

# NATIONAL Assessment Centre Services.

[ver 1 Jan'09]

MNA119078349

Date In	17/6/19 10:31	Job description	Date & Time Completed	Done by
P-1110	MNA/INC19010644/h4	SAS e-Ming		
P-1115	53T 6472H	E-mail (within 2hrs, AIC 2hrs)		
P-1116	15/6/19 12:30	I-Motor Claim Form	MT/1049334-001	17/6/19 15:59
		I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Whom		

Protocol Whelp / IRT: Assign Whelp / GW: ( ) Tel: ( ) Fax: ( )

IP Particulars:	Veh No:	688 9602 U	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:	( )
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )	

Injury: ( )

Date/Time	Action

MNA1904523	
Customer's Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey \$120
QC Checked by (Bug-In-Charge):	5) IPT: Follow-Through Survey (Resurvey) \$30
Auditors' Comments:	For claiming against UNIC Only (ver 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Ideal DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpt Allowance \$5
	*N6: Repair Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (Nil) : TP (5% INC) against INC \$20
	9) NI2: Ideal 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	17/06/2019 10:31
Date Of Accident	15/06/2019 12:30
Exact Location Of Accident	NO 7 KAKI BUKIT AVE 3 OPEN CARPARK LOT 63
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT6472H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SG VEHICLE RENTAL PRIVATE LIMITED
Co Reg No	201136198R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92729299
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5102419344-01
Cover Note Number	-

### Driver

Name of Driver	THIAN CHONG YIN
NRIC No	S1586480Z
Date Of Birth	01/03/1963
Occupation	OUTDOOR
Date Of Driving Pass	26/04/1985
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81066878
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 827A TAMPINES ST 81 #11-362
Postcode	521827
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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

MY VEH WAS PARKED AT THE NO 7 KAKI BUKIT AVE 3 OPEN CARPARK. BEFORE I LEAVE MY VEH, EVERYTHING WAS INTACT. I HEARD A "BANG" SOUND AND I WENT BACK TO CHECK MY VEH, THEN I REALIZED VEH B HIT ONTO MY VEH FRONT PORTION.

#### 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	GBB9602U
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)	



## 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:

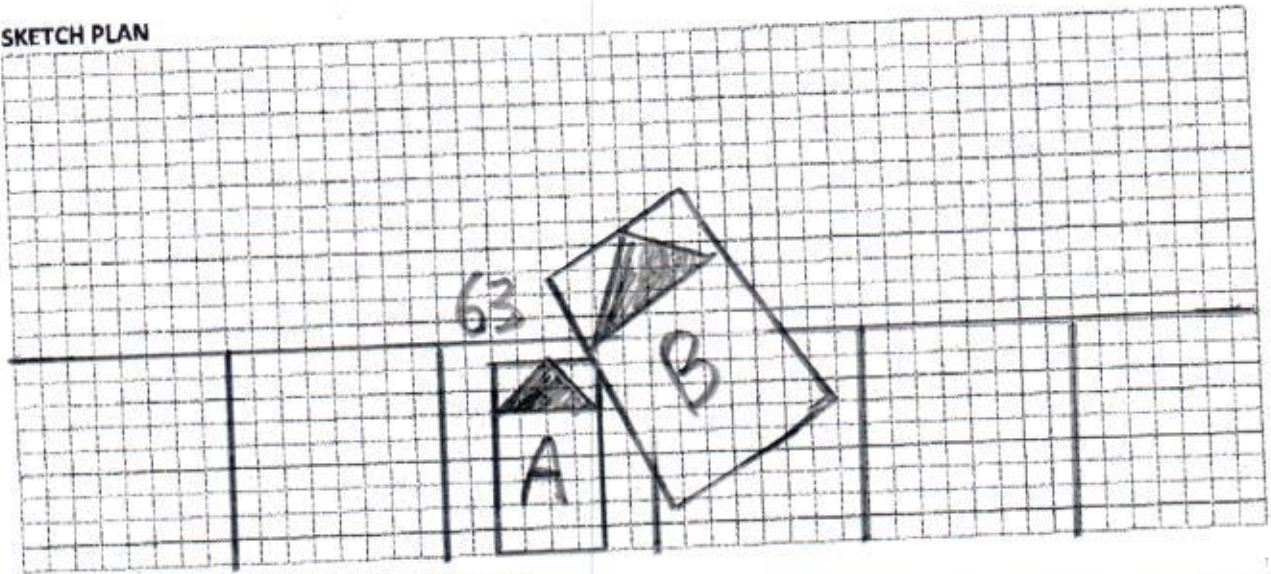
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

NO: 7 Kaki Bukit Ave 3  
OPEN CAR PARK Lot 63

A: SJT 647214  
B: GBB9602U

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION

I/We declare the above 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: **S1586480Z**

Name: **THIAN CHONG YIN**

Birth Date: **01 Mar 1963**

Issue Date: **24 Nov 2003**

001016443C

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1586480Z**

Name: **THIAN CHONG YIN**

程 仲 贤

Race: **CHINESE**

Date of birth: **01-03-1963**

Country/Place of birth: **SINGAPORE**

Sex: **M**

For LKK/NAC Use Only

Land Transport Authority

**VOCATIONAL LICENCE**

Licence No: **S1586480Z**

Name: **THIAN CHONG YIN**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	15 Oct 1953
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Apr 1985

Licence No: **S1586480Z**

NP 428A

For LKK/NAC Use Only

5968796

**S1586480Z**

NRIC No. **S1586480Z**

Date of issue: **29-06-2018**

Address: **APT BLK 827A TAMPINES STREET 81 #11-362 SINGAPORE 521827**

For LKK/NAC Use Only

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	18/06/2018

For LKK/NAC Use Only

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="17/06/2019 10:28"/>
Vehicle No.(For Motor)	<input type="text" value="SJT6472H"/>	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"/>	5102419344-01		SG VEHICLE RENTAL PRIVATE LIMITED	201136198R	GPC	drive CLASSIC	SJT6472H	SJT6472H	23/10/2018	22/10/2019

## Claim Handling

Accident MT/1049334

Policy No.	5102419344-01	Vehicle No.	SJT6472H	GST Registration No.	
Certificate No.					
Policyholder Name	SG VEHICLE RENTAL PRIVATE LIMITED			Policyholder NRIC	201130
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92729299	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	* No Yes	TCA	* No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

## ▼ Accident Details

Report Date	17/06/2019 15:50	Accident Report Within 24 hrs.	Yes	Accident Type	Damag
Date of Accident	15/06/2019	Time of Accident hh:mm	12:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	NO 7 KAKI BUKIT AVE 3 OPEN CARPARK LOT 63				

## ▼ 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 Registration No.		GST Status Verified	Yes
Modification History	17/06/2019 15:52:49 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	170 UPPER BUKIT TIMAH ROAD	Address 2	#03-19 BUKIT TIMAH SHOPPING	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	588171
Unit No.		Related Policy Number	5109848085		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	THIAN CHONG YIN	Driver NRIC	S1586480Z	Driver DOB	01/03/
Register Date of Driver License	26/04/1985	Driver Age	56	Driving Experience	34
Contact No.(Mobile)	81066878	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 827A #11-362	Address 2	TAMPINES STREET 81	Address 3	GOLDE
Address 4	SINGAPORE 521827	Address Type	Singapore address	Post Code	521821
Unit No.	11-362				
Does he own a Singapore Registered car?	Yes * 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	SG VEHICLE RENTAL PRIVATE L
Contact No.(Mobile)		Contact No. (Home)	
Email Address		Vehicle Number	SJT6472H
Claim Description	SJT6472H / GBB9602U ON 15 Jun 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation		GIA report	Received
Date Registered		Claim Close Date	17/06/2019 15:53
Report Taken By			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

## Attachment



Accident No.	MT/1049334	Claim No.	001
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Last Doc: Received

☒ Yes ☐ No

Upload Date

17/06/2019 15:59

Path \*

Category \*

Confidential

Urgency \*

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

Clear Please Select  
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 15:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 15:59	SAS	Normal	SAS 2019-6-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 15:59	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 15:59	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 15:59	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 15:59	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 15:59	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 15:53	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 15:53	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 15:53	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 15:53	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 15:53	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 15:53	Photos	Normal	Photos 2019-6-17

Video List

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