

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 28/08/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19015182/13	SAS e-filing		
Veh No: GBH8813C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/08/19 1735	i-Motor Claim Form	MT/1059925-001	
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: 545985/K	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

NA1906520	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bil
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) FT : 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	26/08/2019 11:14
Date Of Accident	01/08/2019 17:35
Exact Location Of Accident	ALONG UPP BOON KENG RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH8813C
Insured/Policyholder	
Name Of Registered Owner	EASE LOGISTICS
Co Reg No	53253885D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85712343
Vehicle Particulars	
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
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104653157
Cover Note Number	
Driver	
Name of Driver	TAN LAY HONG
NRIC No	S1359382E
Date Of Birth	02/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	27/07/1978
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97317618
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 112 ALJUNIED CRESCENT #07-136
Postcode	380112
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	NO COLLISION
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?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190826/2053

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	SLS9351K
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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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.

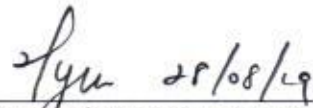


EASE LOGISTICS

142 Selegie Road #01-11 #03-317
Singapore 550142
Contact: 85712343
Email: calvinwc@hotmail.com



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



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

NOT AWARE OF
ACCIDENT

P/s refer to the police report: T/20190826/2053

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

EASE LOGISTICS

142 Serangoon North Ave 1 #03-317

Singapore 550

Contact: 85712343

Email: calvinwc@hotmail.com

[illegible]

[Signature] 26/2/18

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

2/gw 28/08/19

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



**SINGAPORE
POLICE FORCE**



T/20190826/2053

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No: T/20190826/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2019 12:37	Vide Report No.:	Station Diary No.: 56
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Informant's Particulars

Name of Informant: TAN LAY HONG			Address: APT BLK 112 ALJUNIED CRESCENT #07-136 SINGAPORE 380112		
ID Type / ID No.: NRIC NO / S1359382E			Contact No.: Home/Office: Mobile: 97317618		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 02/04/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: LOGISTIC			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/08/2019 17:35	Type of Location:
Location: Along Road 1 UPPER BOON KENG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH8813C	Van				No Damage	0
SLS9351K	Car					0



**SINGAPORE
POLICE FORCE**



T/20190826/2053

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20190826/2053

CONTINUATION OF REPORT

Brief Details.

On 01/08/2019 at about 1735hrs, I had parked my Silver colour Toyota van bearing registration no: GBH 8813C at Upper Boon Keng Hawker Centre. I went for a meal and subsequently came back to retrieve back my van. I then drove off and everything is in order. There is no damages on my van and I am not aware of any accident occurring. I am not injured. There is a camera installed at the front of my van.

I then received a letter from TP on 20/08/2019 advising me to lodge a Police report. The IO in charge is IO Neo Zhi Yuan (6547 6079).



SINGAPORE
POLICE FORCE



T/20190826/2053

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 3

Report No. T/20190826/2053

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
E /
Sgt 1 WILSON NG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/08/2019 12:37

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

SN 168

Authentication Stamp
NP168

TURE



**SINGAPORE
POLICE FORCE**

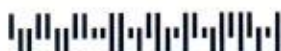
Traffic Police
Singapore Police Force
10, Ubi Avenue 3
Singapore 408865
Tel : 6547 0000
Fax : 6547 6259

Date : 20 Aug 2019

Your Ref :
Our Ref : TP/IP/51313/2019

000051

EASE LOGISTICS
C/O BLK 142 SERANGOON NORTH AVENUE 1
#03-317
SINGAPORE 550142



Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT INVOLVING GBH8813C ALONG UPPER BOON KENG ROAD ON 01
AUG 2019 @ 5.35 PM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer NEO ZHI YUAN at his / her office number: 65476079 or the supervisor CHEW SOOK YENG at 65476425 if you have any further queries.

5 Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (DSP)
CHIEF INVESTIGATION OFFICER
INVESTIGATION BRANCH
TRAFFIC POLICE

This is computer generated and does not require a signature.

A FORCE FOR THE NATION

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

01/08/2019 17:35

Vehicle No.(For Motor)

GBH8813C

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104653157		EASE LOGISTICS	53253885D	GCV	Preferred Workshop Plan	GBH8813C	GBH8813C	16/10/2018	15/10/2019

Continue

gca - unsubmit
26/08/19
waiting for police report.
✓

Claim Handling

Accident MT/1059925

Policy No.	5104653157	Vehicle No.	GBH8813C	GST Registration No.
Certificate No.				
Policyholder Name	EASE LOGISTICS			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	85712343	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input 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	28/08/2019 17:55	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/08/2019	Time of Accident hh:mm	17:35	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG UPP BOON KENG RD			

▼ Excess

Own damage Excess	600.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	0.00	Outside Singapore TP Excess	

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/06/20
GST Registration No.	M90370805J	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 142 #03-317	Address 2	SERANGOON NORTH AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-317	Related Policy Number	5104653157	

▼ 01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TAN LAY HONG	Driver NRIC	S1359382E	Driver DOB
Register Date of Driver License	27/07/1978	Driver Age	60	Driving Experience
Contact No.(Mobile)	97317618	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 112	Address 2	ALJUNIED CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#07-136			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	EASE LOGISTICS
Contact No.(Mobile)	85712343	Contact No. (Home)	
Email Address		01 Vehicle Number	GBH8813C
Claim Description	GBH8813C / SLS9351K ON 1 Aug 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	28/08/2019 18:02
		Workshop Repairer	ROSLINDA
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1059925

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 28/08/2019 00:00

Path *

Category *

Confidential

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

Choose File No file chosen

Choose File No file chosen

Message Read

Clear Please Select NO

Clear Please Select NO

Clear Please Select NO

Clear Please Select NO

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2019 18:02	NRIC/ Driving License	Y	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2019 18:02	SAS		Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2019 18:02	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2019 18:02	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2019 18:02	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2019 18:02	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2019 18:01	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2019 18:01	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2019 18:01	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2019 18:01	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2019 18:01	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2019 18:01	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Aug 2019 18:01	Photos		Normal	Photos

Video List

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