

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MMA 119111439

| | | | |
|--|--|-----------------------|---------------|
| Date In: 24/8/19 09:22 | Job description | Date & Time Completed | Done by |
| Ref No: MMA/INC19014913/14 | SAS e-filing | | |
| Veh No: GBJ 1123 X | E-mail (within 8hrs, AIC 2hrs) | | |
| DOA: 22/8/19 21:50 | I-Motor Claim Form | MT/1059230-001 | 24/8/19 11:32 |
| OD: <input checked="" type="checkbox"/> 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 | | |

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

| | | |
|---------------------------------|--|-----------------------|
| TP Particulars: | Veh No: SMC 3069M | 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/air.
- () Total Loss Case: to e-mail Insurer URGENTLY.
- Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Reminders:

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|--|
| MA1906259 | | Incident No: 1906259 | |
| Claimant's Particulars: | 1) AR: 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) 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 (ver 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services: | | |
| | ON: | | |
| | *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 (N11 INC) against INC \$20 | | |
| | 9) N12: Idao 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 | 24/08/2019 09:22 |
| Date Of Accident | 23/08/2019 21:50 |
| Exact Location Of Accident | CANBERRA WAY SLIP RD INTO CANBERRA LINK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--|
| Vehicle Registration Number | GBJ1123X |
| Insured/Policyholder | |
| Name Of Registered Owner | URBAN MANAGEMENT AND CLEANING SERVICES |
| Co Reg No | 53367544L |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-94523489 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | HIACE |
| Exact Purpose for which vehicle was being used at time of accident | AFTER WORK |
| 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 | 5106635399 |
| Cover Note Number | - |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | LEE CHUAN HUAT |
| NRIC No | S1594585J |
| Date Of Birth | 18/10/1963 |
| Occupation | INDOOR |
| Date Of Driving Pass | 08/10/1985 |
| Driving Experience | 33 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94523489 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|-----------------------------|
| Address | BLK 148 YISHUN ST 11 #11-99 |
| Postcode | 760148 |
| 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 - 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) | 2 |
| Passenger 1 | NAME: : NEO KIM BEE |
| | GENDER: : FEMALE |

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 AT THE SLIP RD FROM CANBERRA WAY INTO CANBERRA LINK TO CHECK THE TRAFFIC, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I REALIZED VEH B FROM BEHIND HIT ONTO MY VEH REAR PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SMC3069M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LU JUN |
| NRIC/Passport Number | S7166801J |
| 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.

URBAN MANAGEMENT AND CLEANING SERVICES

1015 Geylang East Avenue 3
#02-149 Geylang East Industrial Estate
Singapore 389731

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

License Number **S1594585J**

Name **LEE CHUAN HUAT**

Birth Date **18 Oct 1963**

Issue Date **02 Feb 2010**

001826144E

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1594585J**

Name **LEE CHUAN HUAT**

李全發

Race **CHINESE**

Date of birth **18-10-1963**

Country/Place of birth **SINGAPORE**

Sex **M**

6064605

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B Motorcycles ≤ 200 cc

Class 3 Motor Cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500 kg

Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500 kg
*Motor vehicles which are not constructed to carry load and the unladen weight < 7250 kg

PASS D-11

06 Feb 1965

08 Oct 1963

21 Aug 1999

AP 428A

Licence No: **S1594585J**

For LKK/NAC Use Only

6064605

NRIC No **S1594585J**

Date of issue **14-11-2018**

Address

APT BLK 148 YISHUN STREET 11
#11-99
SINGAPORE 760148

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="23/08/2019 09:20"/> |
| Vehicle No.(For Motor) | <input type="text" value="GBJ1123X"/> | 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"/> | 5106635399 | | URBAN MANAGEMENT AND CLEANING SERVICES | 53367544L | GCV | Preferred Workshop Plan | GBJ1123X | GBJ1123X | 03/01/2019 | 02/01/2020 |

Claim Handling

Accident MT/1059230

| | | | | | |
|----------------------------|---|-------------------------------|-------------------------|----------------------|--------------------------|
| Policy No. | 5106635399 | Vehicle No. | GBJ1123X | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | URBAN MANAGEMENT AND CLEANING SERVICES | | | Policyholder NRIC | 53367544L |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Cover Type | Preferred Workshop Plan | Loading | 0 |
| Contact No.(Mobile) | 94523489 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KFK | No Yes | TCA | No Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire | No |
| Accident Details | | | | | |
| Report Date | 24/08/2019 11:29 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 23/08/2019 | Time of Accident hh:mm | 21:50 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | CANNBERRA WAY SLIP RD INTO CANNBERRA LINK | | | | |
| Excess | | | | | |
| Own damage Excess | 500.00 | Additional Excess | | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | | |
| Benefits | | | | | |
| GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | | |
| GST Registration No. | | GST Status Verified | Yes | | |
| Modification History | 24/08/2019 11:30:56 System changed GST Status Verified from No to Yes | | | | |

| | | | | | |
|---|------------------|-----------------------|-----------------------|------------------------|----------------------------|
| Policyholder Mailing Address | | | | | |
| Address 1 | BLK 1016 #03-149 | Address 2 | GEYLANG EAST AVENUE 3 | Address 3 | GEYLANG EAST INDUSTRIAL ES |
| Address 4 | SINGAPORE 389731 | Address Type | Singapore address | Post Code | 389731 |
| Unit No. | 03-149 | Related Policy Number | 5106635399 | | |
| OI Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 18/10/1963 |
| Unnamed driver Name | LEE CHUAN HUAT | Driver NRIC | S1594585J | Driving Experience | 33 |
| Register Date of Driver License | 08/10/1985 | Driver Age | 55 | Contact No.(Home) | |
| Contact No.(Mobile) | 94523489 | Contact No.(Office) | | Address 3 | SINGAPORE 760148 |
| Address 1 | BLK 148 #11-99 | Address 2 | YISHUN STREET 11 | Post Code | 760148 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 11-99 | | | | |
| 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 * | OO-MX | Insured Name | URBAN MANAGEMENT AND CLEANING SERVICES | Insured NRIC | 53367544L |
| Contact No.(Mobile) | NIL | Contact No.(Home) | | Contact No.(Office) | |
| Email Address | | TP | | Vehicle Number | SMC3069M |
| Claim Description | GBJ1123X / SMC3069M ON 23 Aug 2019 | | | | |
| Preferred Workshop | 0 | Insured Liability | Not at Fault | Name of Preferred Workshop | 0 |
| Report No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 24/08/2019 11:31 | Claim Close Date | | Date Received | 24/08/2019 01 |
| Report Taken By | LEW SHAN HUI | | | | |

Print AK letter

Save Submit

| | | | | | |
|--------------------|----------------|---------------|------------------|-----------|-------------|
| Attachment | | | | | |
| mp | | | | | |
| Accident No. | MT/1059230 | Claim No. | 001 | | |
| Last Doc. Received | Yes No | Upload Date | 24/08/2019 11:32 | | |
| Path * | | | | | |
| Choose File | No file chosen | Category * | Confidential | Urgency * | Description |
| Choose File | No file chosen | Please Select | NO | Normal | |
| Choose File | No file chosen | Please Select | NO | Normal | |
| Choose File | No file chosen | Please Select | NO | Normal | |
| Choose File | No file chosen | Please Select | NO | Normal | |
| Choose File | No file chosen | Please Select | NO | Normal | |
| Choose File | No file chosen | Please Select | NO | Normal | |
| Choose File | No file chosen | Please Select | NO | Normal | |

Message Read

Send M

Attachment List

| Attachment | Uploaded By/Date | Category | | Urgency | Description | Msg Sent (CO) |
|--|---|-----------------------|---|---------|---------------------------------|---------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 24 Aug 2019 11:32 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2019-8-24 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 24 Aug 2019 11:32 | SAS | | Normal | SAS 2019-8-24 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 24 Aug 2019 11:32 | Photos | | Normal | Photos 2019-8-24 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 24 Aug 2019 11:32 | Photos | | Normal | Photos 2019-8-24 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 24 Aug 2019 11:32 | Photos | | Normal | Photos 2019-8-24 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 24 Aug 2019 11:32 | Photos | | Normal | Photos 2019-8-24 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 24 Aug 2019 11:32 | Photos | | Normal | Photos 2019-8-24 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 24 Aug 2019 11:32 | Photos | | Normal | Photos 2019-8-24 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 24 Aug 2019 11:32 | Photos | | Normal | Photos 2019-8-24 | |
| Video List | | | | | | |
| Uploaded By/Date | Folder Date | File Name | | Source | | |
| <div>Display in New Window</div> <div>Scan and uploading</div> | | | | | | |