

NATIONAL Assessment Centre Services

Date In: 27/12/19	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19002792/13	E-mail (within 2hrs):		
Veh No: GBE91460	i-Motor Claim Form: MT/1077579-001		
DOA: 23/12/19 0900	i-Motor W/O (Within 2hrs, TP 4hrs)		
OD: (P) Reporting Only	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: PA7589C	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%; F: 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

NA2000281	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) sT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	9) NI: Idac Mobile \$30		
	10) NI: Idac Mobile \$30		
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	100) NI: Idac Mobile \$30		

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	27/12/2019 15:53
Date Of Accident	23/12/2019 09:00
Exact Location Of Accident	BUKIT BATOK EAST AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9146D
Insured/Policyholder	
Name Of Registered Owner	YEW HUP HONG GAS SUPPLIER & TRADING
Co Reg No	5XXXX654D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98399297
Alternative Phone No	OFFICE-98379207

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5079348721-03
Cover Note Number	

Driver

Name of Driver	TAN YOKE LEONG
NRIC No	SXXXX341G
Date Of Birth	28/05/1958
Occupation	OUTDOOR
Date Of Driving Pass	17/02/1978
Driving Experience	41 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98399297
Fax Number	(LOCAL) +65-98379207
Contact Number	
EMail Address	NOEMAIL

Address	BLK 864A TAMPINES STREET 83 #10-458
Postcode	521864
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	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?	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

PLS REFER TO THE ATTACHED 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	PA7589C
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

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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.

YEW HUP HONG GAS SUPPLIER & TRADING

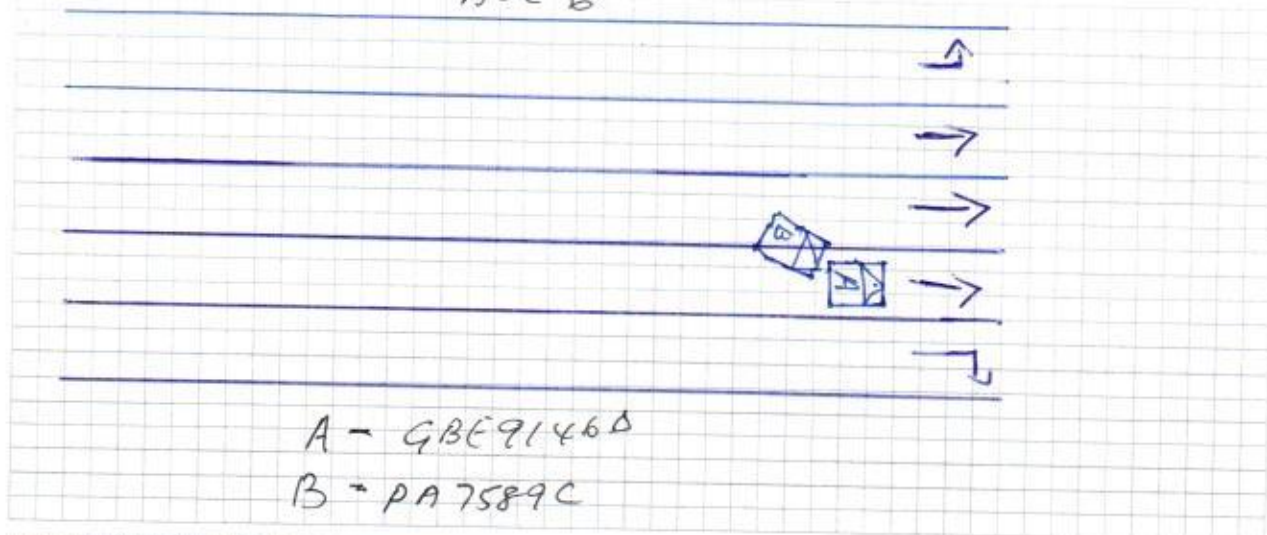
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

BUKIT BATOK EAST
AUE 6



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A was travelling straight on the stated venue. Suddenly I felt a huge impact from the rear of my vehicle. I then realise that vehicle B had cut into my lane & collided onto my vehicle rear left portion.

DECLARATION

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

YEW HUP HONG GAS SUPPLIER & TRADING

Policyholder's Signature
Date & Time:

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

sfym 27/12/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date of Accident : 23 Dec 2019 Accident Time: 0900 (24-HR-Format)
Accident Place : Bukit Batok East Avenue 6
Vehicle No. (Car Plate No.) : GBE 9146D Make/Model: Toyota Dyna
Insurance Company : NTUC Policy No: 5079348721-03
Owner or Company Name / IC No. : Yew Hup Hong Gas Supplier & Trading
Owner or Company Contact No. : 9837 9207 Owner's Hp 9839 9297 Company Tel
DRIVER'S Name / IC No. : Tan Yoke Leong (S11623416)
DRIVER'S Date Of Birth : 28/5/1956 DRIVER'S License Pass Date 17 Feb 1978
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: —
DRIVER'S Address : Blk 864A Tampines St 83 #10-458 (S) 521 864
DRIVER'S Contact No / Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 01
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No:	PA 7589 C	Vehicle No:	_____
Vehicle Make/Model:	_____	Vehicle Make/Model:	_____
Name Driver:	_____	Name Driver:	_____
IC No. Driver/Contact:	_____	IC No. Driver/Contact:	_____

* NEW - Passenger's name & gender:

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

23/12/2019 09:00

Vehicle No.(For Motor)

GBE9146D

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5079348721-03		YEW HUP HONG GAS SUPPLIER & TRADING	53145654D	GCV	Comprehensive	GBE9146D	GBE9146D	26/04/2019	25/04/2020

Continue

THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5079348721-03
The Policyholder	: YEW HUP HONG GAS SUPPLIER & TRADING BLK 1D #16-41 CANTONMENT ROAD THE PINNACLE@DUXTON SINGAPORE 085401

Period of Insurance	: 26 Apr 2019 To 25 Apr 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$2,878.25

Interest Insured

Cover Type	: Comprehensive		
Make/Model	: TOYOTA/DYNA 150		
Capacity	: 1.82 ton(s)	Number of Seater	: 2
Registration Number	: GBE9146D	Registration Date	: 26 Apr 2016
Chassis Number	: JTFAT3SY50K206101	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 15%
Excess (Section 2)	: N/A	Loyalty Discount	: 5%
Windscreen Excess	: S\$100		
Hire Purchase Company	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD		

Memo A : VEHICLE MODEL: TOYOTA DYNA 150 MANUAL

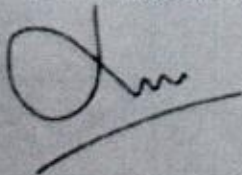
Endorsement Operative : N/A

Agency	: PRO-LINK INSURANCE AGENCY (00000571869)
Date of Issue	: 18 Apr 2019 16:59 hrs
Reprint	: 18 Apr 2019 17:00 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Claim Handling

Accident MT/1077579

Policy No.	5079348721-03	Vehicle No.	GBE9146D	GST Registrati
Certificate No.				
Policyholder Name	YEW HUP HONG GAS SUPPLIER & TRADING			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	98349253	Contact No.(Office)	0	Contact No.(H
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	15	Private Hire

Report Date		28/12/2019 17:16	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident		23/12/2019	Time of Accident hh:mm	09:00	Country of Acc
Reporting Centre			Orange Force		ICM No.
Accident Location		BUKIT BATOK EAST AVE 6			

Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
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	28/12/2019 17:18:32 System changed GST Status Verified from No to Yes			

Policyholder Mailing Address				
Address 1	BLK 10 #16-41	Address 2	CANTONMENT ROAD	Address 3
Address 4	SINGAPORE 085401	Address Type	Singapore address	Post Code
Unit No.	16-41	Related Policy Number	5079348721-03	

OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TAN YDKE LEONG	Driver NRIC	SXXXX341G	Driver DOB
Register Date of Driver License	17/02/1978	Driver Age	61	Driving Experi
Contact No.(Mobile)	98379207	Contact No.(Office)	0	Contact No.(H
Address 1	BLK 864A	Address 2	TAMPINES STREET 83	Address 3
Address 4	SINGAPORE S21864	Address Type	Singapore address	Post Code
Unit No.	#10-45B			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	YEW
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GB
Claim Description	GBE9146D / PA7589C ON 23 Dec 2019		
Preferred Workshop		Insured Liability	Not at Fault
Preferred No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
		28/12/2019 17:19	Claim Close Date
		ROSLINDA	
Print AK letter			

Save Submit

Attachment

Accident No.
Last Doc. Received

RT/1077579
* Yes No

Claim No.
Upload Date

001
28/12/2019 17:20

Path *

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Message Read

Category *

Confider

Clear Please Select NO
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 17:20	NRIC/ Driving License	Y Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 17:20	NRIC/ Driving License	Y Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 17:20	NRIC/ Driving License	Y Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 17:20	NRIC/ Driving License	Y Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 17:20	SAS	Normal	Si
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 17:20	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 17:20	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 17:20	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 17:19	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 17:19	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 17:19	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 17:19	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 17:19	Photos	Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 17:19	Photos	Normal	Phc

Video List

Uploaded By/Date	Folder Date	File Name	
			Display in New Window Scan and uploading