

NATIONAL Assessment Centre Services. [ver 1 Jan'09] MMA119050864

Date In: 18/14/19 17:01	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MMA119050864/64	E-mail (within 2hrs, AIC 2hrs)		
Veh No: XD 4712Y	I-Motor Claim Form	MMA11040846-001	18/14/19 17:39
D.O.A: 18/14/19 13:15	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 / GW: () Tel: () Fax: ()

TP Particulars: Veh No: SJP 40862 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 repater.

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

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

Remarks: ()

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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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	18/04/2019 17:01
Date Of Accident	18/04/2019 13:15
Exact Location Of Accident	AIRPORT RD SLIP RD INTO EUNOS LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD4712Y
Insured/Policyholder	
Name Of Registered Owner	BUILDMATE (S) PTE LTD
Co Reg No	197801401G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65895388

Vehicle Particulars

Manufacturer	ISUZU
Model	CYZ52K
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	5072685383-03
Cover Note Number	-

Driver

Name of Driver	QUEK CHOON KEE
NRIC No	S1672824A
Date Of Birth	27/09/1964
Occupation	OUTDOOR
Date Of Driving Pass	27/12/1995
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86687128
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 449 TAMPINES ST 42 #11-88
Postcode	520449
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 - 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	3
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 BEHIND VEH B AT THE SLIP RD FROM AIRPORT RD TWDS EUNOS LINK, WHILE I CHECK THE TRAFFIC WAS CLEAR, I MOVE FORWARD BUT VEH B NEVER MOVE, AS THE RESULT, MY VEH HIT ONTO THE VEH B REAR PORTION, DUE TO IMPACT, VEH B SURGE FORWARD AND COLLISION WITH ANOTHER VEH C COMING FROM MAIN ROAD.

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	SJP4086Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CARLOTTA KHO YU JIN
NRIC/Passport Number	S9308646E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJZ4252H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LUM JIA SHENG
NRIC/Passport Number	S8607089H
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.

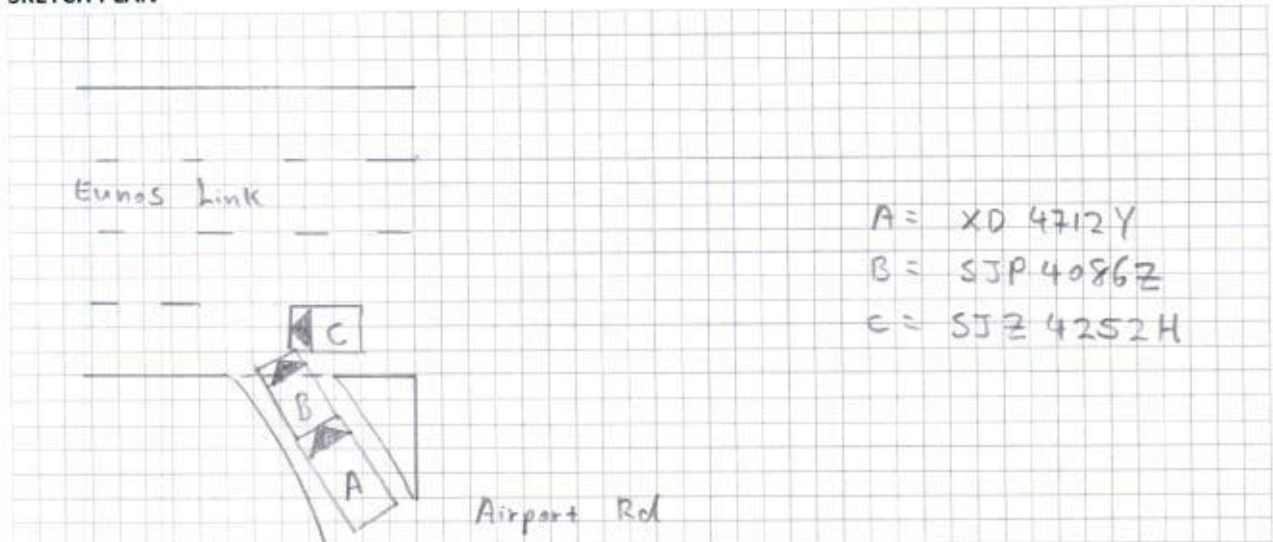


Policyholder's Signature
Date & Time:

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.

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.:

GIAMC Sketch Plan Form



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1672824A

QUEK CHOON KEE

SPB Date: 27 Sep 1964
Issue Date: 12 Oct 2016

002618634C



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1672824A

QUEK CHOON KEE

郭俊基

Race: CHINESE
Date of birth: 27-09-1964
Country/Place of birth: SINGAPORE

Sex: M




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

	EFFECTIVE DATE
Class 2B Motorcycles ≤ 200 cc	12 Dec 1984
Class 3 Motor cars with unladen weight ≤ 3000 kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500 kg	08 Jul 1985
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500 kg	18 Jun 1993
Class 5 Motor vehicles which are not constructed to carry load or passengers and the unladen weight ≤ 7250 kg	27 Dec 1995
Motor vehicles not constructed to carry any load and the unladen weight > 7250 kg	

Licence No: S1672824A

NP 428A

5732910

NRIC No. S1672824A

Date of issue: 24-04-2017

APT BLK 449 TAMPINES STREET 42 #11-88
SINGAPORE 520449

NRIC No: S1672824A Date: 28/01/2018



Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) 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"/>	5072685383-03		BUILDMATE (S) PTE LTD	197801401G	GCV	Comprehensive	XD4712Y	XD4712Y	18/07/2018	17/07/2019

Claim Handling

Accident MT/1040846

Policy No.	5072685383-03	Vehicle No.	XD4712Y	GST Registration No.	19780
Certificate No.					
Policyholder Name	BUILDIMATE (S) PTE LTD			Policyholder NRIC	19780
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	65695388	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KTK	<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	18/04/2019 17:36	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	18/04/2019	Time of Accident hh:mm	13:15	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	AIRPORT RD SLIP RD INTO EUNOS LINK				

Excess

Own damage Excess	1,500.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

Coverage		Sum Insured	
Third Party Working Risk		99999999.99	

GST Registered Information

GST Registered	Yes	GST Registration Date	01/10/1998
GST Registration No.	197801401G	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	3 EUNOS AVENUE BA	Address 2	EUNOS INDUSTRIAL ESTATE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	409451
Unit No.		Related Policy Number	5079873443-03		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	QUEK CHOON KEE	Driver NRIC	S1672824A	Driver DOB	27/09/
Register Date of Driver License	27/12/1995	Driver Age	54	Driving Experience	23
Contact No.(Mobile)	86687128	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 449 #11-88	Address 2	TAMPINES STREET 42	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	520441
Unit No.	11-88				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	BUILDIMATE (S) PTE LTD
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address	admin@buildmate.com.sg	OI Vehicle Number	XD4712Y
Claim Description	XD4712Y / SIP4086Z ON 18 Apr 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	18/04/2019 17:38
			LIEW SHAN HUI

☒ Print AK letter.

Save Submit

Attachment

Accident No.
Last Doc. Received

MT/1040846
☒ Yes ☐ No

Claim No.
Upload Date

001
18/04/2019 17:39

Path *

Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
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Message Read

Category *	Confidential	Urgency *
Clear Please Select ▼	NO ▼	Normal ▼
Clear Please Select ▼	NO ▼	Normal ▼
Clear Please Select ▼	NO ▼	Normal ▼
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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 18 Apr 2019 17:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Apr 2019 17:39	SAS	Normal	SAS 2019-4-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Apr 2019 17:39	Photos	Normal	Photos 2019-4-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Apr 2019 17:39	Photos	Normal	Photos 2019-4-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Apr 2019 17:39	Photos	Normal	Photos 2019-4-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Apr 2019 17:39	Photos	Normal	Photos 2019-4-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Apr 2019 17:38	Photos	Normal	Photos 2019-4-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Apr 2019 17:38	Photos	Normal	Photos 2019-4-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Apr 2019 17:38	Photos	Normal	Photos 2019-4-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Apr 2019 17:38	Photos	Normal	Photos 2019-4-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Apr 2019 17:38	Photos	Normal	Photos 2019-4-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Apr 2019 17:38	Photos	Normal	Photos 2019-4-18

Video List

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