

# NATIONAL Assessment Centre Services. [ver 1 Jan'05] MMA 119108710.

Date In: 1918/19 16:03	Job description	Date & Time Completed	Done by
Ref No: NA1 INC 1901449/44	SAS e-filing		
Veh No: GBB 83590	E-mail (within 3hrs, AIC 2hrs)		
DDA: 1918/19 13:05	I-Motor Claim Form	MT/1058424-01	1918/19 19:17.
OD: (P) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Profound Wksp / INC Assign Wksp / GW: ( ) Tel: ( ) Fax: ( )

TP Particulars:	Veh No: GBB 1359A	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 rep/aler.  
 ( ) Total Loss Case: to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: ( )	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

NA1906093	INC ( ) / Non-INC ( )	Ref: ( )
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	3000
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	
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:	For claiming against INC Only (wef 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OP:	
	*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: Idao Mobile \$0	
	Invoice dated	Fax Charged
	Invoice dated	Fax 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	19/08/2019 16:03
Date Of Accident	19/08/2019 13:05
Exact Location Of Accident	283 YISHUN AVE 6 OPEN CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB8359D
Insured/Policyholder	
Name Of Registered Owner	SING YI AN PLUMBING & SANITARY CONTRACTOR
Co Reg No	52980547B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93805950
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5104652703
Cover Note Number	-
Driver	
Name of Driver	JEE SOON SIANG
NRIC No	G7444379L
Date Of Birth	05/07/1985
Occupation	INDOOR
Date Of Driving Pass	05/09/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83878210
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	190 MIDDLE ROAD #19-05 FORTUNE CENTRE SINGAPORE
Postcode	188979
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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

MY VEH WAS PARKED AT THE BLK 283 YISHUN AVE 6, EVERYTHING WAS INTACT, I WENT TO THE NEARBY COFFEE SHOP HAVE MY LUNCH, SUDDENLY I HEAR A "BANG" SOUND THEN I SAW A LORRY WHILE MOVING OUT FROM THE LOT AND HIT ONTO MY VEH LEFT REAR PORTION, AFTER THE IMPACT, THE LORRY REVERSED BACK TO THE LOT.

#### 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	GBD7359A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM JET SUAN
NRIC/Passport Number	S7219245A
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.:

283 Vishnu  
Ave 6

A = GBB 8359D  
B = GBD 7359A

Please Refer to statement

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



True in every respect

H



**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**SING YI AN PLUMBING & SANITARY CONTRACTOR**

Name  
**JEE SOON SIANG**

Work Permit No.  
**4 01403353**

Sector  
**CONSTRUCTION**

**For LKK/NAC Use Only**

**K0059535**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number **G7444379L**

Name  
**JEE SOON SIANG**

Birth Date: **05 Jul 1985**

Issue Date: **13 Jul 2018**

Valid Till: **12/07/2023**

**002823649C**

**VISIT PASS**  
Immigration Regulations

Name  
**JEE SOON SIANG**

Download SGWorkPass App to check status

FIN  
**G7444379L**

Date of Birth: **05-07-1985** Sex: **M**

Nationality  
**MALAYSIAN**

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

**/NAC Use Only**

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

		EFFECTIVE DATE
C	Class 2B Motorcycles <= 200 CC	13 Jul 2018
C	Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	05 Sep 2018

**S / No. 9000318224**

**G7444379L**

**NP 428A**

**Licence No: G7444379L**

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="19/08/2019 15:55"/>
Vehicle No.(For Motor)	<input type="text" value="GBB8359D"/>	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"/>	5104652703		SING YI AN PLUMBING & SANITARY CONTRACTOR	52980547B	GCV	Comprehensive	GBB8359D	GBB8359D	30/11/2018	29/11/2019

## Claim Handling

## Accident MT/1058424

Policy No.	S104652703	Vehicle No.	G888359D	GST Registration No.	
Certificate No.					
Policyholder Name	SING YI AN PLUMBING & SANITARY CONTRACTOR			Policyholder NRIC	S2980547B
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	93805950	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No
<b>Accident Details</b>					
Report Date	19/08/2019 19:13	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	19/08/2019	Time of Accident hh:mm	13:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	283 YISHUN AVE 6 OPEN CARPARK				
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	19/08/2019 19:15:39 System changed GST Status Verified from No to Yes				
<b>Policyholder Mailing Address</b>					
Address 1	BLK 671A #06-94	Address 2	JURONG WEST STREET 65	Address 3	SINGAPORE 641671
Address 4		Address Type	Singapore address	Post Code	641671
Unit No.	06-94	Related Policy Number	S104652703		
<b>Q1 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/07/1985
Unnamed driver Name	SEE SOON SIANG	Driver NRIC	G7444379L	Driving Experience	0
Register Date of Driver License	05/09/2018	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	83878210	Contact No.(Office)		Address 3	SINGAPORE 188979
Address 1	190 MIDDLE ROAD	Address 2	#19-05 FORTUNE CENTRE	Post Code	188979
Address 4		Address Type	Singapore address		
Unit No.	19-05				
Does he own a Singapore Registered Car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	SING YI AN PLUMBING & SANITARY CONTRACTOR	Insured NRIC	S2980547B
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	65671591
Email Address		Q1		TP	
Claim Description		Vehicle Number	G888359D	Vehicle Number	G8D7359A
Preferred Workshop		G888359D / G8D7359A ON 19 Aug 2019		Name of Preferred Workshop	
Insured Liability	Not at Fault	GIA report	Received	Claim Close Date	19/08/2019 19:16
Date Registered	19/08/2019 19:16	Date Received	19/08/2019 01		
Report Taken By	LEE SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1058424	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/08/2019 19:17
Path *			
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		



Message Read

Send M

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 19:17	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 19:17	SAS	Normal	SAS 2019-8-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 19:17	Photos	Normal	Photos 2019-8-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 19:17	Photos	Normal	Photos 2019-8-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 19:16	Photos	Normal	Photos 2019-8-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 19:16	Photos	Normal	Photos 2019-8-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 19:16	Photos	Normal	Photos 2019-8-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 19:16	Photos	Normal	Photos 2019-8-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 19:16	Photos	Normal	Photos 2019-8-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 19:16	Photos	Normal	Photos 2019-8-19	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 19:16	Photos	Normal	Photos 2019-8-19	

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading