

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text" value="5089776504-01"/>	Date of Accident	<input type="text" value="02/04/2019 14:15"/>
Vehicle No.(For Motor)	<input type="text" value="YP4400Y"/>	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"/>	5089776504-01		LOADED SERVICES PTE LTD	200010432N	GFT	Comprehensive	YP4400Y	YP4400Y	03/04/2018	

Policy Information

Policy No.	5089776504-01	Policyholder Name	LOADED SERVICES PTE LTD	Policyholder NRIC	200010432N
Certificate No.					
Address	P O BOX 973 AIRMAIL TRANSIT CENTRE POST OFFICE SINGAPORE 918116				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/03/2018	Effective Date	03/04/2018 00:00	Expiry Date	02/04/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0.00	Own damage Excess	600.00	Windscreen Excess	100.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	P O BOX 973	Address 2	AIRMAIL TRANSIT CENTRE POS	Address 3	SINGAPORE 918116
Address 4		Address Type	Singapore address	Post Code	918116
Unit No.		Related Policy Number	5108604776		

Insured Object: YP4400Y

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	12/07/2018 00:00	Basic Information Endorsement	000001286859772	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 12 Jul 2018, the Hire Purchase Company is amended as follows for Vehicle Number GBB1271T: HIRE PURCHASE COMPANY: COMMERCIAL AUTOMOBILE CREDIT PTE LTD

Continue Cancel

Claim Handling

Exit

Accident MT/1038625

Policy No.	5089776504-01	Vehicle No.	YP4400Y	GST Registration No.	200010432N
Certificate No.					
Policyholder Name	LOADED SERVICES PTE LTD			Policyholder NRIC	200010432N
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	85468936	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	03/04/2019 12:29	Accident Report Within 24 hrs	Yes	Accident Type	Damaged while parked
Date of Accident	02/04/2019	Time of Accident hh:mm	14:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	70 ALPS AVE				

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	Yes	GST Registration Date	22/01/2001
GST Registration No.	200010432N	GST Status Verified	Yes

Policyholder Mailing Address

Address 1	P O BOX 973	Address 2	AIRMAIL TRANSIT CENTRE POS	Address 3	SINGAPORE 918116
Address 4		Address Type	Singapore address	Post Code	918116
Unit No.		Related Policy Number	5108604776		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SNG YEW HOCK	Driver NRIC	S1203568C	Driver DOB	15/05/1956
Register Date of Driver License	14/12/2002	Driver Age	62	Driving Experience	16
Contact No.(Mobile)	97773316	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 7	Address 2	88DOK SOUTH AVENUE 2	Address 3	SINGAPORE 460007
Address 4		Address Type	Singapore address	Post Code	460007
Unit No.	D9-328				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification history

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	LOADED SERVICES PTE LTD	Insured NRIC	200010432N
Contact No.(Mobile)	97468240	Contact No.(Home)	Nil	Contact No.(Office)	85468936
Email Address	loaded@singnet.com.sg	DI Vehicle Number	YP4400Y	TP Vehicle Number	XD5125K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	YP4400Y / XD5125K DN 2 Apr 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/04/2019 12:31	Claim Close Date		Date Received	03/04/2019 12:32
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1038625	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	03/04/2019 12:32

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Apr 2019 12:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Apr 2019 12:32	SAS	Normal	SAS 2019-4-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Apr 2019 12:31	Photos	Normal	Photos 2019-4-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Apr 2019 12:31	Photos	Normal	Photos 2019-4-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Apr 2019 12:31	Photos	Normal	Photos 2019-4-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Apr 2019 12:31	Photos	Normal	Photos 2019-4-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Apr 2019 12:31	Photos	Normal	Photos 2019-4-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Apr 2019 12:31	Photos	Normal	Photos 2019-4-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Apr 2019 12:31	Photos	Normal	Photos 2019-4-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Apr 2019 12:31	Photos	Normal	Photos 2019-4-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Apr 2019 12:31	Photos	Normal	Photos 2019-4-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Apr 2019 12:31	Photos	Normal	Photos 2019-4-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Apr 2019 12:31	Photos	Normal	Photos 2019-4-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Apr 2019 12:31	Photos	Normal	Photos 2019-4-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Apr 2019 12:31	Photos	Normal	Photos 2019-4-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Apr 2019 12:31	Photos	Normal	Photos 2019-4-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Apr 2019 12:31	Photos	Normal	Photos 2019-4-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Apr 2019 12:31	Photos	Normal	Photos 2019-4-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Apr 2019 12:31	Photos	Normal	Photos 2019-4-3		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				