

# NATIONAL Assessment Centre Services.

[Part 1 of 2]

MNA119097981

Date In: 26/7/19 16:29	Job description	Date & Time Completed	Done by
Ref No: NA/INC19013218/44	SAS e-filing		
Veh No: GBH1417J	E-mail (within 3hrs, AIC 2hrs)		
DDA: 19/7/19 18:10	I-Motor Claim Form	M711055200	26/7/19 17:43
(J) - TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Professional Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SJN29014 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: ( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

MNA1905584

Comments:	1) All: Accident Reporting (\$30)	3000
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 (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Auditors Comments:	6) TR: Re-inspection	\$75
AL1:	7) NI: Ideal DA + SMRT Survey	\$160
2/3:	8) NTUG Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance	\$3
	*N6: Repair Coordination	\$10
	*N7: Post Repair Inspection	\$23
	*N8: DV / Collect Excess Coordination	\$3
	TP (N11): TP (Non-INC) against INC	\$20
	9) N12: 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	26/07/2019 16:29
Date Of Accident	19/07/2019 18:10
Exact Location Of Accident	SLIP RD FROM NORTH BUONA VISTA RD TO AYE (CHANGI)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH1417J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DANTAH ENGINEERING PTE LTD
Co Reg No	199302142N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64499711
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HIACE
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097658917-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	TONG AH HIN
NRIC No	S2510622I
Date Of Birth	25/08/1959
Occupation	INDOOR
Date Of Driving Pass	12/10/1982
Driving Experience	36 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98534683
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	325 GUILLEMARD ROAD SINGAPORE
Postcode	399750
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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	1
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

PLEASE REFER ATTACHED STATEMENT

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN2901U
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.

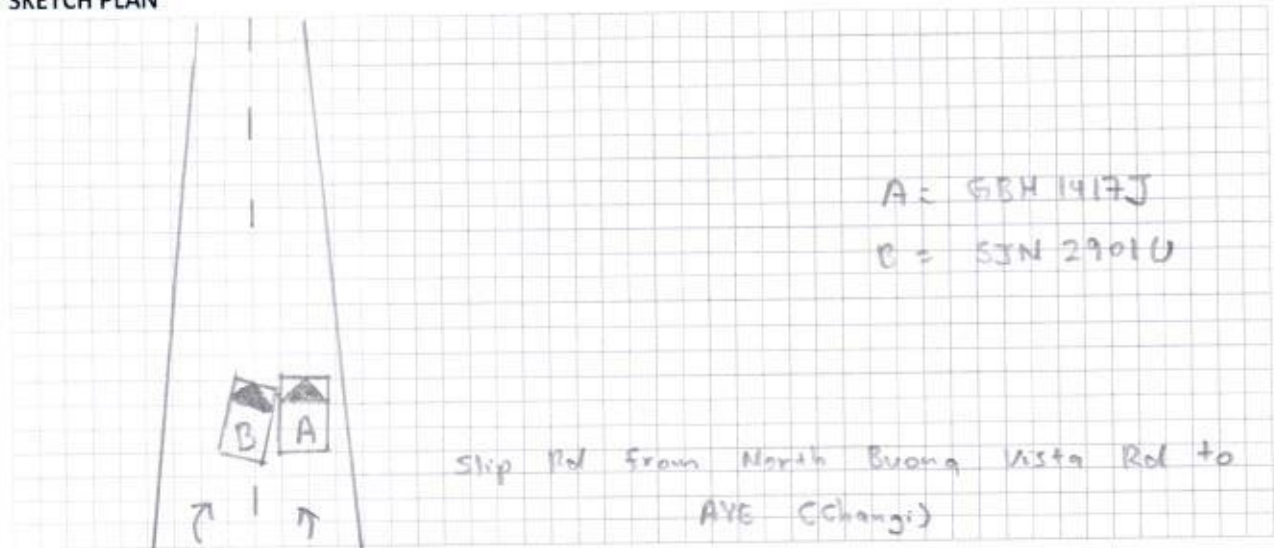


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## 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:

*[Handwritten Signature]*

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

*[Handwritten Signature]*

I WAS DRIVING ON THE SLIP RD FROM NORTH BUONA VISTA RD TO AYE (CHANGI), THERE WAS A MERGING LANE, I WAS ON THE RIGHT LANE, SUDDENLY VEH B COME FROM THE LEFT LANE CUT INTO MY LANE AND HIT ONTO MY VEH LEFT FRONT PORTION. THE TRAFFIC WAS VERY SLOW BECAUSE OF THE PEAK HOUR.



# ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 7 / 19) (DD/MM/YYYY), TIME: (18 : 10) (HH:MM)

LOCATION: Slip Rd from North Buong Vista Rd. to HYE (Changi)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 1417J.  
 b) INSURANCE COMPANY: inc  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL:  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: working  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Dantah Engineering pte Ltd. (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 6449 9711  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Tong Ah Hin. (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 9853 4683  
 c) ADDRESS:

\*d) DATE OF BIRTH: ( ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJN 2901U MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

writing chop

Email = dantah@singnet.com.sg

fax = 6841 7183

VIDEO = Yes. Haven't Retrieve

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S25106221



Name  
TONG AH HIN

湯 亞 興

Race  
CHINESE

Date of birth  
25-08-1959

Country/Place of birth  
MALAYSIA

Sex  
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S25106221

TONG AH HIN

Birth Date: 25 Aug 1959

Issued Date: 05 Aug 2017



5354268



NRIC No. S25106221



Date of issue  
24-08-2015


Address  
325 GUILLEMARD ROAD  
SINGAPORE 399750

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

	EFFECTIVE DATE
Class 2B Motorcycles $\leq$ 200 cc	12 Oct 1982
Class 2A Motorcycles between 201 cc and 400 cc	12 Oct 1982
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	12 Oct 1982

NP 428A

Licence No: S25106221





Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident   
Vehicle No.(For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097658917-01		DANTAH ENGINEERING PTE LTD	199302142N	GCV	Preferred Workshop Plan	GBH1417J	GBH1417J	25/01/2019	24/01/2020

Accident MT/1055200

### 7 Accident Details

Excess

### ▼ Benefits

**GST Registered Information**

GST Registered	Yes	GST Registration Date	01/05/1995
GST Registration No.	M201139724	GST Status Verified	Yes
Modification History	26/07/2019 17:41:06 System changed GST Registration Date from 01/01/2015 to 01/05/1995 26/07/2019 17:41:06 System changed GST Status Verified from No to Yes		

**Policyholder Mailing Address**

Address 1	325 GUILLEMARO ROAD	Address 2	SINGAPORE 399750	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5109620345	

♥ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TONG AH HIN	Driver NRIC	S2510622I	Driver DOB
Register Date of Driver License	12/10/1982	Driver Age	59	Driving Experience
Contact No.(Mobile)	98534683	Contact No.(Office)		Contact No.(Home)
Address 1	325 # GUTLEMARD ROAD	Address 2	SINGAPORE 399750	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
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? ☒ Yes ☐ No

#### Modification History

Claim 001	New
-----------	-----

Claim Type *	<input type="text" value="OD-MX"/> <input type="text" value="Insured Name"/> <input type="text" value="DANTAH"/>	
Contact No. (Mobile)	<input type="text"/> <input type="text" value="Contact No. (Home)"/> <input type="text"/>	
Email Address	<input type="text"/> <input type="text" value="OI"/> <input type="text" value="Vehicle Number"/> <input type="text" value="GBH1417"/>	
Claim Description	<input type="text" value="GBH1417J / SJN2901U ON 19 Jul 2019"/>	
Preferred Workshop	<input type="text" value="0"/> <input type="text" value="Insured Liability"/> <input type="text" value="Not at Fault"/>	
<input type="text" value="GBH1417J"/> <input type="text" value="No."/> <input type="text" value="Finalisation"/>	<input type="text" value="Preferred"/> <input type="text" value="Repair Option"/> <input type="text" value="Preferred Workshop, Name unknown"/>	<input type="text" value="GIA report"/> <input type="text" value="Received"/>
Date Registered	<input type="text" value="26/07/2019 17:42"/> <input type="text" value="Claim Close Date"/> <input type="text"/>	
Report Taken By	<input type="text" value="LIEW SHAN HUI"/>	
<input checked="" type="checkbox"/> Print AK letter		



## Attachment



Accident No.	MT/1055200	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/07/2019 17:43
Path *		Category *	Confidential
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Message Read		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jul 2019 17:43	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jul 2019 17:43	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jul 2019 17:43	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jul 2019 17:43	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jul 2019 17:42	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jul 2019 17:42	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jul 2019 17:42	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jul 2019 17:42	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jul 2019 17:42	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Jul 2019 17:42	Photos	Normal	Photos 2

## Video List

Uploaded By/Date	Folder Date	File Name
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>

