

# NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MNA 119097205

Date In: 25/12/19 11:05	Job description	Date & Time Completed	Done by
Ref No: NAI INC 1903104 164	SAS e-filing		
Veh Plac: GBA 8053R	E-mail (within 2hrs, AIC 2hrs)		
DOA: 18/12/19 10:30	I-Motor Claim Form	M711054097-002	25/12/19 13:54
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Incident:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars:	Veh No: SKL 1782 B	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%, R: 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 of Repair:
Repairer:
Repairer's Tel:
Repairer's Fax:
Repairer's Email:
Repairer's Address:
Repairer's City:
Repairer's State:
Repairer's Zip:

MA1905497

Customer's Name:	1) All Accident Reporting - (\$30)	30.00
Driver/Owner:	2) DA: Damage Assessment - (\$100) INC (\$40)	
Contact No:	3) TP: Towing Fee - (\$40/\$45)	
Damaged Portion:	4) TP: Follow-Through Survey - (\$120)	
QC Checked by (Engr-In-Charge):	5) TP: Follow-Through Survey (Resurvey) - (\$30)	
Additional Comments:	6) TR: Re-inspection - (\$75)	
Sub 1:	7) NT: Ideal DA + SMRT Survey - (\$160)	
Sub 2:	8) NTUC Additional Services:	
Sub 3:	9) NT: Ideal Mobile - (\$30)	
Sub 4:	Invoice dated	Fee Charged
Sub 5:	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	25/07/2019 11:05
Date Of Accident	18/07/2019 10:30
Exact Location Of Accident	KAKI BUKIT RD 1 SLIP RD INTO KAKI BUKIT AVE 1
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA8053R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WENG SOON AUTO & LEASING
Co Reg No	53227794E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92727979

#### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
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	5063754375-05
Cover Note Number	-

#### Driver

Name of Driver	YONG KEEN WEI
NRIC No	G6793574N
Date Of Birth	28/10/1988
Occupation	OUTDOOR
Date Of Driving Pass	10/11/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98912081
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 31 BALAM RD #16-101
Postcode	370031
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	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?	
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

I STOP BEHIND VEH B AT THE KAKI BUKIT RD 1 SLIP RD INTO KAKI BUKIT AVE 1, I ACCIDENTALLY TOUCH ONTO VEH B REAR PORTION, NO VISIBLE DAMAGE ON BOTH VEH.

#### 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	SKL1782B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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.



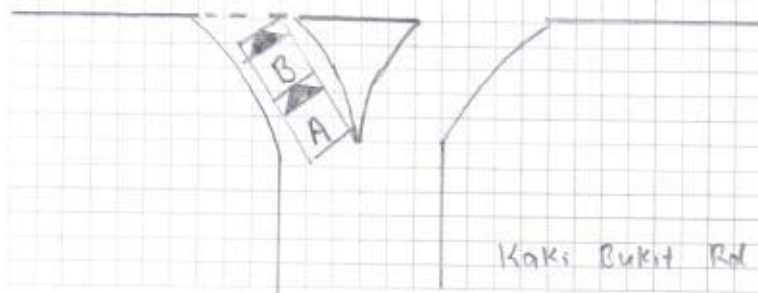
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

Kaki Bukit Ave 2



A = GBA 8053R

B = SKL 1782B

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

## 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:

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



REPUBLIC OF SINGAPORE DRIVING LICENCE

YONG KEEN WEI

Birth Date: 28 Oct 1988

Issue Date: 05 Sep 2016

Valid Till: 09/11/2019

002042359C

G6793574N

For LKK/NAC Use Only

WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)

Republic of Singapore

Employer: HONG WUN PTE. LTD.

Name: YONG KEEN WEI

Work Permit No.: 4 0358701-

Sector: SERVICE

K0915817

For LKK/NAC Use Only

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

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

EFFECTIVE DATE: 10 Nov 2014

Licence No: G6793574N

NP 426A

For LKK/NAC Use Only

VISIT PASS

Immigration Regulations

31-10-2016

Name: YONG KEEN WEI

FIN: G6793574N

Date of Birth: 28-10-1988

Sex: M

Nationality: MALAYSIAN

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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="25/07/2019 11:03"/>							
Vehicle No.(For Motor)	<input type="text" value="GBA8053R"/>	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"/>	5063754375-05		WENG SOON AUTO & LEASING	53227794E	GCV	Comprehensive	GBA8053R	GBA8053R	12/01/2019	11/01/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1054097

Policy No.	5063754375-05	Vehicle No.	GBA8053R	GST Registration No.
Certificate No.				
Policyholder Name	WENG SOON AUTO & LEASING			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFX	<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(%)	10	Private Hire

Accident Details

Report Date	19/07/2019 10:32	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	18/07/2019	Time of Accident hh:mm	09:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	NA			

Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	1,500.00	Outside Singapore TP Excess		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	19/07/2019 10:33:47 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	2 KAKI BUKIT AVENUE 2	Address 2	#01-13 KAKI BUKIT AUTOHUB	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-200	Related Policy Number	S101466438-01	

OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	WENG SC
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GBA8053
Claim Description	GBA8053R / SKL1782B ON 18 Jul 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	
Date Registered	Yes	GIA report	Received
Report Taken By		Claim Close Date	25/07/2019 13:53
			LIEW SHAN HUI

Print AK letter

Save Submit

Attachment



Accident No.

MT/1054097

Claim No.

002

Last Doc. Received

Yes

No

Upload Date

25/07/2019 13:54

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	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Jul 2019 13:54	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Jul 2019 13:54	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Jul 2019 13:54	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Jul 2019 13:54	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Jul 2019 13:53	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Jul 2019 13:53	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Jul 2019 13:53	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Jul 2019 13:53	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Jul 2019 13:53	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Jul 2019 13:53	Photos	Normal	Photos 2

Video List

Uploaded By/Date	Folder Date	File Name
<div>Display in New Window</div> <div>Scan and uploading</div>		