

# NATIONAL Assessment Centre Services.

(ref: 1 Jan 00)

MA10420005224

Date In: 13/01/2020 11:19	Job description	Date & Time Completed	Done by
Ref No: MA10420000727/4	SAS e-filing		
Veh No: G1 8689X	E-mail (4 jobs 2hrs, AIC 2hrs)		
D.O.A: 10/01/2020 18:20	I-Motor Claims Form	MA1019703001	13/01/2020 11:52
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whisp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SKF 675L

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 ( )

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )

Date/Time:

Date/Time:

Date/Time:

Date/Time:

Date/Time:

Date/Time:

Date/Time:

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Date/Time:

Date/Time:

Date/Time:

MA2000449

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Warranty Comments:

Sal: 1:

2/2

Invoice Item	Amount	Invoice Item	Amount
1) AR: Accident Reporting (\$30)		1) NI: 1 day Mobile	
2) DA: Damage Assessment (\$100)		2) NI: 1 day Mobile	
3) TP: Towing Fee	\$40/\$45	3) NI: 1 day Mobile	
4) PT: Follow-Through Survey	\$120	4) NI: 1 day Mobile	
5) PT: Follow-Through Survey (Resurvey)	\$30	5) NI: 1 day Mobile	
6) TR: Re-inspection	\$75	6) NI: 1 day Mobile	
7) NI: 1 day DA + SMRT Survey	\$160	7) NI: 1 day Mobile	
8) NTUC Additional Services:		8) NI: 1 day Mobile	
ON:		9) NI: 1 day Mobile	
• NS: Courtesy Car / Tpl Allowance	\$5	10) NI: 1 day Mobile	
• NG: Repair Coordination	\$10	11) NI: 1 day Mobile	
• NT: Post Repair Inspection	\$25	12) NI: 1 day Mobile	
• ND: DV / Collect Excess Coordination	\$3	13) NI: 1 day Mobile	
• TP (NI): TP (Non INC) against INC	\$20	14) NI: 1 day Mobile	
9) NI: 1 day Mobile	\$30	15) NI: 1 day Mobile	
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	13/01/2020 11:19
Date Of Accident	10/01/2020 18:20
Exact Location Of Accident	ALONG YIO CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GT8680X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TERRY AQUACARE
Co Reg No	5XXXX494L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96652645
Alternative Phone No	OFFICE-91807312
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5114321466
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHEW CHOW KUAN
NRIC No	SXXXX137F
Date Of Birth	26/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	27/11/1984
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96652645
Fax Number	
Contact Number	OTHERS-91807312
EMail Address	NOEMAIL

Address	BLK 790 CHOA CHU KANG NORTH 6 #09-240
Postcode	680790
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 - 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?	NO
Was any other material or property damaged?	NO
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

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF6475L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	93696877
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.
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.

TERRY AQUACARE

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.:

Yio Chu Kang Road

Vehicle A: 4T 8680 X  
Vehicle B: SKF 6475 L

Date: 10.01.2020 @ 1820  
Along Mid Chukang Road.

Traffic was heavy at point of accident. My car stopped as traffic was not moving suddenly, vehicle B bang onto my rear causes damages on my rear.

**TERRY AQUACARE**

NRIC/FIN No.:

13/01/2020

Personnel's Sign: 

Urb. Holz



# Accord Auto Services Pte Ltd

Tel: 6481 9517 / 9740 0999 Fax: 6481 9516 Email: claims@mycarworkshop.com.sg

## Particular Of Insured/Driver & Details Of The Accident

\*Date of Accident: 10.01.2020 \*Time of Accident: 1820  
\*Accident Location: Along Yio Chu Kang Road.

## Vehicle Details

\*Vehicle Number: GT 8680 X \*Make & Model: Toyota Hiace - Diesel

## Insured / Policyholder

\*Owner Name: Terry Aquacore \*NRIC: S288 8494 L  
\*Address: Blk 790 Choa Chu Kang North 6 \*HP: H09-240  
\*Email: NOEMAIL \*HP: 9665 2645  
\*Occupation: \_\_\_\_\_ (Indoor / Outdoor) \*Tel / H / Other: 9180 7312

## Driver ( ) same as above

\*Driver Name: Mew Chow Kuan \*NRIC: \_\_\_\_\_  
\*Address: Blk 790 Choa Chu Kang North 6 \*HP: H09-240 (S) 680790  
\*Date of Birth: 26.05.1965 \*Driving Pass Date: 27.11.1984 \*HP: 9665 2645  
\*Email: NO EMAIL \*Gender: Male / Female  
\*Occupation: NOT WORKING (Indoor / Outdoor) \*Tel / H / Other: 9665 2645  
\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: OWNER)

## Passengers Details

\*P/Name: N/C (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)  
\*P/Name: \_\_\_\_\_ (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)

## Insurance Company

\*Insurer: NTUC \*Coverage: C / TPFT / TPD \*Policy No: 5114321466

## Detail of other vehicle / Property 1

Vehicle No.: SKF 6475L  
Make & Model: \_\_\_\_\_  
Vehicle Category: \_\_\_\_\_  
Name of Driver: \_\_\_\_\_  
NRIC : \_\_\_\_\_  
HP : 93696877  
No. of Passengers (Including Driver): 1

## Detail of other vehicle / Property 2

Vehicle No.: \_\_\_\_\_  
Make & Model: \_\_\_\_\_  
Vehicle Category: \_\_\_\_\_  
Name of Driver: \_\_\_\_\_  
NRIC : \_\_\_\_\_  
HP : \_\_\_\_\_  
No. of Passengers (Including Driver): \_\_\_\_\_

## For Official Use Only

\*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

## General Information of the accident

\*Type of accident: Head-Bear / Side swipe / others: \_\_\_\_\_  
\*Weather conditions: Clear / Raining / others: \_\_\_\_\_ \*Any video cam: Yes No  
\*Road Surface: Dry / Wet / others: \_\_\_\_\_  
\*Witness: Yes / No Name: \_\_\_\_\_ NRIC: \_\_\_\_\_ HP: \_\_\_\_\_  
\*Accident reported to police: Yes No \*Summon against whom: \_\_\_\_\_  
\*Injured party: Yes / No \*No. of passengers (include driver): 1  
-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No  
-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

\* purpose : transport home.

Claim Handling

Accident MT/1079703

Policy No.	5114321466	Vehicle No.	GT8680X	GST Registration No.	
Certificate No.					
Policyholder Name	TERRY AQUACARE	Cover Type	Third Party	Policyholder NRIC	52889494L
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96652645/91807312	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KPK	No Yes	NCD Endowment(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	13/01/2020 11:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/01/2020	Time of Accident (h:mm)	18:20	Country of Accident	Singapore
Reporting Centre		Grange Force		ICH No.	
Accident Location	ALONG YIO CHU KANG RD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	13/01/2020 11:38:52 System changed GST Status Verified from No to Yes.				
Policyholder Mailing Address					
Address 1	BLK 790 #09-240	Address 2	CHGA CHU KANG NORTH S	Address 3	SINGAPORE 680790
Address 4		Address Type	Singapore address	Post Code	680790
Unit No.	09-240	Related Policy Number	5114321466		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/05/1965
Unnamed driver Name	CHIEW CHOW KUAN	Driver NRIC	SXXXX137F	Driving Experience	35
Register Date of Driver License	27/11/1984	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	96652645/91807312	Contact No.(Office)		Address 3	SINGAPORE 680790
Address 1	BLK 790 #09-240	Address 2	CHGA CHU KANG NORTH S	Post Code	680790
Address 4		Address Type	Foreign address		
Unit No.	09-240			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	GT8680X		
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No		
Modification History					

Claim 001 New

Claim Type *	OD-MX	Insured Name	TERRY AQUACARE	Insured NRIC	52889494L
Contact No.(Mobile)	NIL	Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	GT8680X	TP Vehicle Number	SKP6475L
Claim Description	GT8680X / SKP6475L ON 10 Jan 2020				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Remarks No. Finalisation	Yes	Preferred Workshop, Name unknown			
Date Registered				Claim Close Date	13/01/2020 00:00
Report Taken By	ROSLI WAHAB				
Print AR letter					
Save Submit					

Attachment

Accident No.	MT/1079703	Claim No.	001
Last Doc. Received	Yes No	Upload Date	13/01/2020 11:52
Path +			
Choose File	No file chosen	Category *	Confidential Urgency *
Choose File	No file chosen	Please Select	NO Normal
Choose File	No file chosen	Please Select	NO Normal
Choose File	No file chosen	Please Select	NO Normal
Choose File	No file chosen	Please Select	NO Normal
Choose File	No file chosen	Please Select	NO Normal
Choose File	No file chosen	Please Select	NO Normal
Message Board	Send Message Upload		
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Jan 2020 11:52	SAS	Normal
	NAC_BUKIT_MERAH_300676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Jan 2020 11:43	NRIC/ Driving License	Normal
	NAC_BUKIT_MERAH_600676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Jan 2020 11:43	Photos	Normal



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Business
Owner ID:	494L

### Vehicle Details

Vehicle No.:	GT8680X
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Jan 2020
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE DIESEL
Primary Colour:	Blue
Manufacturing Year:	2000
Engine No.:	5L5012991
Chassis No.:	LH1620013066
Maximum Power Output:	-
Open Market Value:	\$25,413.00
Original Registration Date:	30 Nov 2000
First Registration Date:	30 Nov 2000
Transfer Count:	0
Actual ARF Paid:	\$1,271.00

### Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

### Intended COE Rebate Details

COE Expiry Date:	29 Nov 2020
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$22,924.00
COE Rebate Amount:	\$4,024.00
<b>Total Rebate Amount:</b>	<b>\$4,024.00</b>

### Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 13 Jan 2020

OK



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MA420005224 Vehicle Registration No: G78680X  
Name (as shown in NRIC) : Chen Chaw Kuow NRIC/FIN/Passport No : SXXX137F  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96652645  
Email Address : \_\_\_\_\_  
Date of Accident : 10/01/2020 Time of Accident : 18:20  
Place of Accident : near Yio Che Keng Road  
Insurance Company : NAC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DRIVER HANDPHONE NUMBER 96652645

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

 12/01/2020  
Reporting Centre Personnel's Signature  
Name: Rishi W...  
NRIC/FIN No.: \_\_\_\_\_  
Date: