

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) **MIN 1913603**

Date In: 15/12/19-16/17	Job description	Date & Time Completed	Done by
Ref No: HA/19072819/14	SAS e-filing		
Veh No: SC678584	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/12/19-14.45	i-Motor Claim Form	17/1067016-001	15/12/19 16:24
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 <u>Fax / Hand</u> to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: **SC990836**

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 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

HA1907224

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Inc Bill

Am't (\$)

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD*

*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	15/10/2019 16:17
Date Of Accident	14/10/2019 12:45
Exact Location Of Accident	BEDOK NORTH RD BESIDE BUS STOP: 84539
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG2658Y
Insured/Policyholder	
Name Of Registered Owner	TKM ENGINEERING PTE LTD
Co Reg No	200607036W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS IS250 AUTO STD FL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111458984
Cover Note Number	

Driver

Name of Driver	LEE CHEOW YUNN
NRIC No	S8063867A
Date Of Birth	26/01/1980
Occupation	INDOOR
Date Of Driving Pass	19/08/2008
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91999038
Fax Number	
Contact Number	OFFICE-91999038
Email Address	NOEMAIL

Address	BLK 74 BEDOK NORTH ROAD #04-120
Postcode	460074
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	CHAIN 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	4
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)	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

REFER TO 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	SCP9083G
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)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBH7696E
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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)

1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SDL5095H

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.
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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

Vehicle A: SKG 2658Y
 Vehicle B: SCP 9083G
 Vehicle C: GBH 7696E
 Vehicle D: SDL 5095H

[BUS STOP]



Bedok North Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date & time, I, vehicle 'A', SKG 2658Y, was travelling straight along the stated vehicle. As there was a bus filtering out, front vehicle stopped. I immediately stop as well. About 1-2 seconds later, vehicle 'B', SCP 9083G, hit onto my stationary vehicle's rear portion. The great impact caused my vehicle to propel forward and hit into the front vehicle. I then realised that I was involved in a chain collision of 4 vehicles.

DECLARATION

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



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

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

ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 10 / 2019 (DD/MM/YYYY), TIME: 12 : 45 (HH:MM)

LOCATION: Along Bedok North Road, beside Busstop 84539

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SK9265884
 b) INSURANCE COMPANY: N7UL6
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: LEXUS IS250
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: TKM Engineering Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 200607036W CONTACT: _____
 c) ADDRESS: 1050 Eunos Ave 7, #01-147 Eunos Ind Est
S(409581)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lee cheow yunn (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8063867A CONTACT: 91999038
 c) ADDRESS: 74 Bedok North Road #04-120 S(460074)

* d) DATE OF BIRTH: 26 / 01 / 1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SCP9083G MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

THIRD PARTY VEHICLE
 d) VEHICLE NUMBER: GBH7696E MODEL: _____

- e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

SDL5095H → unknown pax.

No of passenger
 (including driver)
(01)

No of passenger
 (including driver)
(01) female

No of passenger
 (including driver)
(01) male

email =

fax =

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

Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111458984		TKM ENGINEERING PTE. LTD.	200607036W	GPC	drive CLASSIC	SKG2658Y	SKG2658Y	03/08/2019	02/08/2020

Policy Information

Policy No.	5111458984	Policyholder Name	TKM ENGINEERING PTE. LTD.	Policyholder NRIC	200607036W
Certificate No.					
Address	BLK 1050 #01-147 EUNOS AVENUE 7 SINGAPORE 409581				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	30/07/2019	Effective Date	03/08/2019 00:00	Expiry Date	02/08/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	HON BROTHERS MOTOR	Agent Tel.	68446450	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 1050 #01-147	Address 2	EUNOS AVENUE 7	Address 3	SINGAPORE 409581
Address 4		Address Type	Singapore address	Post Code	409581
Unit No.		Related Policy Number	5111458984		

Insured Object: SKG2658Y

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1067016

Policy No.	5111458984	Vehicle No.	SKG265BY	GST Registration No.	200607036W
Certificate No.					
Policyholder Name	TKM ENGINEERING PTE. LTD.	Cover Type	drive CLASSIC	Policyholder NRIC	200607036W
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes	Private Hire	No		

▼ Accident Details

Report Date	15/10/2019 16:27	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	14/10/2019	Time of Accident hh:mm	12:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK NORTH RD BESIDE BUS STOP: 84539				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
DO Standard Excess	600.00	TP Standard Excess	0.00
YIED DO Excess	0.00	YIED TP Excess	
Additional Excess	0		
Total DO Excess Applicable	600.00	Total TP Excess Applicable	

▼ Benefits

Coverage	Sum Insured
Transport Allowance	9999999.99

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	10/07/2006
GST Registration No.	200607036W	GST Status Verified	Yes
Modification History	15/10/2019 16:28:49 System changed GST Registration Date from 01/01/2015 to 10/07/2006 15/10/2019 16:28:49 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 1050 #01-147	Address 2	ELNOS AVENUE 7	Address 3	SINGAPORE 409581
Address 4		Address Type	Singapore address	Post Code	409581
Unit No.		Related Policy Number	5111458984		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/01/1980
Unnamed driver Name	LEE CHEOW YUNN	Driver NRIC	S9063867A	Driving Experience	11
Register Date of Driver License	19/08/2008	Driver Age	39	Contact No.(Home)	0
Contact No.(Mobile)	91999038	Contact No.(Office)	0	Address 3	SINGAPORE 460074
Address 1	BLK 74	Address 2	BEDOK NORTH ROAD	Post Code	460074
Address 4		Address Type	Singapore address		
Unit No.	04-120				
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
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	TKM ENGINEERING PTE. LTD.	Insured NRIC	200607036W
Contact No.(Mobile)	NIL	Contact No.(Home)	NIL	Contact No.(Office)	63686089
Email Address		OI Vehicle Number	SKG265BY	TP Vehicle Number	SCP9083G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKG265BY / SCP9083G ON 14 Oct 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/10/2019 16:29	Claim Close Date		Date Received	15/10/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1067016	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/10/2019 16:30

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

Browse...















Browse...

Clear
Please Select
NO
Normal

Clear
Please Select
NO
Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Oct 2019 16:30	NRIC/ Driving License	Y	NRIC/ Driving License 2019-10-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Oct 2019 16:30	NRIC/ Driving License	Y	NRIC/ Driving License 2019-10-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Oct 2019 16:30	SAS		SAS 2019-10-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Oct 2019 16:30	Photos		Photos 2019-10-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Oct 2019 16:30	Photos		Photos 2019-10-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Oct 2019 16:30	Photos		Photos 2019-10-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Oct 2019 16:30	Photos		Photos 2019-10-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Oct 2019 16:30	Photos		Photos 2019-10-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Oct 2019 16:29	Photos		Photos 2019-10-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Oct 2019 16:29	Photos		Photos 2019-10-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Oct 2019 16:29	Photos		Photos 2019-10-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Oct 2019 16:29	Photos		Photos 2019-10-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Oct 2019 16:29	Photos		Photos 2019-10-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Oct 2019 16:29	Photos		Photos 2019-10-15	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: center; gap: 10px;"> Display in New Window Scan and uploading </div>				