NATIONAL Assessment Centre Services (wef 1 Jan'05) MHA119171409

Date In: 30/IV/19-17:09	Job description	Date & Time Completed	Done by
Ref No: HA/INC19022898/24	SAS e-filing		
Veh No: GQE7577B	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 30/IV/19-10:55	i-Motor Claim Form	MH/1077387-001	30/IV/19 17:33
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: SBC2854A 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

HA2000085

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 : Idao 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: 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 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	30/12/2019 17:09
Date Of Accident	30/12/2019 10:55
Exact Location Of Accident	11 MANDAI ESTATE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE7677B
Insured/Policyholder	
Name Of Registered Owner	YEW TAT MACHINERY & CONSTRUCTION COMPANY PTE LTD
Co Reg No	2XXXXX645E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOYOTA DYNA 150 MANUAL
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	5088692705-02
Cover Note Number	
Driver	
Name of Driver	ONG SON CHIK
NRIC No	SXXXX032E
Date Of Birth	12/01/1972
Occupation	INDOOR
Date Of Driving Pass	20/12/1994
Driving Experience	25 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90698296
Fax Number	
Contact Number	OFFICE-90698296
EMail Address	NOEMAIL

Address	BLK 106A PUNGGOL FIELD #05-542
Postcode	821106
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	SIDE SWIPE
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	GBC2854A
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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims proc...
2. This Form must be completed by the Policyholder and/or the Authorised Dri...
3. Information provided must be as truthful and accurate as possible. Any wilfu... facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admi... companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to the GIA Records Management ... Association of Singapore (GIA) for archiving and that copies of this report will ... interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the arch... 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 Sing... disclose and/or process my personal data/personal information set out i... provided by me or possessed by my insurer (collectively the "Personal Infor... Personal information to all insurer(s) who have insured vehicle(s) involve... vehicle(s) involved in this accident shall be collectively referred to as the ... Monetary Authority of Singapore and any relevant government agency/... of:

(i) processing, handling and/or dealing with my claims including the sett... 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 an...

(iv) administering my claims (including the mailing of correspondence, ... which could involve disclosure of certain personal data about me to ... external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling ... "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the ... to collect, use, disclose and/or process my Personal Information for one ...

(c) my Personal Information may/can be disclosed by any of the insurers and/or ... agents (including their lawyers/law firms) which may be sited outside of Sing...

(d) my Personal Information will also be collected and used to compile claims ... 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, ... regulators, law enforcement and government agencies as reasonably ...

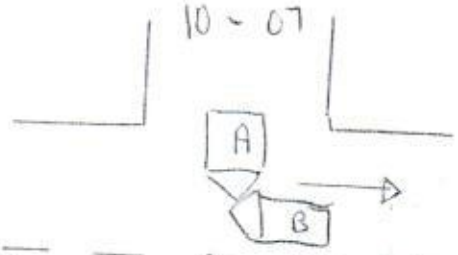
(ii) for complying with requirements under any regulations, laws or court ...

YEW TAT MACHINERY & CONSTRUCTION CO. PTE LTD.

Policyholder
Date & Time:

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

SKETCH PLAN



DOA 30/12/19

A : GBE 7677B

B : GBC 2854A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was coming out from my unit, suddenly veh B go against the flow of traffic collided onto my veh frt portion.

DECLARATION

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

YEW TAT MACHINERY & CONST PTE LTD

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.:

Personal Particulars

Date of Accident: 30/12/19 Time of Accident: 10.55am

Exact Location of Accident: 11 Mandai Estate 10 storey Unit 10-07 Co Pte Ltd

Owner's Name: Yew Tat Machinery & Construction NRIC No: _____ HP No: _____

Driver's Name: Ong Soo Chik NRIC No: S7270032E HP No: 90698296

Date of Birth: 12/1/1972 Driving Licence Passing Date: ~~23/4~~ 29/12/1994 Occupation: Indoor / Outdoor

Address: 106A Punggol Field #05-542 (821106)

Relationship of Driver with Insured: Owner Email Address: yewtat@outlook.com

Vehicle No: GBE 7677B Make & Model: Toyota

Insurance Co: NTUC Coverage: _____ Policy No: _____

*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work

*Weather Condition ? Clear / Raining / Others: _____ Wet / Dry / Others: _____

* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: 1+0 C: _____ D: _____

*Was Anybody Injured ? (Yes / ~~No~~) If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police ?

~~O No~~ O Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

~~O No~~ O Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes/No)

Third Party Driver's Particulars

Vehicle B No: GBC 2854A Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Vehicle C No: _____ Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

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: 30/12/2019 10:55
Vehicle No.(For Motor): GBE7677B | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5088692705-02		YEW TAT MACHINERY & CONSTRUCTION COMPANY PTE LTD	200905645E	GCV	Comprehensive	GBE7677B	GBE7677B	22/03/2019	21/03/2020

Continue

Policy Information

Policy No.	5088692705-02	Policyholder Name	YEW TAT MACHINERY & CONSTI	Policyholder NRIC	200905645E
Certificate No.					
Address	11 MANDAI ESTATE #10-07 ELDIX SINGAPORE 729908				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy issue Date	19/03/2019	Effective Date	22/03/2019 00:00	Expiry Date	21/03/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	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	DIRECT BUSINESS DEPT	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	11 MANDAI ESTATE	Address 2	#10-07 ELDIX	Address 3	SINGAPORE 729908
Address 4		Address Type	Singapore address	Post Code	729908
Unit No.		Related Policy Number	5075057729-04		

Insured Object: GBE7677B

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1077787

Policy No.	5088692705-02	Vehicle No.	GBE7677B	GST Registration No.	200905645E
Certificate No.					
Policyholder Name	YEW TAT MACHINERY & CONSTRUCTION COMPANY PTE LTD			Policyholder NRIC	200905645E
Product Code	COMMERCIAL VEHICLE INSURAI	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(%)	20	Private Hire	No

Accident Details

Report Date	30/12/2019 17:22	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	30/12/2019	Time of Accident hh:mm	10:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	11 MANDAI ESTATE				

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	30/04/2009
GST Registration No.	200905645E	GST Status Verified	Yes
Modification History	30/12/2019 17:32:33 System changed GST Registration Date from 01/01/2015 to 30/04/2009 30/12/2019 17:32:33 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	11 MANDAI ESTATE	Address 2	#10-07 ELOIX	Address 3	SINGAPORE 729908
Address 4		Address Type	Singapore address	Post Code	729908
Unit No.		Related Policy Number	5075057729-04		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ONG SON CHIK	Driver NRIC	S0000032E	Driver DOB	12/01/1972
Register Date of Driver License	20/12/1994	Driver Age	47	Driving Experience	25
Contact No.(Mobile)	90698296	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 106A	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE 821106
Address 4		Address Type	Singapore address	Post Code	821106
Unit No.	05-542				
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	YEW TAT MACHINERY & CONSTI	Insured NRIC	200905645E
Contact No.(Mobile)	96699629	Contact No.(Home)		Contact No.(Office)	68410629
Email Address		OI Vehicle Number	GBE7677B	TP Vehicle Number	GBC2854A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	GBE7677B / GBC2854A ON 30 Dec 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	30/12/2019 17:33	Claim Close Date		Date Received	30/12/2019 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1077787	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	30/12/2019 17:34

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	

Add Attachment ☐ Send Message

Attachment List

Msg Sent?

Attachment	Uploaded By/Date	Category	?	Urgency	Description	(CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Dec 2019 17:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Dec 2019 17:34	SAS		Normal	SAS 2019-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Dec 2019 17:34	Photos		Normal	Photos 2019-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Dec 2019 17:34	Photos		Normal	Photos 2019-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Dec 2019 17:34	Photos		Normal	Photos 2019-12-30	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Dec 2019 17:33	Photos		Normal	Photos 2019-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Dec 2019 17:33	Photos		Normal	Photos 2019-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Dec 2019 17:33	Photos		Normal	Photos 2019-12-30	

Video List

Uploaded By/Date	Folder Date	File Name	?	Source	Actior

Display in New Window | Scan and uploading