

NATIONAL Assessment Centre Services

Form 1 (2017)

Date In: 04/09/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19015700/13	SAS e-filing		
Veh No: SCE9392R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 04/09/19 0915	i-Motor Claim Form	MT/1061047-001	
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: (14-51)	Tel:	Fax:
TP Particulars:	Veh No: SKS1758T	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

1191900699	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
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) RT : 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) NI : 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 \$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	04/09/2019 18:10
Date Of Accident	04/09/2019 09:15
Exact Location Of Accident	PICKERING STREET INFRT OF GREAT EASTERN
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLE9392R
Insured/Policyholder	
Name Of Registered Owner	YES CAR LEASING PTE. LTD.
Co Reg No	201426231K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81273369
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072644775-04
Cover Note Number	
Driver	
Name of Driver	TAN KOK TIONG(CHEN GUOZHONG)
NRIC No	S8206519I
Date Of Birth	26/02/1982
Occupation	OUTDOOR
Date Of Driving Pass	07/09/2010
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96922667
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 741 WOODLANDS CIRCLE #02-435
Postcode	730741
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	RAINING
Road Surface	WET

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?	YES
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: : UNKNOWN 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

PLS REFER TO THE ATTACHED 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	SKS1738T
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)

DETAILS OF INJURED PERSON 1

Name	TAN KOK TIONG(CHEN GUOZHONG)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLE9392R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

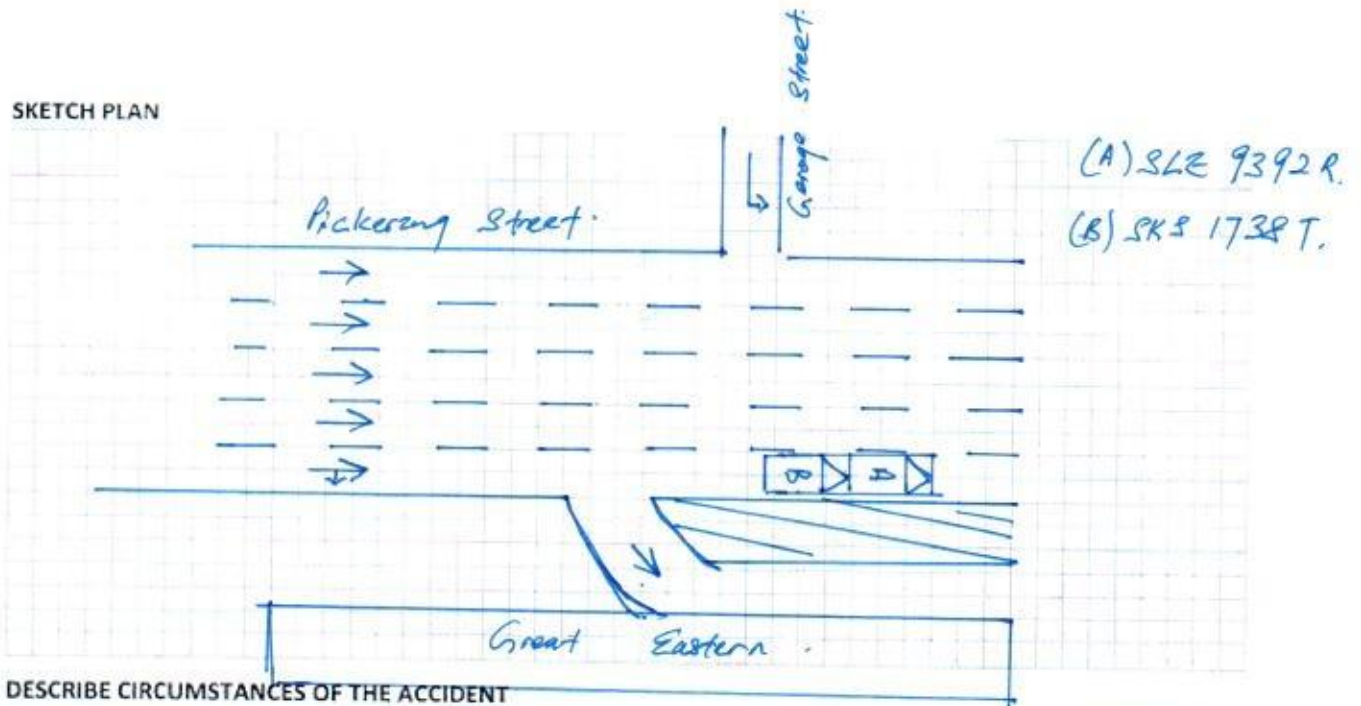


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/09/19 at @ 0916 hrs, I was travelling in my vehicle (SLE 9392R) along Pickering Street enroute of Great Eastern on the extreme right lane. I slow down and stopped due to traffic jammed ahead. Suddenly, a car (SKS 1738T) from behind collided onto the rear portion of my vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

Slyn 04/09/19

Vehicle No.	SLE 9392 R	Model / Make	Toyota Sienta.
Date of Accident	04/09/19.		
Time of Accident	0916 HRS		
Location of Accident	Pickering Street in front of 2 Great Eastern		
Exact purpose use during accident	Chauffeur		
Name of Owner	Yes Car Leasing Pte Ltd.		
Telephone No.	H/P: 8127 3369	Home:	Office:
NRIC	201426231 K.		
Address	210, Tuff Club Road #B-21 Lot-B21 (S) 287995.		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC.		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5072644775-04.		
Name of Driver	As Above If No, TAN Kok Tiong		
NRIC	S8206519I.	Any Passengers:	N/A 01 (F)
Date of birth	26/02/1982		
Occupation	Outdoor / Indoor		
Driving License Pass Date	07/09/2010.		
Gender	Male / Female		
Contact No.	H/P: 9692 2667	Home:	Office:
Address	BLK 741 Woodlands Circle #02-435 (S) 730741.		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state	Apr	
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	TAN Kok Tiong (H/P: 9692 2667)		
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SKS 1738 T.	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N/A.	Witness Contact:	N/A.
Accident Portion	Rear Portion.		
Camera Recorder	Yes / No.		
Email Address	andytan22682@gmail.com.		
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Teng		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5072644775-04

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLE9392R**
Chassis Number : NCP815070774
2. Name of Policyholder : YES CAR LEASING PTE. LTD.
3. Effective Date of Insurance : 08 Sep 2018
4. Expiry Date of Insurance : 07 Sep 2019
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : LQ INSURANCE AGENCY PTE LTD (00000613125)
Date of Issue : 07 Sep 2018 18:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.: 201426231K
Owner ID Type: Company
Owner Name: YES CAR LEASING PTE. LTD.
Registered Address: 210 TURF CLUB ROAD #B-21 LOT-B21 THE GRANDSTAND SINGAPORE 287995
Mailing Address: -
Birth Date: -

Vehicle Particulars

Vehicle No.: SLE9392R
Previous Vehicle No.: -
Effective Date of Ownership: 18 Jul 2018
Original Regn Date: 19 Dec 2008
Registration Date: 19 Dec 2008
Year of Manufacture: 2008
Vehicle Type: Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover
Vehicle Scheme: -
Vehicle Attachment 1: No Attachment
Vehicle Attachment 2: -
Vehicle Attachment 3: -
Vehicle Make: TOYOTA
Vehicle Model: SIENNA 1.5X LIMITED A
Primary Colour: Silver
Secondary Colour: -
Passenger Capacity: 6
Chassis No.: NCP815070774
Engine No.: 1N2D176306
Engine Capacity / Power Rating: 1496 cc / -
Maximum Power Output: 81.0 kW (108 bhp)
Propellant: Petrol
Max Unladen Weight: 1210 kg
Maximum Laden Weight: 1595 kg
Open Market Value: \$14,493.00
PARF Eligibility: Forfeited
PARF Eligibility Expiry Date: -
Minimum PARF Benefit: -
No. of Transfers: 2
IU Label No.: 1122570963
COE No.: 2008120101003093W
COE Expiry Date: 18 Dec 2023
COE Category: A - Car (1600cc & below)
COE Registration Category: A - Car (1600cc & below)
Quota Premium (QP) / Prevailing Quota Premium: \$2.00 / -
PQP Paid: \$13,786.00
QP (Regn Cat): \$2.00
OPC Cash Rebate Eligibility: No
QP during COE Bidding Exercise: \$2.00
Additional Registration Fee Rate: 100.00 %
Actual ARF Paid: \$14,493.00
Vehicle Lifespan Expiry Date: No Lifespan
CO2 Emission: -
CO Emission: -
HC Emission: -
NOx Emission: -
PM Emission: -
Message: The vehicle will be de-registered upon expiry of its 5-year COE on 18 Dec 2023. No further renewal will be allowed. This is a public service vehicle.

Print

OK

Save as PDF

Claim Handling

Accident MT/1061047

Policy No.	5072644775-04	Vehicle No.	SLE9392R	GST Registration No.	
Certificate No.					
Policyholder Name	YES CAR LEASING PTE. LTD.			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	81273369	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" 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	04/09/2019 19:39	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	04/09/2019	Time of Accident hh:mm	09:15	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	PICKERING STREET INFRT OF GREAT EASTERN				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	
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			

Policyholder Mailing Address

Address 1	210 TURF CLUB ROAD	Address 2	#LOT-B21	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	LOT-B21	Related Policy Number	S067647906-04		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN KOK TIONG(CHEN GUOZHC	Driver NRIC	S82065191	Driver DOB	
Register Date of Driver License	07/09/2010	Driver Age	37	Driving Experience	
Contact No.(Mobile)	96922667	Contact No.(Office)	0	Contact No.(Home)	
Address 1	BLK 741	Address 2	WOODLANDS CIRCLE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	#02-435				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com	

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	YES CA
Contact No.(Mobile)		Contact No. (Home)	646351
Email Address		OI Vehicle Number	SLE939
Claim Description	SLE9392R / SKS1738T ON 4 Sept 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	04/09/2019 19:44
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	ROSLINDA

Save Submit

Attachment

Accident No. MT/1061047 Claim No. 001
Last Doc. Received ☒ Yes ☐ No Upload Date 04/09/2019 00:00

Path *

Choose File No file chosen

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Message Read

Clear

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Category *

Confidential

Please Select NO

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 04 Sep 2019 19:44		NRIC/ Driving License	Y	Normal	NRIC/ Driving
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2019 19:44		SAS		Normal	SAS
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2019 19:44		Photos		Normal	Photos
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2019 19:44		Photos		Normal	Photos
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2019 19:43		Photos		Normal	Photos
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2019 19:43		Photos		Normal	Photos
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2019 19:43		Photos		Normal	Photos
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2019 19:43		Photos		Normal	Photos
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2019 19:43		Photos		Normal	Photos

Video List

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