

NATIONAL Assessment Centre Services

Date In: 14/08/19	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19014147/13	E-mail (within 8hrs, A/C 2hrs):		
Veh No: GBJ2463H	i-Motor Claim Form: m7/1057687-001		
D.O.A: 13/08/19 1600	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (P) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (TWINCAR)	Tel:	Fax:
TP Particulars:	Veh No: SKW86345	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

NA1906073	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) RT : 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) N1 : 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 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	14/08/2019 15:55
Date Of Accident	13/08/2019 16:00
Exact Location Of Accident	MOUNTBATTEN RD TWD EAST COAST RD INFRT SING HOE HO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ2463H
Insured/Policyholder	
Name Of Registered Owner	FLM RESTAURANT PTE LTD
Co Reg No	A200619217D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67345361

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	5107730697
Cover Note Number	

Driver

Name of Driver	TAN SWEE LIANG
NRIC No	S0139421E
Date Of Birth	23/09/1952
Occupation	INDOOR
Date Of Driving Pass	09/04/1977
Driving Experience	42 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94513809
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 252 JURONG EAST ST 24
	#03-169
Postcode	600252
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	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.	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	SKW8634S
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

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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:

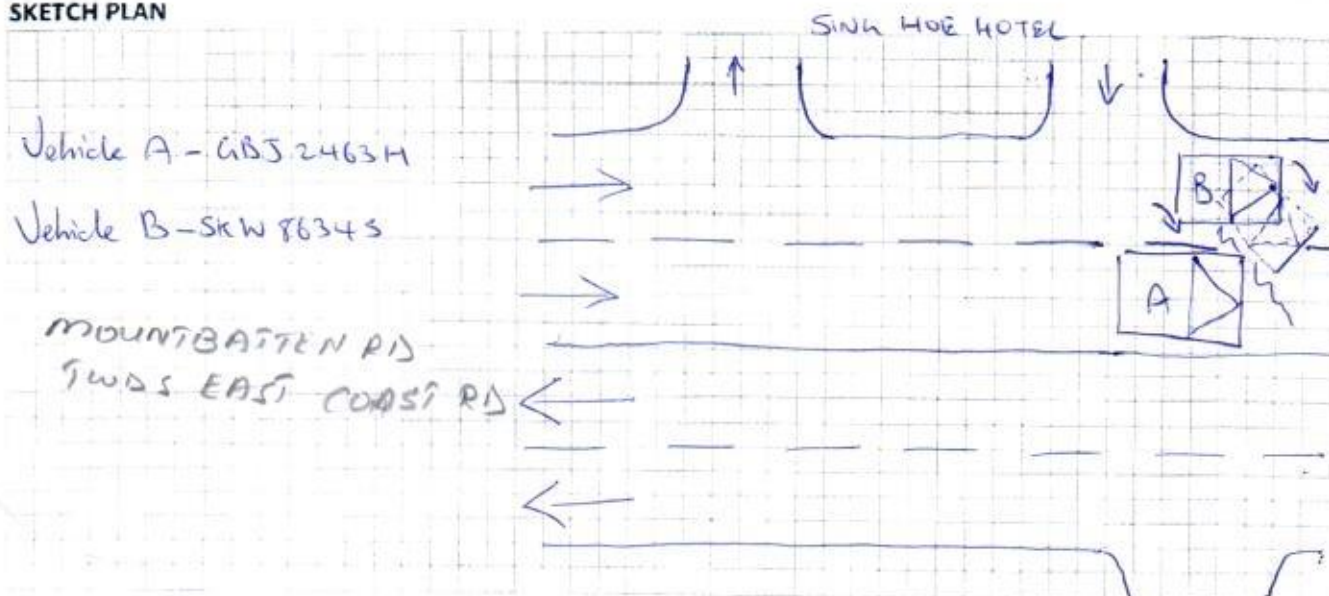


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 14/08/19

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Mountbatten Road toward East Coast Road. It is a 2 lane carriage way.

While driving straight ahead, I saw a vehicle was stationary stopped on the left lane of the road, so I proceed to change lane to the right lane and proceed forward.

When half day through when I'm about to pass by the vehicle, the vehicle on the left suddenly turned and swerved into my lane, as it was too sudden, I couldn't react in time, even though I tried to swerve slightly to the right, I still got hit onto the left front portion of my vehicle.

Alighted from my vehicle and realized it was a vehicle with licence plate number (SKW 8634S) that collided to my vehicle when he intended to make a illegal U-Turn.

The whole accident footage was captured by my in-car camera.


Vehicle A - GBS 2463H


Vehicle B - SKW 8634S.

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:

 14/08/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	GBJ 2463 H	Model / Make	NISSAN NV 200
Date of Accident	13/08/19		
Time of Accident	1600	HRS	
Location of Accident	MOUNTBATTEN RD TOWARD EAST COAST RD, INFRONT OF SING HUE HOTEL		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	FLM RESTAURANT PTE LTD		
Telephone No.	H/P : 6734 5361	Home :	Office :
NRIC	A200619217D		
Address	2 KALLANG AVE #05-31 CT HUB S(339407)		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
Name of Driver	As Above If <u>No</u> , TAN SWEE LIAN		
NRIC	S 0139421 E	Any Passengers :	NIL
Date of birth	23 SEP 1952		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	09 APR 1977		
Gender	<u>Male</u> / Female		
Contact No.	H/P : 9451 3809	Home :	Office :
Address	BLK 252 JURONG EAST ST 24 #03-169 S(600252)		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	<u>Employee</u> , If no, state		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	<u>No</u> , If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	<u>No</u> , If Yes, Where?		
Vehicle B No.	SKW 86345	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	LEFT FRONT PORTION.		
Camera Recorder	<u>Yes</u> / No FRONT VIEW		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0139421E



TAN SWEE LIANG

陳 錦 良

CHINESE

23-09-1952 M

SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0139421E

TAN SWEE LIANG

Birth Date: 23 Sep 1952

Issue Date: 13 May 2003

For LKK/NAC Use Only

000481839G

2713303



NRIC No. S0139421E



For LKK/NAC Use Only

Blood Group: O+ Date of issue: 02-10-1995

APT BLK 252 JURONG EAST STREET 24 #03-169

NRIC No. S0139421E Date: 07/03/2008 No: 5900345

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	16 Apr 1979
Class 2A	Motorcycles between 201 cc and 400 cc	16 Apr 1979
Class 2	Motorcycles exceeding 400 cc	16 Apr 1979
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	09 Apr 1977

For LKK/NAC Use Only



NP 428A

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 : 5107730697

Cover : Preferred Workshop Plan

1. Index mark and Registration Number of Vehicle

: To Be Advised

Chassis Number

: VSKYBAM20Z0176087

2. Name of Policyholder

: FLM RESTAURANT PTE LTD

3. Effective Date of Insurance

: 27 Feb 2019

4. Expiry Date of Insurance

: 26 Feb 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

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 : RED AUTO PTE LTD (00000573774)

Date of issue : 25 Feb 2019 17:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

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="13/08/2019 16:00"/>
Vehicle No.(For Motor)	<input type="text" value="GBJ2463H"/>	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"/>	5107730697		FLM RESTAURANT PTE LTD	A200619217D	GCV	Preferred Workshop Plan	GBJ2463H	GBJ2463H	27/02/2019	26/02/2020

Claim Handling

Accident MT/1057687

Policy No.	5107730697	Vehicle No.	GBJ2463H	GST Registration No.
Certificate No.				
Policyholder Name	FLM RESTAURANT PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	0	Contact No.(Office)	67345361	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	14/08/2019 17:37	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/08/2019	Time of Accident hh:mm	16:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	MOUNTBATTEN RD TWO EAST COAST RD INFRT SING HOE HO			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess		TP Standard Excess	0.00	
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	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History	14/08/2019 17:41:46 System auto update fail: The format of the UEN is incorrect or UEN is invalid.		

▼ Policyholder Mailing Address

Address 1	2 KALLANG AVENUE	Address 2	#08-31 CT HUB	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	08-31	Related Policy Number	5107730697	

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TAN SWEE LIANG	Driver NRIC	S0139421E	Driver DOB
Register Date of Driver License	09/04/1977	Driver Age	66	Driving Experience
Contact No.(Mobile)	94513809	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 252	Address 2	JURONG EAST STREET 24	Address 3
Address 4	SINGAPORE 600252	Address Type	Singapore address	Post Code
Unit No.	#03-169			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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 *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Repair No.

Finalisation

Date Registered

OD-MX	Insured Name	FLM RE
	Contact No. (Home)	NIL
	O1 Vehicle Number	GBJ246

GBJ2463H / SKW8634S ON 13 Aug 2019

Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop (refer below)

GIA report

Received

14/08/2019 17:45

Claim Close Date

Report Taken By

ROSILINDA

Workshop
Repairer

✓ Print AK letter

Save Submit

Attachment

Accident No.	MT/1057687	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/08/2019 00:00
Path *		Category *	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2019 17:45	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2019 17:45	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2019 17:45	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2019 17:45	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2019 17:45	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2019 17:45	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2019 17:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2019 17:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2019 17:44	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Aug 2019 17:44	Photos	Normal	Photos



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
14 Aug 2019 17:44

Photos

Normal

Photos

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
14 Aug 2019 17:44

Photos

Normal

Photos

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading