

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA19062584**

Date In: <b>14/5/19-14.04</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/14161922870/24</b>	SAS e-filing		
Veh No: <b>YP27262</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>13/5/19-15:35</b>	i-Motor Claim Form	<b>M71044530-001</b>	<b>14/5/19 18:56</b>
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:

Veh No: **JKM9999E**

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)

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

**NA1903603**

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Int Bill

Add Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2 / 3:

1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$50)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
QJ)*		
*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 (N-in INC) against INC \$20		
9) N12: Idac 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	14/05/2019 14:04
Date Of Accident	13/05/2019 15:35
Exact Location Of Accident	BLK 810 HOUGANG CENTRE CAPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2136Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SRI AMBIKAS PTE LTD
Co Reg No	200509816W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62821234

### Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4A R1
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	5087321921-02
Cover Note Number	

### Driver

Name of Driver	HO KHEE FOO @HAFIZ HO
NRIC No	S0903157Z
Date Of Birth	29/08/1946
Occupation	OUTDOOR
Date Of Driving Pass	23/01/2018
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91042414
Fax Number	
Contact Number	OFFICE-91042414
Email Address	NOEMAIL

Address	BLK 174B HOUGANG AVENUE 1 #13-1545
Postcode	532174
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	SIDE SWIPE
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

REFER TO 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	SKM9999K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIEW KIAN YONG
NRIC/Passport Number	S8732763I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	0



## 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.:

BIC 810 Hanging Centre,  
car park.

A: YP 2136Z  
B: SKMP 991K

60

A K

reversed

Refer to statement

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

are the foregoing p

er's Signature

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

Personnel's Signat



AS THERE WAS NO EMPTY LOT I DECIDED TO REVERSE, AS THE PLACE WAS SMALL AND CROWDED WITH CARS PARKED ALONG THE SIDE AND I SAW BOTH SIDE ON THE ROAD ARE PAINTED WITH DOUBLE YEELLOW LINES AND ALSO CENTER WHITE LINE. AS I REVERSED MY VEHICLE , I PAY ATTENTION TO THE RIGHT SIDE AND AT THE SAME TIME I SAW A MOTOBike APPROACHING FROM MY RIGHT BACK SIDE COMING IN. I TURN MY VEHICLE TO THE LEFT SO AS TO GIVE HIM WAY. AS SOON AS I TURN MY HEAD TO THE LEFT SIDE AND SEE MY VEHICLE LEFT SIDE MIRROR, MY VEHICLE ALREADY TOUCHES THE FRONT RIGHT SIDE OF VEHICLE B. I CAME DOWN AND SAW VEHICLE B HAS SCRATCHES AND DENTED AND NOTED THAT NOBODY WAS IN THE CAR. I LOOKED AROUND AND STAY ABOUT 5-10 MINS TO SEE IF ANYONE COMING BUT IN VAIN NOBODY. SO I TOOK A PIECE OF PAPER AND WROTE DOWN MY CONTACT NUMBER AND INDICATE THAT 'CALL ME' . AS I WANTED TO MOVE OUT I SAW A MAN APPROACHING THAT VEHICLE, I CAME DOWN AND SPOKE TO HIM THEN HE SAID THAT HE WANTED TO MAKE A CLAIM.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0903157Z



Name  
HO KHEE FOO  
@HAFIZ HO  
何其富

Race  
CHINESE

Date of birth  
29-08-1946

Sex  
M

Country of birth  
SINGAPORE





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number  
S0903157Z

Name  
HO KHEE FOO  
@HAFIZ HO

Birth Date  
29 Aug 1946

Issue Date  
23 Jan 2018




4388069



NRIC No. S0903157Z



Date of issue  
30-03-2009

APT BLK 174B HOUGANG AVENUE 1 #13-1545  
SINGAPORE 532174

S0903157Z 22/10/2013

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

EFFECTIVE DATE  
23 Jan 2018

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg

Licence No: S0903157Z



NP 428A

eBaoTech

GeneralClaim

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="13/05/2019 15:35"/>
Vehicle No.(For Motor)	<input type="text" value="YP2136Z"/>	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="radio"/>	5087321921-02		SRI AMBIKAS PTE LTD	200509816W	GFT	Comprehensive	YP2136Z	YP2136Z	13/10/2018	
<input type="button" value="Continue"/>										



### Policy Information

Policy No.	5087321921-02	Policyholder Name	SRI AMBIKAS PTE LTD	Policyholder NRIC	200509816W
Certificate No.					
Address	24 NEW INDUSTRIAL ROAD #04-01 PEI FU INDUSTRIAL BUILDING SINGAPORE 536210				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	11/09/2018	Effective Date	13/10/2018 00:00	Expiry Date	12/10/2019 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	JUN SHI INSURANCE AGENCY	Agent Tel.	65320118	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

### Policyholder Mailing Address

Address 1	24 NEW INDUSTRIAL ROAD	Address 2	#04-01 PEI FU INDUSTRIAL BUI	Address 3	SINGAPORE 536210
Address 4		Address Type	Singapore address	Post Code	536210
Unit No.		Related Policy Number	5087118942-02		

### Insured Object: YP2136Z

### Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	22/01/2019 00:00	Basic Information Endorsement	000001286993265	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. JAANPR75HJ7101371 28-01-2019 \$1,236.29 In view of this amendment, an additional premium of \$1,236.29 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	28/01/2019 00:00	Basic Information Endorsement	000001286997538	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 28 Jan 2019, the following amendment(s) is/are made to this policy: VEHICLE REGISTRATION NUMBER: YQ7791T

Continue

Cancel

## Claim Handling

Exit

Accident MT/1044530

Policy No.	5087221921-02	Vehicle No.	YP2136Z	GST Registration No.	200509816W
Certificate No.					
Policyholder Name	SRI AMBIKAS PTE LTD			Policyholder NRIC	200509816W
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	62821234	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	No	NCD Entitlement(%)	0	Private Hire	No

## Accident Details

Report Date	14/05/2019 18:54	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	13/05/2019	Time of Accident hh:mm	15:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 810 HOUGANG CENTRE CARPARK				

## 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	15/08/2005
GST Registration No.	200509816W	GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	24 NEW INDUSTRIAL ROAD	Address 2	#04-01 PEI RU INDUSTRIAL BU	Address 3	SINGAPORE 536210
Address 4		Address Type	Singapore address	Post Code	536210
Unit No.		Related Policy Number	5087118942-02		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/08/1946
Unnamed driver Name	HO KHEE POO SHAFIZ HO	Driver NRIC	509031572	Driving Experience	1
Register Date of Driver License	23/01/2018	Driver Age	72	Contact No.(Home)	0
Contact No.(Mobile)	91042414	Contact No.(Office)	0	Address 3	PAYA LEBAR LODGE
Address 1	BLK 174B	Address 2	HOUGANG AVENUE 1	Post Code	532174
Address 4	SINGAPORE 532174	Address Type	Singapore address		
Unit No.	13-1545				
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	SRI AMBIKAS PTE LTD	Insured NRIC	200509816W
Contact No.(Mobile)	91985274	Contact No.(Home)		Contact No.(Office)	62995317
Email Address		O1 Vehicle Number	YP2136Z	TP Vehicle Number	SKM9999K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	YP2136Z / SKM9999K ON 13 May 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/05/2019 18:56	Claim Close Date		Date Received	14/05/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1044530	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/05/2019 18:56
Path *		Category *	
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO



Please Select

▼

N/A

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Normal

▼

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N/A

▼

Normal

▼

☐ Send Message

☒ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 May 2019 18:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-14		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 May 2019 18:56	SAS	Normal	SAS 2019-5-14		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 May 2019 18:56	Photos	Normal	Photos 2019-5-14		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 May 2019 18:56	Photos	Normal	Photos 2019-5-14		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 May 2019 18:56	Photos	Normal	Photos 2019-5-14		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 May 2019 18:56	Photos	Normal	Photos 2019-5-14		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 May 2019 18:56	Photos	Normal	Photos 2019-5-14		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 May 2019 18:56	Photos	Normal	Photos 2019-5-14		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 May 2019 18:56	Photos	Normal	Photos 2019-5-14		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 May 2019 18:56	Photos	Normal	Photos 2019-5-14		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 May 2019 18:56	Photos	Normal	Photos 2019-5-14		<a href="#">Edit</a>

☒ 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"/>				