

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 27/06/19	Job description	Date & Time Completed	Done by
Ref No. NA/INC/19011441/13	SAS e-filing		
Veh No. GBG389JL	E-mail (w/In 8hrs, A/C 2hrs)		
D.O.A. 27/06/19 1230	i-Motor Claim Form	MT/1050986-001	
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: (NI-SI) Tel: () Fax: ()

TP Particulars:	Veh No: 5H2078X	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

NA1904786	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 (Non 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	27/06/2019 17:06
Date Of Accident	27/06/2019 12:30
Exact Location Of Accident	EUNOS AVE 5 TWDS GEYLANG EAST CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3892L
Insured/Policyholder	
Name Of Registered Owner	VYY PTE. LTD.
Co Reg No	200903502N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67478880

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	THIRD PARTY
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	5109460616
Cover Note Number	

Driver

Name of Driver	SHANY PAULUS
NRIC No	S8183199H
Date Of Birth	06/11/1981
Occupation	INDOOR
Date Of Driving Pass	22/03/2016
Driving Experience	3 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83232710
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	9 LORONG 27A GEYLANG #06-13
Postcode	388134
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	2
Was any body injured in the Accident?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH2078X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

VYY PTE LTD
REG. NO.: 200903502N
110, JUNO AVE # 01-150 SINGAPORE 409634
TEL: 6747 6680 FAX: 6747 0938

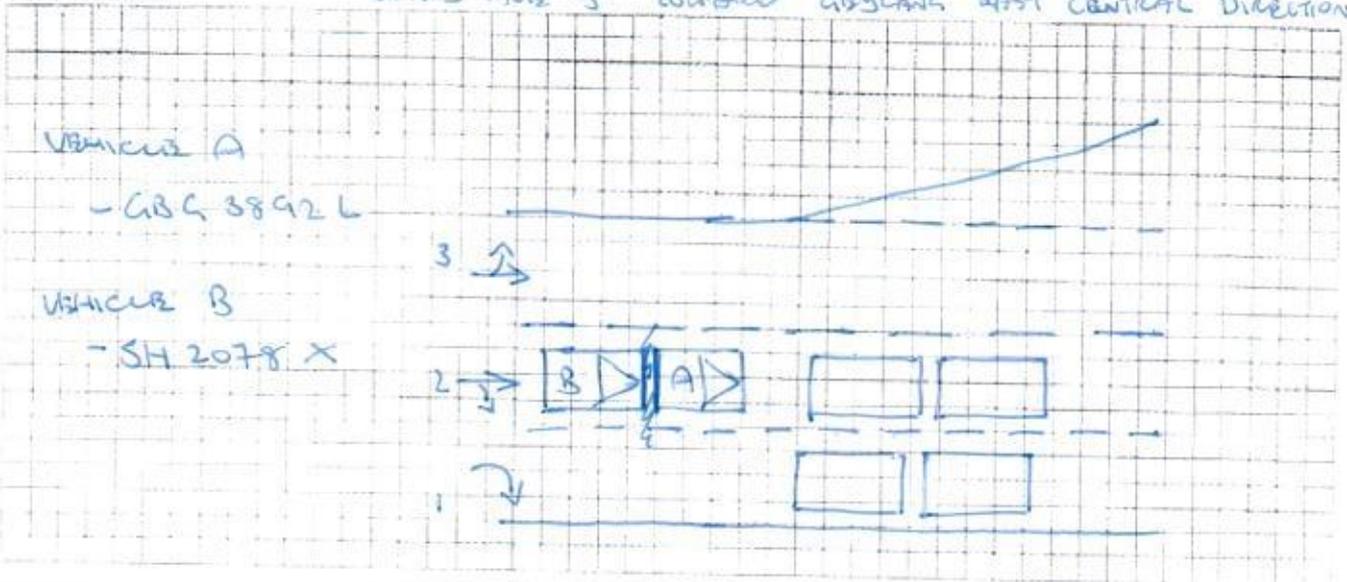
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

EUNOS AVE 5 TOWARD GEYLANG EAST CENTRAL DIRECTION



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG EUNOS AVE 5 TOWARD GEYLANG EAST CENTRAL DIRECTION, I WAS AT THE MIDDLE LANE.

DUE TO THE RED TRAFFIC LIGHT SHOWN, THE VEHICLE IN FRONT OF ME BRAKE TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. WHILE STATIONARY, SUDDENLY I FELT A IMPACT FROM THE REAR OF MY VEHICLE.

THEN AFTER I ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SH 2078 X) THAT COLLIDED TO THE REAR OF MY VEHICLE.

THE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA.

VEHICLE A - GBG 3892 L
 VEHICLE B - SH 2078 X

DECLARATION

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

Shany

Policyholder's Signature
Date & Time:

Shany

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

Shany 07/06/19

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

VYY PTE LTD
 REGISTRATION NO: 200903502N
 BLK 104 TEL: 6747 8000
 #01-158 SINGAPORE 408534
 TEL: 6747 8000 FAX: 6747 0938

Vehicle No.	CBC 3892 L	Model / Make	NV 200
Date of Accident	27/06/2019		
Time of Accident	1230	HRS	
Location of Accident	EUNOS AVE 5 TOWARD GAYLANK EAST CENTRAL		
Exact purpose use during accident	WORKING HOME		
Name of Owner	V44 P12 LTD		
Telephone No.	H/P :	Home :	Office : 6747 8880
NRIC	200903502N		
Address	BLK 1078 EUNOS AVE 6 #01-168 S(409634)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire /Theft
Policy No.			
Name of Driver	As Above If No,		
NRIC	Any Passengers : NIL		
Date of birth			
Occupation	Outdoor	/	Indoor
Driving License Pass Date			
Gender	Male	/	Female
Contact No.	H/P : 8323 2710	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SH 2078 X	Any Passengers :	
Name of Driver	Contact No. :		
Vehicle C No.	Any Passengers :		
Vehicle D No.	Any Passengers :		
Vehicle E no.	Any Passengers :		
Vehicle F No.	Any Passengers :		
Vehicle G No.	Any Passengers :		
Witness Name	Witness Contact :		
Accident Portion	REAR		
Camera Recorder	Yes / No	FRONT PORTION	
Email Address			
PARTICULAR WORKSHOP	N-51 AUTOMOBILES PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

9335916



NRIC No. S8183199H



Nationality
INDONESIAN
Date of issue
30-06-2014

Address
9 LORONG 27A GEYLANG
#06-13
SINGAPORE 388134

For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg 22 Mar 2016



NP 428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8183199H



Name
SHANY PAULUS

傳 鏞 霓

Race
CHINESE

Date of birth
06-11-1981

Country/Place of birth
INDONESIA

Sex
F

83199

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S8183199H

Name: SHANY PAULUS

Birth Date: 06 Nov 1981

Issue Date: 22 Mar 2016



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5109460616-000012

Cover : Comprehensive

- | | | |
|--|---|-----------------|
| 1. Index mark and Registration Number of Vehicle | : | GBG3892L |
| Chassis Number | : | VM20105523 |
| 2. Name of Policyholder | : | VYY PTE. LTD. |
| 3. Effective Date of Insurance | : | 25 May 2019 |
| 4. Expiry Date of Insurance | : | 24 May 2020 |
| 5. Persons or Classes of Persons entitled to drive# | | |
| (a) The Policyholder. | | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | | |
| 6. Limitations as to Use# | | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

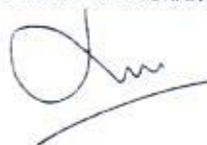
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	:	S\$600
EXCESS (SECTION 2)	:	N/A
WINDSCREEN EXCESS	:	S\$100
INSURE WITH COE	:	YES
HIRE PURCHASE COMPANY	:	N/A
SUM INSURED	:	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TOH BINGLIANG ELVIN (00000630509)
Date of Issue : 09 May 2019 12:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1050986

Policy No.	5109460616	Vehicle No.	GBG3892L	GST Registration No.	
Certificate No.	5109460616-000012				
Policyholder Name	VYY PTE. LTD.			Policyholder NRIC	
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	67478880	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input 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	

▼ **Accident Details**

Report Date	28/06/2019 12:46	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	27/06/2019	Time of Accident hh:mm	12:30	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	EUNOS AVE 5 TWDS GEYLANG EAST CENTRAL				

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess		TP Standard Excess			
YIED OD Excess		YIED TP Excess	0.00	Driver is Covered?	
Additional Excess					
Total OD Excess Applicable		Total TP Excess Applicable	0.00		

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	Yes	GST Registration Date	15/05/20
GST Registration No.	200903502N	GST Status Verified	Yes
Modification History			

▼ **Policyholder Mailing Address**

Address 1	BLK 107B #01-168	Address 2	EUNOS AVENUE 6	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5109460616		

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DDB	
Unnamed driver Name	SHANY PAULUS	Driver NRIC	S8183199H	Driving Experience	
Register Date of Driver License	22/03/2016	Driver Age	37	Contact No.(Home)	
Contact No.(Mobile)	83232710	Contact No.(Office)	0	Address 3	
Address 1	9 LORONG 27A GEYLANG	Address 2	SIMS GREEN	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	#06-13				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com.	

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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	VYY PTI
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	GBG3892L
Claim Description	GBG3892L / SH2078X ON 27 Jun 2019		
Preferred Workshop No. Finalisation	Yes	Insured Liability	Not at Fault
Date Registered		Preferred Repair Option	Preferred Workshop, Name unknown
		GIA report	Received
		Claim Close Date	28/06/2019 12:50

Report Taken By

ROSALINDA

Workshop
Repairer

Print AK letter

Save Submit

Attachment

Accident No. MT/1050986 Claim No. 001
 Last Doc. Received Yes No Upload Date 28/06/2019 00:00

Path *

Category *

Confidential

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2019 12:50	28 Jun 2019 12:50	NRIC/ Driving License	Normal	NRIC/ Driving 1
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2019 12:50	28 Jun 2019 12:50	SAS	Normal	SAS 2
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2019 12:50	28 Jun 2019 12:50	Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2019 12:50	28 Jun 2019 12:50	Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2019 12:50	28 Jun 2019 12:50	Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2019 12:50	28 Jun 2019 12:50	Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2019 12:50	28 Jun 2019 12:50	Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2019 12:50	28 Jun 2019 12:50	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading