

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

19 MAY 19 11 6271

Date In: 08/09/2009 18:34	Job description	Date & Time Completed	Done by
Ref No: N/A 1906154884	SAS e-filing		
Veh No: SIT 4005L	E-mail (e-filing 2hrs, A/C 2hrs)		
D.O.A: 31/08/2009 14:20	I-Motor Claim Form	mt11060650-001	08/09/2009
OD: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		19/09
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 88Q52148	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 repair.

() 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	By	Remarks

1906154884

Claimant: [Name]	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
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	
Assessor's Comments:	For claimant against INC Only (ver 10 Jan 2003)	
Cal 1:	6) TR: Re-inspection \$75	
	7) NI: Ideal DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Licence Coordination \$5	
	TP (N11) / TP (N1a INC) against INC \$20	
	*N12: Ideal 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	02/09/2019 18:34
Date Of Accident	31/08/2019 14:20
Exact Location Of Accident	JUNCTION OF HOUGANG AVENUE 3/HOUGANG STREET 32
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT4005L
Insured/Policyholder	
Name Of Registered Owner	REAL-TIME PERSONAL TRANSPORT SERVICES
Co Reg No	53332016W
Email Address	RAYMAC1967@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96335870
Alternative Phone No	OFFICE-96335870

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX-2.0 L GT (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5079233752-02
Cover Note Number	

Driver

Name of Driver	RAYMOND SEW WENG CHEONG
NRIC No	S1786466A
Date Of Birth	12/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	28/03/1996
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96335870
Fax Number	
Contact Number	OTHERS-96335870
Email Address	RAYMAC1967@YAHOO.COM.SG

Address	BLK 295 TAMPINES STREET 22 #03-51B
Postcode	520295
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 - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : DAUGHTER 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

PLEASE REFER TO SKETCH PLAN

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	SJQ5214J
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MRS TAN
NRIC/Passport Number	
Contact Number	97325214
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

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:

2/9/2019

Driver's Signature

(If driver is not the policyholder)

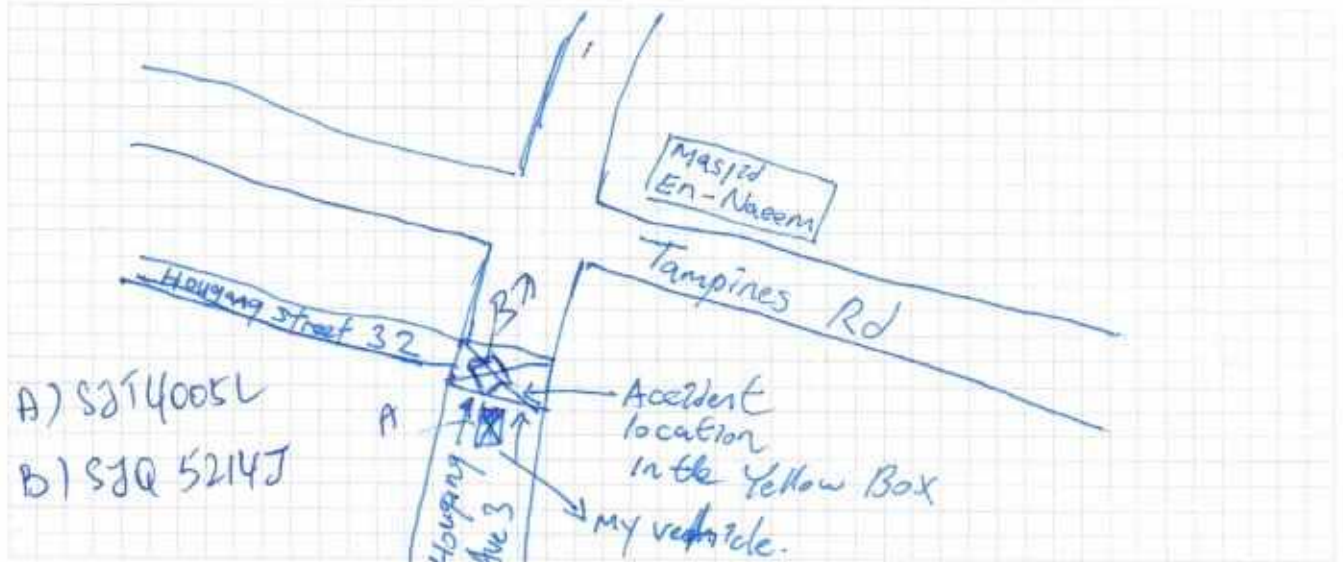
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31 Aug 2019 at about 1420hrs, I was driving along Hougang Ave 3 and came to a stop behind the yellow box located at a intersection of Hougang Street 32. The Yellow box was about 50m from the cross junction of Hougang Ave 3 and Tampines Rd.

While stopping behind the yellow box, the road ahead of me was cleared and ~~lasted~~ green light to my favour. There was a vehicle stoppy on my right, also behind the yellow box waiting to make a right turn to Tampines Road.

I took a ~~few~~ look at the driver who had tailgated me earlier for a few seconds. Knowing the road ahead of me was cleared, I turned around my head to ~~at~~ my front with the intention to drive off. ~~The moment I turned~~. The moment I tried to drive off, the vehicle SJQ 5214J was in the yellow box right in front of my car. It was so near that I could not stop in time to avoid hitting the driver's front door of the vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time: 2/9/2019

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

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



UEN 53332016W	Entity Name REAL-TIME PERSONAL TRANSPORT SERVICES
Transaction Number B190034900	Receipt Number ACRA190324014938
EP Reference No. 20190324180435675	Payment Date 24/03/2019 18:04:04

Descriptions	Amount(SGD)
APPLICATION TO RENEW REGISTRATION OF PERSON(S) AND BUSINESS NAME (1 YEAR)	30.00
Paid Amount	SGD 30.00

Your Business Registration of REAL-TIME PERSONAL TRANSPORT SERVICES has been successfully renewed for 1 years and will expire on 17/03/2020.
You will receive a free Business Profile of this entity via email the next day.

Rate our e-Service

Claim Handling

Accident MT/1000556

Policy No.	5079233752-02	Vehicle No.	SIT4005L	GST Registration No.	
Certificate No.					
Policyholder Name	REAL-TIME PERSONAL TRANSPORT SERVICES			Policyholder NRIC	S3332016W
Product Code	INNOVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	96335670	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No *
KTN	- No Yes	TCR	- No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	Yes

Accident Details

Report Date	02/09/2019 18:41	Accident Report Within 24 Hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	31/08/2019	Time of Accident (hr:min)	18:20	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	JUNCTION OF HOUGANG AVENUE 3/HOUGANG STREET 22				

Excess

Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
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	02/09/2019 18:42:25 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 215 #03-51B	Address 2	TAMPINES STREET 22	Address 3	SINGAPORE 520295
Address 4		Address Type	Singapore address	Post Code	520295
Unit No.	03-51B	Related Policy Number	5079233752-02		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
(Unnamed driver Name)	RAYMOND SEW WONG CHEONG	Driver NRIC	S17B886A	Driver DOB	12/11/1967
Register Date of Driver License	28/03/1996	Driver Age	51	Driving Experience	23
Contact No.(Mobile)	96335670	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 215 #03-51B	Address 2	TAMPINES STREET 22	Address 3	SINGAPORE 520295
Address 4		Address Type	Foreign address	Post Code	520295
Unit No.	03-51B				
Does he own a Singapore registered car?	Yes - No	Driver Vehicle No.	SIT4005L	Driver Insurer Company	NTUC

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No

Modification History

Claim 001 [View](#)

Claim Type *	OD-HR	Injured Name	REAL-TIME PERSONAL TRANSPORT	Injured NRIC	S3332016W
Contact No.(Mobile)	96335670	Contact No. (Home)		Contact No. (Office)	+
Email Address	raymac1967@yahoo.com.sg	OL	SIT4005L	Vehicle Number	SQ52141
Claim Description	SIT4005L / SQ52141 ON 31 Aug 2019				
Preferred Workshop		Injured Liability	Fully at Fault	Name of Preferred Workshop	
Consent No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered					
Report Taken By		Claim Close Date	02/09/2019 18:45	Date Received	02/09/2019 00:00
			ROSLI WAHAB		

Print AX letter

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1000556	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	02/09/2019 18:04
Path *			
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		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 6 (BUKIT MERAH)) on 02 Sep 2019 19:04	SAS	Normal	SAS 2019-9-2	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 6 (BUKIT MERAH)) on 02 Sep 2019 19:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-9-2	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 6 (BUKIT MERAH)) on 02 Sep 2019 18:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-9-2	

[Send Message](#)



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 18:45

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 18:46

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 18:46

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Sep 2019 18:45

Photos

Normal

Photos 2019-9-2

Photos

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Photos 2019-9-2

Video List

Uploaded By/Date

Folder Data

File Name



Source

Action

Display in New Window

Scan and uploading

ACRA

ACCIDENT STATEMENT

ACCIDENT DATE: (31/08/2019) (DD/MM/YYYY), TIME: (14:20) (HH:MM)

LOCATION: Hougang Ave 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJT4005L
 b) INSURANCE COMPANY: INCOME
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MITSUBISHI LANCER EX 2.0 GT
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: RAYMOND SEW WENG CHEONG (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: S1786466A CONTACT: 96335870
 C) ADDRESS: BLK 295 TAMPINES STREET 22
#03-518, S(520295)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: RAYMOND SEW WENG CHEONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1786466A CONTACT: 96335870
 c) ADDRESS: BLK 295 TAMPINES STREET 22
#03-518, S(520295)

*d) DATE OF BIRTH: (12/11/1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 28/03/1996

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: POLICY HOLDER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJA 5214J MODEL: HONDA
 b) DRIVER'S NAME: MRS TAN
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 9732 5214

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
(2)

* No of passenger
 (including driver)
(2)

* No of passenger
 (including driver)
()

email = raymac1967@yahoo.com.sg
 VIDEO

Hello, NAC_BUKIT_MERAH_B00676

[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="31/08/2019 11:08"/>
Vehicle No. (For Motor)	<input type="text" value="SJT4005L"/>	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"/>	5079233752-02		REAL-TIME PERSONAL TRANSPORT SERVICES	S3332016W	GPC	drive CLASSIC	SJT4005L	SJT4005L	18/04/2018	06/10/2019