

# NATIONAL Assessment Centre Services.

[ver 1 Jan'09]

MMMA 119122139

Date In: 16/1/19 09:04	Job description: SAS e-filing	Date & Time Completed: 16/1/19 09:56	Done by:
Ref No: NA1 MC19016273164	E-mail (within 2hrs, AIC 2hrs)		
Veh No: G2 4069 G	I-Motor Claim Form	MT/10672479 <sup>001</sup>	
TPCWA: 13/1/19 14:30	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP * Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: ( )

Tel: ( )

Fax: ( )

TP Particulars:

Veh No:

GDE 8683 B.

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:

(INC to this: 6788/6616)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

WA1906964

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Begr-In-Charge):

Auditors Comments:

Ref. 1:

Invoice Item	Amount (\$)	PAID (\$)
1) AL: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (ver 10 Jan 2007)		
6) TR: Re-inspection \$75		
7) NI: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
* NS: Courtesy Car / Tpt Allowance \$5		
* NG: Repair Co-ordination \$10		
* NT: Post Repair Inspection \$25		
* NB: DV / Collect Excess Coordination \$5		
TP (N11): TP (B-In INC) against INC \$20		
9) N12: Idao Mobile \$0		
Invoice dated	Fax Charged	
Invoice dated	Fax 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	16/09/2019 09:04
Date Of Accident	13/09/2019 14:30
Exact Location Of Accident	50 UBI AVE 3 LEVEL 4 NEAR 04-24
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ4069G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEATHER ETC PTE LTD
Co Reg No	200201724M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68482112

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5088476818-02
Cover Note Number	-

### Driver

Name of Driver	TAN SAM MIN
NRIC No	S1443772Z
Date Of Birth	21/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	08/07/1981
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97339266
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 707 TAMPINES ST 71 #09-90
Postcode	520707
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20190914/2034

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	BUILDING CCTV
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE8683B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
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.



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

04-24

A

B

Reversed

A = GZ 4069 G

B = GBE 8683 B

So Ubi Ave 3 Level 4 near 04-24


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/ 20190914 / 2034

## 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.:





# SINGAPORE POLICE FORCE



T/20190914/2034

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20190914/2034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/09/2019 09:37	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: TAN SAM MIN			Address: APT BLK 707 TAMPINES STREET 71 #09-90 TAMPINES SUNRISE SINGAPORE 520707		
ID Type / ID No.: NRIC NO / S1443772Z			Contact No.: Home/Office: Mobile: 97339266		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 21/01/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TECHNITION			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/09/2019 17:35	Type of Location:
Location: Along Road 1 UBI AVENUE 3  50 UBI AVE 3 , LEVEL 4 NEAR 04-24				
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
GZ4069G	Van	TOYOTA	HIACE MANUAL		Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190914/2034

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20190914/2034

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	TAN SAM MIN		ID No.	S1443772Z
Related Vehicle	GZ4069G (Van)		Contact No.	97339266
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

ON STATED TIME, DATE AND LOCATION,

ON 13/09/2019 @ 1245HRS, I PARKED MY M/VAN AT THE FOURTH FLOOR NEAR TO MY OFFICE. I WAS ON HALF-DAY WORKING ON THAT DAY. AFTER I PARKED MY M/VAN AT THE PARKING LOT, I WENT BACK HOME.

AROUND 1700HRS, I RECEIVED A CALL FROM MY BOSS AND ASKED ME WHETHER I HIT ONTO ANY VEHICLE OR THING. I SAID 'NO', I DID NOT HIT ONTO ANYTHING. THEN, MY BOSS INFORMED ME THAT MY VAN WAS HIT ON THE RIGHT FRONT PORTION. MY BOSS CALLED THE POLICE FOR ASSISTANCE. THEY CHECKED FROM THE BUILDING CCTV THAT MY VAN WAS HIT BY ANOTHER VEHICLE DURING REVERSING AND THE VEHICLE JUST DROVE OFF. THE FOOTAGE OF THE ACCIDENT WAS CAPTURED BY THE BUILDING CCTV. I WAS TOLD TO COME TO TRAFFIC POLICE TO LODGE A REPORT.





**SINGAPORE  
POLICE FORCE**



T/20190914/2034

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20190914/2034

**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:

TP /

AHMAD JALALUDDIN BIN AHMAD

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

S/ KALESWARIPALANI IO Beifeng

Contact No.: 65476902 H/P: 6547 6415

Authentication Stamp

NP168

94577858

Signature Of Informant:

Date/Time:

14/09/2019 09:37

Classification Of Case:

SINGAPORE  
POLICE FORCE

Signature: \_\_\_\_\_

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="13/09/2019 09:01"/>
Vehicle No.(For Motor)	<input type="text" value="GZ4069G"/>	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"/>	5088476818-02		LEATHER ETC PTE LTD	200201724M	GCV	Third Party	GZ4069G	GZ4069G	07/04/2019	06/04/2020



## Claim Handling

## Accident MT/1062479

Policy No.	5088476818-02	Vehicle No.	GZ4069G	GST Registration No.	200201724M
Certificate No.					
Policyholder Name	LEATHER ETC PTE LTD			Policyholder NRIC	200201724M
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	68482112	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	20	Private Hire	No

## ▼ Accident Details

Report Date	16/09/2019 09:53	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	13/09/2019	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	50 UBI AVE 3 LEVEL 4 NEAR 04-24				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

## ▼ Benefits

GST Registered Information					
GST Registered	Yes	GST Registration Date	01/04/2002		
GST Registration No.	200201724M	GST Status Verified	Yes		
Modification History	16/09/2019 09:54:45 System changed GST Registration Date from 01/01/2015 to 01/04/2002 16/09/2019 09:54:43 System changed GST Status Verified from No to Yes				

## ▼ Policyholder Mailing Address

Address 1	50 UBI AVENUE 3	Address 2	#04-09 FRONTIER	Address 3	SINGAPORE 408866
Address 4		Address Type	Singapore address	Post Code	408866
Unit No.		Related Policy Number	5081944822-03		

## ▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN SAM MIN	Driver NRIC	S14437722	Driver DOB	21/01/1960
Register Date of Driver License	08/07/1981	Driver Age	59	Driving Experience	38
Contact No.(Mobile)	97339266	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 707 #09-90	Address 2	TAMPINES STREET 71	Address 3	TAMPINES SUNRISE
Address 4	SINGAPORE 520707	Address Type	Singapore address	Post Code	520707
Unit No.	09-90				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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

## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LEATHER ETC PTE LTD	Insured NRIC	200201724M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	68482112
Email Address		O1 Vehicle Number	GZ4069G	TP Vehicle Number	GBE86
Claim Description	GZ4069G / GBE86K3R DN 13 Sept 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault		
Request No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	16/09/2019 09:55
Report Taken By				Date Received	16/09/2019
<input checked="" type="checkbox"/> Print AK letter					



## Attachment

Accident No.	MT/1062479	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/09/2019 09:56
Path *			
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Category *
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Please Select
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Confidential
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	NO
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Urgency *
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Normal
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Normal
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Normal
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Normal
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Normal
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	Normal
<input type="button" value="Message Read"/>			

## ▼ Attachment List

2/2