

# NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

1/1/2005

Date In: 05/09/2009 18:28	Job description	Date & Time Completed	Done by
Ref No: 108/mcl905768/4	SAS e-filing		
Veh No: SKS 1738	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 04/09/2009 09:20	I-Motor Claims Form	M7106098000	06/09/2009 09:25
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/Whan		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLE 9892R	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 repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:	Completed by:	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

Client's Particulars:	1) ALT: 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	
	5) PT: Follow-Through Survey (Resurvey)	\$30	
	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	\$3	
	*N6: Repairs Coordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$3	
	TP (Nil) / TP (Nil 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	05/09/2019 18:24
Date Of Accident	04/09/2019 09:20
Exact Location Of Accident	PICKERING STREET OUTSIDE GREAT EASTERN CENTRE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS1738T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO SOO KAY @YEO SONG NIAN
NRIC No	S0001085E
Email Address	YEOLEONGHUI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90226728
Alternative Phone No	OTHERS-98375283

### Vehicle Particulars

Manufacturer	BMW
Model	X3
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO WORK
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090070666-02
Cover Note Number	

### Driver

Name of Driver	YEO LEONG HUI (YANG LONGFEI)
NRIC No	S7604982C
Date Of Birth	05/02/1976
Occupation	INDOOR
Date Of Driving Pass	08/01/1997
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90226728
Fax Number	
Contact Number	OTHERS-98375283
Email Address	YEOLEONGHUI@GMAIL.COM

Address	45 FABER DRIVE
Postcode	129375
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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)	1

#### 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	SLE9392R
Vehicle Make/Model/Colour	TOYOTA SIENTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN KOK TIONG
NRIC/Passport Number	S8206519I
Contact Number	96922667
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.
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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.

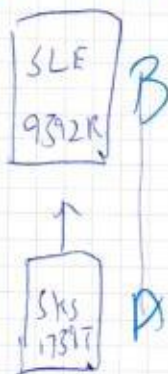
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

PICKERING ST OUTSIDE GREAT KAPPAH CENTRE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was raining heavily at 9:19am on 04 Sep 2019.  
 The vehicle in front of me was stationary.  
 The vehicle next to me started moving and my foot also  
 slipped off the brake pedal.  
 I thought the vehicle in front also moved but  
 it didn't, so the front of my car hit the  
 rear of the car.  
 I acknowledged this to the driver that this is  
 my fault.

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:  
 NRIC/FIN No.:



Claim Handling

Accident MT/1060980

Policy No.	3090070666-02	Vehicle No.	SKS1738T	GST Registration No.	
Certificate No.					
Policyholder Name	YEO SOD KAY @YEO SONG NIAN			Policyholder NRIC	S0001085E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	Not available

Accident Details

Report Date	04/09/2019 15:13	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	04/09/2019	Time of Accident hh:mm	09:16	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG PICKERING STREET INFRONT OF GREAT EASTERN				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	45 FABER DRIVE	Address 2	FABER HILLS	Address 3	SINGAPORE 129375
Address 4		Address Type	Singapore address	Post Code	129375
Unit No.		Related Policy Number	5090070666-02		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Office)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	GD-MX	Insured Name	YEO SOD KAY @YEO SONG NIAN	Insured NRIC	S0001085E
Contact No.(Mobile)	NIL	Contact No.(Home)	67761738	Contact No.(Office)	
Email Address		OT Vehicle Number	SKS1738T	TP Vehicle Number	SLE9392R
Claim Description	SKS1738T / SLE9392R On 4 Sept 2019			Name of Preferred Workshop	
Preferred Workshop Estimate No.		Insured Liability	Fully at Fault		
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	06/09/2019 09:24
Report Taken By				Date Received	06/09/2019 00:00
					ROSLI WAHAB

Printed At: 06/09/2019

Save Submit

Attachment

Accident No.	MT/1060980	Claim No.	002
Last Doc. Received	Yes No	Upload Date	06/09/2019 09:25
Choose File	No file chosen	Category *	Confidential
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			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 09:23	Photos	Normal	Photos 2019-9-6	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 09:25	Photos	Normal	Photos 2019-9-6	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 09:25	Photos	Normal	Photos 2019-9-6	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 09:25	Photos		Normal	Photos 2019-9-6
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 09:25	Photos		Normal	Photos 2019-9-6
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 09:25	Photos		Normal	Photos 2019-9-6
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 09:25	Photos		Normal	Photos 2019-9-6
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 09:25	Photos		Normal	Photos 2019-9-6
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 09:25	Photos		Normal	Photos 2019-9-6
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 09:25	Photos		Normal	Photos 2019-9-6
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 09:25	Photos		Normal	Photos 2019-9-6
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 09:25	Photos		Normal	Photos 2019-9-6
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 09:25	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-6
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Sep 2019 09:25	SAS		Normal	SAS 2019-9-6
Video List					
Uploaded By/Date		Folder Date		File Name	
				?	
				Source	
				Action	
				Display in New Window	
				Scan and uploading	

# ACCIDENT STATEMENT

ACCIDENT DATE: 04/09/19 (DD/MM/YYYY), TIME: 09:19 (HH:MM)

LOCATION: Pickering Street outside Great Eastern Bus Centre

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKS 1738T  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: 5090070666  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: BMW X3  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING TO WORK  
 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: YEO JOO KAY (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S0001085E CONTACT: 90226728  
 c) ADDRESS: 45 Fabr Drive S(129375)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Yeo Long Ngar Leng Hui (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S76949824 CONTACT: 98375283  
 c) ADDRESS: 45 Fabr Drive S(129375)

\* d) DATE OF BIRTH: 05/02/76 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 08 Jan 1997

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Son

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

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

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: SLE 9392K MODEL: Toyota Sienta  
 b) DRIVER'S NAME: Tan Kelt Tiong  
 c) NRIC/FIN/PASSPORT: S92065191 CONTACT: 96922661

## 9. THIRD PARTY VEHICLE

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

\* No of passengers  
 (including driver)  
(1)

\* No of passengers  
 (including driver)  
( )

\* No of passengers  
 (including driver)  
( )

Email = yeoleanghui@gmail.com  
 VIDEO



Hello, NAC\_BUKIT\_MERAH\_800676

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="04/09/2019 16:54"/>							
Vehicle No.(For Motor)	<input type="text" value="SKS1738T"/>	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"/>	5090070666-02		YEO SOO KAY @YEO SONG NIAN	S0001085E	GPC	drivo CLASSIC	SKS1738T	SKS1738T	11/04/2019	10/04/2020
<input type="button" value="Continue"/>										