

NATIONAL Assessment Centre Services. [ver 1 Jan 03]

MMA 119151655

Date In: 16/11/19 17:09	Job description	Date & Time Completed	Done by
Ref No: MA(INC 19020340/44	SAS e-filing		
Veh No: GY39A	E-mail (within 3hrs, AIC 2hrs)		
DOA: 14/11/19 16:15	I-Motor Claim Form	MT/1071689 ²⁰¹	16/11/19 17:31
(ID) <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: SKW 1581G	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 holding 67886616)	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

MA1908596	Invoice Information Checklist	Amount (\$)	Adm (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2003)		
Adm:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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: Idao 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	16/11/2019 17:09
Date Of Accident	14/11/2019 16:15
Exact Location Of Accident	JUNC OF YISHUN AVE 1 & ST 81
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY39A
Insured/Policyholder	
Name Of Registered Owner	WENG SOON AUTO & LEASING
Co Reg No	53227794E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92727979

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5085190811-03
Cover Note Number	

Driver

Name of Driver	LIM CHENG SAN
NRIC No	S7044303A
Date Of Birth	08/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	20/06/1991
Driving Experience	28 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81008479
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 669 HOUGANG AVE 8 #08-737
Postcode	530669
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	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?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT L/20191114/2123

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	SKW1581G
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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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

Yishun St 81

Yishun Ave 1

A = GY39A
B = SKW1581G

A = GY39A

B = SKW 1581 G.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report L~~3~~ 2019 1114/2123

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**



L/20191114/2123

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POLICE REPORT (NP299)

Report No. L/20191114/2123

Police Station Of Origin
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE 757633
Tel No: 1800-5549999

Date/Time Report Made 14/11/2019 22:37	Vide Report No.	Station Diary No. 150		
Name Of Informant LIM CHENG SAN	Address APT BLK 669 HOUGANG AVENUE 8 #08-737 SINGAPORE 530669			
ID Type / ID No. NRIC NO / S7044303A	Contact No. Home/Office	Mobile 81008479		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation DELIVERY DRIVER	Sex Male	Age 48	Date of Birth 08/12/1970	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 14/11/2019 16:15	Location Of Incident YISHUN AVENUE 1 SINGAPORE			

Brief details.

On 14/11/2019 at about 1615hr, I was driving my company van, Toyota Hi-ace bearing the registration GY39A along Yishun Ave 1 towards Miltonia Close.

My vehicle was stationary as the traffic light is red. As I was about to move off, there was bang at the rear of the vehicle.

The vehicle, Honda black in colour bearing the registration no. SKW1581G had hit onto the rear of my

Signature Of Officer Recording The Report: L / Staff Sgt NUR IMRAN BIN MOHAMED MAZLAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/11/2019 22:37
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp BAY MEI FENG, JOYCE Contact No.:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



L/20191114/2123

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20191114/2123

vehicle. The driver, Male Chinese tel: 93266067 informed he wanted to settle the matter privately. I have reported the matter to my Supervisor Muhammad Iqbal Ibnu rahmat S8332541J Tel 87177321 and manager Raja'I advises me to lodge a police report for insurance action. We had tried to call the driver no. the caller ended the call.

Signature Of Officer Recording The Report:

L / Staff Sgt NUR IMRAN BIN MOHAMED MAZLAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
L / Woodlands Police Divisional Investigation Branch /
Insp BAY MEI FENG, JOYCE
Contact No.:

Authentication Stamp

Signature Of Informant:

Date/Time:
14/11/2019 22:37

Classification Of Case:

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

14/11/2019 16:03

Vehicle No.(For Motor)

GY39A

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"/>	5085190811-03		WENG SOON AUTO & LEASING	53227794E	GCV	Comprehensive	GY39A	GY39A	25/10/2019	24/10/2020

Claim Handling

Accident MT/1071689

Policy No.	5085190811-03	Vehicle No.	GY39A	GST Registration No.	
Certificate No.					
Policyholder Name	WENG SOON AUTO & LEASING			Policyholder NRIC	53227794E
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	92727979	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	16/11/2019 17:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	14/11/2019	Time of Accident hh:mm	16:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF YISHUN AVE 1 & ST 81				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
GD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED GD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total GD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	16/11/2019 17:29:40 System changed GST Status Verified from No to Yes				

▼ Policyholder Mailing Address

Address 1	2 KAKI BUKIT AVENUE 2	Address 2	#01-13 KAKI BUKIT AUTOHUB	Address 3	SINGAPORE 417921
Address 4		Address Type	Singapore address	Post Code	417921
Unit No.		Related Policy Number	5095717191-02		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/12/1970
Unnamed driver Name	LIN CHENG SAN	Driver NRIC	S7044303A	Driving Experience	28
Register Date of Driver License	20/06/1991	Driver Age	48	Contact No.(Home)	
Contact No.(Mobile)	81008479	Contact No.(Office)		Address 3	SINGAPORE 530669
Address 1	BLK 669 #08-737	Address 2	HOUGANG AVENUE 8	Post Code	530669
Address 4		Address Type	Singapore address		
Unit No.	08-737			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	WENG SOON AUTO & LEASING	Insured NRIC	53227794E
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	684264
Email Address		OI	GY39A	TP	SKW15
Claim Description		Vehicle Number	GY39A / SKW1581G ON 14 Nov 2019	Name of Preferred Workshop	IO
Preferred Workshop	0	Insured Liability	Not at Fault		
Repair Option	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered			16/11/2019 17:30	Claim Close Date	
Report Taken By			IEW SHAN HU	Date Received	16/11/2019

Print AK letter

Save Submit

Attachment

Accident No.	MT/1071689	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	16/11/2019 17:31		
Path *		Category *	Confidential	Urgency *	Desc
Choose File No file chosen		Clear	Please Select	NO	Normal
Choose File No file chosen		Clear	Please Select	NO	Normal
Choose File No file chosen		Clear	Please Select	NO	Normal
Choose File No file chosen		Clear	Please Select	NO	Normal
Choose File No file chosen		Clear	Please Select	NO	Normal
Choose File No file chosen		Clear	Please Select	NO	Normal
Message Read		Clear	Please Select	NO	Normal

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 16 Nov 2019 17:31	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 16 Nov 2019 17:31	SAS	Normal	SAS 2019-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 16 Nov 2019 17:31	Photos	Normal	Photos 2019-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 16 Nov 2019 17:31	Photos	Normal	Photos 2019-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 16 Nov 2019 17:30	Photos	Normal	Photos 2019-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 16 Nov 2019 17:30	Photos	Normal	Photos 2019-11-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 16 Nov 2019 17:30	Photos	Normal	Photos 2019-11-16
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) @ 16 Nov 2019 17:30	Photos	Normal	Photos 2019-11-16
Video List				
Uploaded By/Date	Folder Date	File Name	Source	
<div>Display in New Window</div> <div>Scan and uploading</div>				