

# NATIONAL Assessment Centre Services

Date In: 18/07/19	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC/9012673/13			
Veh No: 5MM52194	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 18/07/19 1045	i-Motor Claim Form	MT/1054057-001	
OD: <input checked="" type="radio"/> 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: 5LF4225	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

NA/905380	<b>Invoice Preparation Checklist</b>		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
Driver/Owner:	3) TF : Towing Fee \$40/\$45			
	4) FT : Follow-Through Survey \$120			
Contact No:	5) RT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-			
	OD*			
Auditors' Comments :-	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
Cat. 1:	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Cat. 2 / 3:	TP (N11) : TP (N-on INC) against INC \$20			
	9) N12: Idac 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	18/07/2019 13:19
Date Of Accident	18/07/2019 10:45
Exact Location Of Accident	HAVELOCK COOKED FOODT CENTRE CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMM5219G
Insured/Policyholder	
Name Of Registered Owner	ACCURATE LEASING PTE LTD
Co Reg No	201727451M
Email Address	ADMIN@BLAZEMOTORING.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
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	YES
Policy Number	5110698840
Cover Note Number	
Driver	
Name of Driver	SEET CHU SENG
NRIC No	S1187656J
Date Of Birth	12/08/1956
Occupation	OUTDOOR
Date Of Driving Pass	24/08/1982
Driving Experience	36 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96233133
Fax Number	
Contact Number	
Email Address	JACOBS@YAHOO.COM

Address	164 CANBERRA DRIVE #01-56
Postcode	768001
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	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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
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	SLF422S
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOH TECK LEE(LUO DELI)
NRIC/Passport Number	S7639085A
Contact Number	81338095
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.
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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.

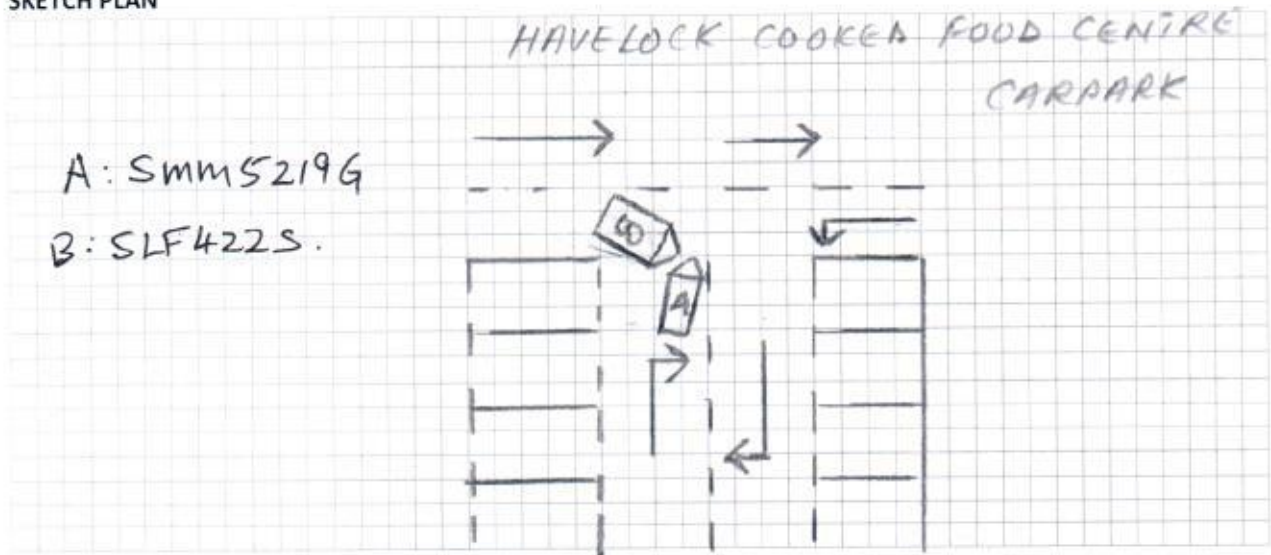


Policyholder's Signature  
Date & Time:

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


On 18/07/2019 @ 1043Hrs, I was in the Carpark waiting  
 wanted to  
 to turn right when vehicle No SLF422S, turn right into  
 my lane but his lane can only go straight, my vehicle  
 was hit on the front left.

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:

 18/07/19  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



## Google Maps Singapore



Image capture: Mar 2019 © 2019 Google



Street View - Mar 2019



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1187656J



Name

SEET CHU SENG

薛兆勝

Race

CHINESE

Date of birth

12-08-1956

Sex

M

Country/Place of birth

SINGAPORE



NRIC No. S1187656J



For LKK/NAC Use Only

Date of issue

26-11-2018

Address

164 CANBERRA DRIVE  
#01-56  
SINGAPORE 768001

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1187656J

SEET CHU SENG

For LKK/NAC Use Only

Birth Date 12 Aug 1956

Issue Date 04 Jan 2012

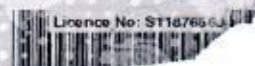


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 24 Aug 1982

For LKK/NAC Use Only



Licence No: S1187656J

NP 428A

Land Transport Authority



PDVL/TDVL  
33 888 8888  
278646

VOCATIONAL LICENCE

Licence No : S1187656J

Name : SEET CHU SENG

For LKK/NAC Use Only

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

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	05/03/2019

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" value="5110698840"/>	Date of Accident	<input type="text" value="18/07/2019 10:45"/>
Vehicle No.(For Motor)	<input type="text" value="SMM5219G"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110698840	5110698840-000001	ACCURATE LEASING PTE LTD	201727451M	GFM	drivo CLASSIC	SMM5219G	SMM5219G	01/07/2019	08/10/2019



## Claim Handling

The premium on this policy has not been collected.

## Accident MT/1054057

Policy No.	5110698840	Vehicle No.	SMM5219G	GST Registration No.
Certificate No.	5110698840-000001			
Policyholder Name	ACCURATE LEASING PTE LTD			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91449265	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<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

## Accident Details

Report Date	18/07/2019 18:17	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	18/07/2019	Time of Accident hh:mm	10:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	HAVELOCK COOKED FOOD CENTRE CARPARK			

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess		TP Standard Excess	1,500.00	
YIED OD Excess		YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable		Total TP Excess Applicable	1,500.00	

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-33 PAYA UBI INDUSTRIAL F	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-33	Related Policy Number	5110698840	

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SEET CHU SENG	Driver NRIC	S1187656J	Driver DOB
Register Date of Driver License	24/08/1982	Driver Age	62	Driving Experience
Contact No.(Mobile)	96233133	Contact No.(Office)	0	Contact No.(Home)
Address 1	164 CANBERRA DRIVE	Address 2	#01-56 THE BROWNSTONE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#01-56			
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	ACCUR
Contact No.(Mobile)		Contact No. (Home)	
Email Address		Vehicle Number	SMM52
Claim Description	SMM5219G / SLF4225 ON 18 Jul 2019		
Preferred Workshop		Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	
Date Reported	18/07/2019 18:24	GIA report	Received
Claim Close Date			

Report Taken By

ROSINDA

Workshop  
Repairer☒ Print AK letter

Save

Submit

## Attachment

Accident No. MT/1054057 Claim No. 001  
Last Doc. Received ☒ Yes ☐ No Upload Date 18/07/2019 00:00

Path \*

Choose File No file chosen  
Choose File No file chosen  
Choose File No file chosen  
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Choose File No file chosen  
Choose File No file chosen

Message Read

Clear

Category \*

Confidential

Please Select

NO

Clear

Please Select

NO

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NO

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NO

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Please Select

NO

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NO

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NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:24	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:24	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:23	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:22	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:22	Photos	Normal	Photos

## Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading



