

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) MHA119 107957

Date In: 17/1/19-14:00	Job description	Date & Time Completed	Done by
Ref No: 14/INC1901545/14	SAS e-filing		
Veh No: 5JH76144	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 6/8/19-12:30	i-Motor Claim Form	M71057256-002	17/1/19 14:14
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: (

Tel:

Fax:

TP Particulars:

Veh No: 5JH76144

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:

(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

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

In Bill

Add Bill

## Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:

Pat 1:

Pat 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 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	17/08/2019 14:00
Date Of Accident	06/08/2019 12:30
Exact Location Of Accident	KIM SENG RD NEAR TRIBECA CONDO
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJN7014Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MCT AUTO
Co Reg No	53386796K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90088701
Alternative Phone No	OFFICE-90088701
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	PRIVATE HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5103669964
Cover Note Number	
<b>Driver</b>	
Name of Driver	YONG KIM TOH
NRIC No	S1829924J
Date Of Birth	25/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	15/03/2017
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98183450
Fax Number	
Contact Number	OFFICE-98183450
Email Address	NOEMAIL

Address	BLK 271 CHOA CHU KANG AVENUE 2 #15-263
Postcode	680271
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

REFER TO STATEMENT.

#### 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	SJX5555M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	93872041
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



## 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.:

Kim Song Rd.

				B	
				A	

A: JYJ01V  
B: JYJ53SM

Refer to statement.

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

Holder's Signature  
& Time:

er's Signature

Personnel's Signature

On 6<sup>th</sup> August 2019 around 12.30pm along Kim Seng Road at the traffic light near Tribeca Condo. I was driving SJN7014Y and stop behind SJX5555M at the traffic light crossing when it was red. When the traffic light turns green, I follow SJX5555M moved forward and suddenly SJX5555M made a sudden stop. My car front bumper touched the rear bumper of SJX5555M and created few minor scratches on it. The reason that the Driver of SJX5555M Ms Maria Lim given me for the sudden jam break stop was wanted to avoid E bike did a sudden crossing at the traffic light crossing.

I rented SJN7014Y from MCT Auto for PHV usage.



## ACCIDENT STATEMENT

ACCIDENT DATE: ( 6 / 8 / 19 ) (DD/MM/YYYY), TIME: ( 12 : 30 ) (HH:MM)

LOCATION: 14m Shy Rd near Tiberia (Indo)

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SH7014Y  
b) INSURANCE COMPANY: NTO  
c) POLICY NUMBER: 516366904  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) THIRD PARTY  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) \_\_\_\_\_  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) COMMERCIAL  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) \_\_\_\_\_

### 2. INSURED / POLICY HOLDER

- A) NAME: MC7 Auto (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 533867966 CONTACT: 90088701  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: Yong Kim Tan (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 58299247 CONTACT: 9883450  
c) ADDRESS: Blk 231 Choa Chu Kang Avenue ~ 215-263 (SS221)

\*d) DATE OF BIRTH: ( 25 / 9 / 1967 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 15 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: None

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

6. WAS ANYBODY INJURED (YES / NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 5X5555M MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 93872041

### 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(Including driver)  
( 1 )

\* No of passenger  
(Including driver)  
( 1 )

\* No of passenger  
(Including driver)  
( 1 )

Email =

fax =

VIDEO =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1829924J**

Name: **YONG KIM TOH**

Birth Date: **25 Sep 1967**

Issue Date: **15 Mar 2017**

002666088F

*For LKK/NAC Use Only*

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1829924J**

Name: **YONG KIM TOH**

楊金土

Race: **CHINESE**

Date of birth: **25-09-1967**

Sex: **M**

Country of birth: **SINGAPORE**

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  15 Mar 2017

Licence No: S1829924J

NP 428A

*For LKK/NAC Use Only*

4091643

NRIC No. **S1829924J**

Date of issue: **29-08-2007**

Address: **APT BLK 271 CHOA CHU KANG AVENUE 2 #15-263 SINGAPORE 680271**



eBaoTech

GeneralClaim

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"/>	5103669964		MCT AUTO	53386796K	GFT	Third Party, Fire & Theft	SJN7014Y	SJN7014Y	21/02/2019	

## Claim Handling

EXIT

Accident MT/1057256

Policy No.	S103669964	Vehicle No.	SIN7014Y	GST Registration No.	
Certificate No.					
Policyholder Name	MCT AUTO	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S3386796K
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	sCode	<input type="text" value=""/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	sCode Reason	
NCD Protection	No			Private Hire	Not available

**Accident Details**

Report Date	13/08/2019 11:36	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/08/2019	Time of Accident hh:mm	12:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KGM SENG ROAD				

**Excess**

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	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	BLK 521A #04-113	Address 2	UPPER CROSS STREET	Address 3	HONG LIM COMPLEX
Address 4	SINGAPORE 051531	Address Type	Singapore address	Post Code	051531
Unit No.	04-113	Related Policy Number	S105687068		

**OT Driver Info**

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)	98183450	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002 **New**

Claim Type *	CD-MX	Insured Name	MCT AUTO	Insured NRIC	S3386796K
Contact No.(Mobile)	9820055	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SIN7014Y	TP Vehicle Number	S1x5555M
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SIN7014Y / S1x5555M ON 6 Aug 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/08/2019 14:14	Claim Close Date		Date Received	17/08/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

**Attachment**

Accident No.	MT/1057256	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/08/2019 14:14

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Attachments

Send Message

Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 14:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 14:14	SAS	Normal	SAS 2019-8-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 14:14	Photos	Normal	Photos 2019-8-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 14:14	Photos	Normal	Photos 2019-8-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 14:14	Photos	Normal	Photos 2019-8-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 14:14	Photos	Normal	Photos 2019-8-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 14:14	Photos	Normal	Photos 2019-8-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 14:14	Photos	Normal	Photos 2019-8-17		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 14:14	Photos	Normal	Photos 2019-8-17		<a href="#">Edit</a>

Video List

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