

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MHA11905603**

Date In: 2/5/19-14:36	Job description	Date & Time Completed	Done by
Ref No: MHA11905603/24	SAS e-filing		
Veh No: SU 36552	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2/5/19-15:42	i-Motor Claim Form	MHA11905603	2/5/19 20:28
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		

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

TP Particulars: Vch No: 4672622 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%; F: 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)	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		Amt (\$)	Amt (\$)
			Int. Bill	Add. Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TP : 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			
Pat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Pat. 2 / 3:	6) TR : Re-inspection \$75			
	7) N1 : Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	QD*			
	*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 (N11) against INC \$20			
	9) N12: Idao 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	02/05/2019 14:36
Date Of Accident	30/04/2019 13:40
Exact Location Of Accident	UPP CROSS ST OUTSIDE CHINATOWN POINT CARPARK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS3655Z
Insured/Policyholder	
Name Of Registered Owner	THE SERVICE COMPANY
Co Reg No	53347076E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82236867
Alternative Phone No	OFFICE-82236867

Vehicle Particulars

Manufacturer	KIA
Model	CARENS 1.7 DCT DIESEL 5DR FWD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5094389620-01
Cover Note Number	

Driver

Name of Driver	AU BENG YEW (OU BINGYAO)
NRIC No	S7336229F
Date Of Birth	18/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2015
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82236867
Fax Number	
Contact Number	OFFICE-82236867
Email Address	NOEMAIL

Address	BLK 26 TELOK BLANGAH CRESCENT #05-89
Postcode	090026
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TELOK BLANGAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2729999 - FAX NO: 63772526
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190501/2039.

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	SMG7262Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALAN
NRIC/Passport Number	
Contact Number	90119548
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name AU BENG YEW (OU BINGYAO)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLS3655Z

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.
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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.

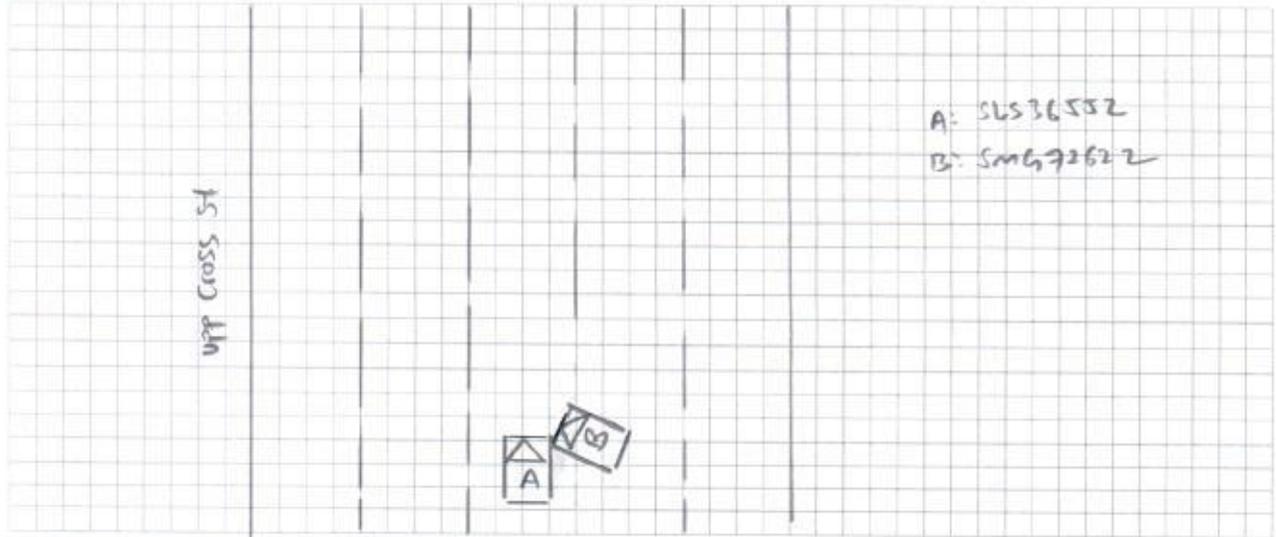


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2090501/2034.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

The Service Company

Driver's Signature
(If driver is not the policyholder)

Date & Time:

Frank

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

[Signature]



**SINGAPORE
POLICE FORCE**



T/20190501/2039

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

2 of 3

Report No. T/20190501/2039

CONTINUATION OF REPORT

Driver			
Name	AU BENG YEW	ID No.	S7336229F
Related Vehicle	SLS3655Z (Car)	Contact No.	82236867
Hospital/Clinic	PREMIER HEALTHCARE CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	30/04/2019	Date Discharge	30/04/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	ALAN	ID No.	NIL
Related Vehicle	SMG7262Z (Car)	Contact No.	90119548
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/04/2019 at about 1340hrs, I was driving along Upper Cross Street. I was driving along Lane 3 out of the 5 lane road. While I was driving just past the yellow box for the Chinatown Point Carpark Entrance/Exit, Suddenly I felt a impact on my right side blind spot and I realize that another vehicle had hit onto my vehicle. I realize that a BMW bearing SMG7262Z had hit onto my front right tire portion with his front left portion of his vehicle. Both of us get out of our vehicle, took some photos and the other party just told me to claim through insurance. He then gave me his name and contact number and subsequently just drove off without apologies or explaining to me why he had hit onto my vehicle whereby I am only driving straight within my lane 3.

I then went to the nearest carpark to rest. On the same day at about 1830hrs, I went to see a doctor as I felt pain on my neck and shoulder area and the doctor gave me 4 days MC. I wish to state that I have In-Built Camera facing the front road and I will try to figure out how to save the video to assist on this case. That is all.



Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: D / Sgt 2 TAN HWA TIONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/05/2019 13:00
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:

Authentication Stamp
NP168


 Singapore Police Force

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S7336229F



AU BENG YEW
 (OU BINGYAO)

Race
 CHINESE

Date of Birth
 18-10-1973

Sex
 M

Country of Birth
 SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7336229F
 Name: AU BENG YEW
 OU BINGYAO

Birth Date: 18 Oct 1973
 Issue Date: 10 Jul 2015

002449977B



SG 50

2848563



NIC No: S7336229F

ABWIN 諭輝
 Trading Pte Ltd TEL: 6842 3332
 F.F.: 6841 6666

O+ 22-12-1994

Address
 APT BLK 26 TELOK BLANGAH CRESCENT
 #05-89
 SINGAPORE 0409

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) =< 3000kg < 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg	10 Jul 2015

NP 428A

Licence No: S7336229F



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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094389620-01		THE SERVICE COMPANY	53347076E	GPC	drivo CLASSIC	SLS3655Z	SLS3655Z	21/09/2018	20/09/2019

Continue

Policy Information

Policy No.	5094389620-01	Policyholder Name	THE SERVICE COMPANY	Policyholder NRIC	53347076E
Certificate No.					
Address	BLK 26 #05-89 TELOK BLANGAH CRESCENT SINGAPORE 090026				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	10/09/2018	Effective Date	21/09/2018 00:00	Expiry Date	20/09/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	VV INSURANCE AGENCY PTE. L1	Agent Tel.	67913808	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

Policyholder Mailing Address

Address 1	BLK 26 #05-89	Address 2	TELOK BLANGAH CRESCENT	Address 3	SINGAPORE 090026
Address 4		Address Type	Singapore address	Post Code	090026
Unit No.	05-89	Related Policy Number	5094389620-01		

Insured Object: SLS3655Z

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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[Continue](#) [Cancel](#)

Claim Handling

Exit

Accident MT/1042679

Policy No.	5094389620-01	Vehicle No.	SLS3655Z	GST Registration No.	
Certificate No.					
Policyholder Name	THE SERVICE COMPANY			Policyholder NRIC	53347076E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	82236867	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details					
Report Date	02/05/2019 20:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	30/04/2019	Time of Accident return	13:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP CROSS ST OUTSIDE CHINATOWN POINT CARPARK EXIT				
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 Status Verified	Yes
GST Registration No.					
Modification History	02/05/2019 20:27:19 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	BLK 26 #05-89	Address 2	TELOK BLANGAH CRESCENT	Address 3	SINGAPORE 090026
Address 4		Address Type	Singapore address	Post Code	090026
Unit No.	05-89	Related Policy Number	5094389620-01		

OT Driver Info

Driver Name	AU BENG YEW	Driver Type	Main Driver	Driver DOB	18/10/1973
Unnamed driver Name		Driver NRIC	S7336229F	Driving Experience	3
Register Date of Driver License	10/07/2015	Driver Age	45	Contact No.(Home)	0
Contact No.(Mobile)	82236867	Contact No.(Office)	0	Address 3	SINGAPORE 090026
Address 1	BLK 26	Address 2	TELOK BLANGAH CRESCENT	Post Code	090026
Address 4		Address Type	Singapore address		
Unit No.	05-89				
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
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	THE SERVICE COMPANY	Insured NRIC	53347076E	
Contact No.(Mobile)	82236867	Contact No.(Home)		Contact No.(Office)		
Email Address		OT Vehicle Number	SLS3655Z	TP vehicle Number	SMG7262Z	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SLS3655Z / SMG7262Z ON 30 Apr 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	02/05/2019 20:28	Claim Close Date		Date Received	02/05/2019 00:00	
Report Taken By	Jackson					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1042679	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/05/2019 20:29	
Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please Select
 Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 May 2019 20:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-2		Edit
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 May 2019 20:29	SAS	Normal	SAS 2019-5-2		Edit
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 May 2019 20:28	Photos	Normal	Photos 2019-5-2		Edit
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 May 2019 20:28	Photos	Normal	Photos 2019-5-2		Edit
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 May 2019 20:28	Photos	Normal	Photos 2019-5-2		Edit
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 May 2019 20:28	Photos	Normal	Photos 2019-5-2		Edit
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 May 2019 20:28	Photos	Normal	Photos 2019-5-2		Edit
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 May 2019 20:28	Photos	Normal	Photos 2019-5-2		Edit
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 May 2019 20:28	Photos	Normal	Photos 2019-5-2		Edit
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 May 2019 20:28	Photos	Normal	Photos 2019-5-2		Edit
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	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 May 2019 20:28	Photos	Normal	Photos 2019-5-2		Edit
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	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 May 2019 20:28	Photos	Normal	Photos 2019-5-2		Edit
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 May 2019 20:28	Photos	Normal	Photos 2019-5-2		Edit
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 May 2019 20:28	Photos	Normal	Photos 2019-5-2		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"/>				