NATIONAL Assessment Centre Services (wef 1 Jan 05) MH19144747

Date In: 1/1/19-14:46	Job description	Date & Time Completed	Done by
Ref No: NA/14C19019338/14	SAS e-filing		
Veh No: SBH 5JJJ3	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 31/12/19 - 19:50	i-Motor Claim Form	M/12 GFS 18-201	1/1/19 14:57
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: (Tel: Fax:)

TP Particulars: Veh No: SJP8347B 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

NA/908766

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) 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:-			
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	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 witholding 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	01/11/2019 14:46
Date Of Accident	31/10/2019 17:50
Exact Location Of Accident	UPP BUKIT TIMAH RD AFTER JALAN ASAS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH5555S
Insured/Policyholder	
Name Of Registered Owner	VERDECAS ENTERPRISE LLP
Co Reg No	T14LL0564K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE DX 3.0 MANUAL
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	YES
Policy Number	5112369020
Cover Note Number	
Driver	
Name of Driver	YEO KENNEDY
NRIC No	S9548607Z
Date Of Birth	25/12/1995
Occupation	INDOOR
Date Of Driving Pass	20/07/2015
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92290593
Fax Number	
Contact Number	OFFICE-92290593
EMail Address	NOEMAIL

Address	BLK 17 TOH YI DRIVE #05-93
Postcode	590017
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 - CHANGE/CROSS LANE
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)	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	SGP8391B
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

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.
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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.

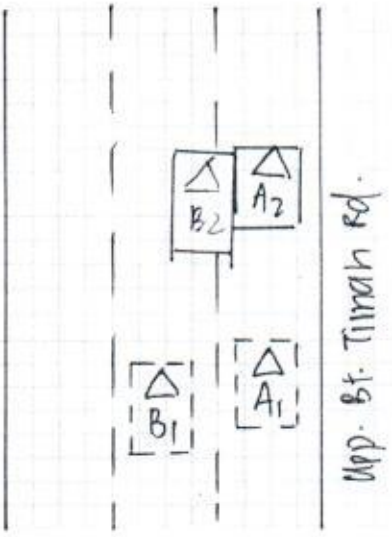
Verdecas Enterprise LLP
Reg No: T14LL0564K

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: GBH5555S

Vehicle B: SGP8391B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', GBH5555S, was traveling straight along the stated venue. Suddenly, vehicle 'B', SGP8391B, filtered into my lane & collided onto my vehicle's left portion from the front left headlamp all the way to rear left bumper.

DECLARATION

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

Verdecas Enterprise LLP
Reg No: T14LL0564K

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 10 / 2019) (DD/MM/YYYY), TIME: (17 : 50) (HH:MM)

LOCATION: Along Upp. Bt Timah Rd, after Jalan Asas.

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SBH5555S
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5112369020
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: TOYOTA HIACE
   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: Verdecas Enterprise LLP (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: T14LL0564K CONTACT:
   c) ADDRESS:

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

No of passenger (including driver) (01)

3. DRIVER
   a) NAME: YEO KENNEDY (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S9548607Z CONTACT: 92290593
   c) ADDRESS: 17 Toh Yi Drive #05-93 S(590017)

   *d) DATE OF BIRTH: (25 / 12 / 1995) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) YEARS OF DRIVING EXPRERIENCE:
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
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

No of passenger (including driver) (01) female

   a) VEHICLE NUMBER: SGP8391B MODEL:
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:

No of passenger (including driver) (__)

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

email =

fax =

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. 5112369020 Date of Accident 31/10/2019 17:50

Vehicle No.(For Motor) GBH5555S Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5112369020	5112369020-000008	VERDECAS ENTERPRISE LLP	T14LL0564K	GFM	Comprehensive	GBH5555S	GBH5555S	12/09/2019	11/09/2020

Continue

Policy Information

Policy No.	5112369020	Policyholder Name	VERDECAS ENTERPRISE LLP	Policyholder NRIC	T14LL0564K
Certificate No.	5112369020-000008				
Address	6 YISHUN INDUSTRIAL STREET 1 #07-03 NORTH VIEW BIZHUB SINGAPORE 768090				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/09/2019	Effective Date	12/09/2019 00:00	Expiry Date	11/09/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess		Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	6 YISHUN INDUSTRIAL STREET	Address 2	#07-03 NORTH VIEW BIZHUB	Address 3	SINGAPORE 768090
Address 4		Address Type	Singapore address	Post Code	768090
Unit No.	05-93	Related Policy Number	5112369020		

Insured Object: 5112369020-000008

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Certificate Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1069518

Policy No.	5112369020	Vehicle No.	GBH5555S	GST Registration No.	
Certificate No.	5112369020-000008				
Policyholder Name	VERDECAS ENTERPRISE LLP			Policyholder NRIC	T14LL0564K
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	(•) No ( ) Yes	TCA	(•) No ( ) Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	01/11/2019 14:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	31/10/2019	Time of Accident hh:mm	17:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP BUKIT TIMAH RD AFTER JALAN ASAS				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess			
YIED OD Excess	1000.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	1600.00	Total TP Excess Applicable			

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	6 YISHUN INDUSTRIAL STREET	Address 2	#07-03 NORTH VIEW BIZHUB	Address 3	SINGAPORE 768090
Address 4		Address Type	Singapore address	Post Code	768090
Unit No.	05-03	Related Policy Number	5112369020		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YEO KENNEDY	Driver NRIC	S9548607Z	Driver DOB	25/12/1995
Register Date of Driver License	20/07/2015	Driver Age	23	Driving Experience	4
Contact No.(Mobile)	92290593	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 17	Address 2	TOH YI DRIVE	Address 3	TOH YI GARDENS
Address 4	SINGAPORE 590017	Address Type	Singapore address	Post Code	590017
Unit No.	05-93				
Does he own a Singapore Registered car?	( ) Yes (•) No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	( ) Yes (•) No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	VERDECAS ENTERPRISE LLP	Insured NRIC	T14LL0564K
Contact No.(Mobile)	92290593	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBH5555S	TP Vehicle Number	SGP8391B
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	GBH5555S / SGP8391B ON 31 Oct 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	01/11/2019 14:57	Claim Close Date		Date Received	01/11/2019 00:00
Report Taken By	Jackson				

[x] Print AK letter

Save Submit

Attachment

Accident No.	MT/1069518	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	01/11/2019 14:58

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2019 14:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2019 14:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2019 14:58	SAS		Normal	SAS 2019-11-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2019 14:58	Photos		Normal	Photos 2019-11-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2019 14:58	Photos		Normal	Photos 2019-11-1	
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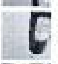	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2019 14:57	Photos		Normal	Photos 2019-11-1	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2019 14:57	Photos		Normal	Photos 2019-11-1	

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading