

NATIONAL Assessment Centre Services

Date In: 13/01/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20000754/13	SAS e-filing		
Veh No: GBT2152E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/01/20 1615	i-Motor Claim Form	MT/1079858-001	
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 / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (N-51	Tel:	Fax:
TP Particulars:	Veh No: SLW9662S	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 repaler.

() 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

NA2000563	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	ON*		
	*N5: Courtesy Car / Tp 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	

Auditors' Comments:

Dat 1:

Dat 2/3:

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 13:16
Date Of Accident	11/01/2020 16:15
Exact Location Of Accident	ALONG SIMS AVE TWDS SIMS AVE EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ2152E
Insured/Policyholder	
Name Of Registered Owner	GEOSCAPES PTE. LTD
Co Reg No	2XXXXX835K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98479771

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107438143
Cover Note Number	

Driver

Name of Driver	KOH MONG HOW@SEAH KIM LYE
NRIC No	SXXXX473C
Date Of Birth	19/07/1955
Occupation	OUTDOOR
Date Of Driving Pass	18/04/1978
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96348897
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 725 TAMPINES ST 71 #12-163
Postcode	520725
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?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW9662S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PECK YEW LEE
NRIC/Passport Number	
Contact Number	97705677
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.

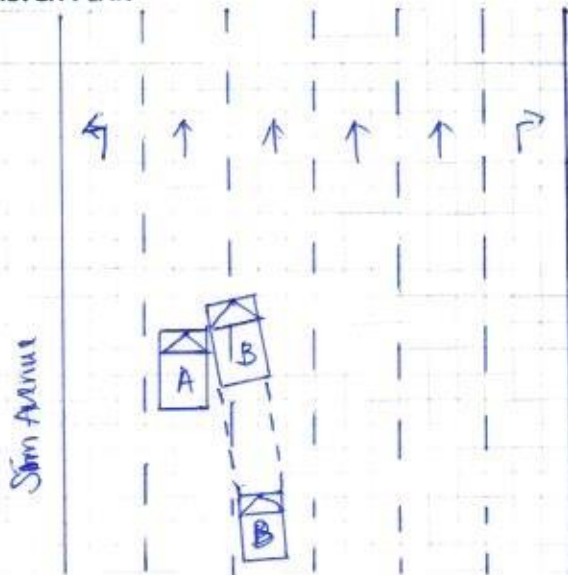
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN



Vehicle A: GBJ 2152E
Vehicle B: SLW 9662S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (GBJ 2152E) traveling along Sim Avenue towards Sim Avenue East on 4th lane of a 6-lanes road. Somewhere after Kallang mrt, vehicle B (SLW 9662S) wanted from my right lane, filtered to my lane. As a result, the left portion of vehicle B collided onto the front right portion of my vehicle.

DECLARATION

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

2

Policyholder's Signature
Date & Time:



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

Reporting Centre Personnel's Signature
Name: *lyn* 13/01/20
NRIC/FIN No.:

Vehicle No.	GBJ2152E	Model / Make	Toyota Hiace
Date of Accident	11/1/2020		
Time of Accident	1615	HRS	
Location of Accident	Along Sims Avenue towards Sim Avenue East		
Exact purpose use during accident	Work		
Name of Owner	Geoscapes Pte Ltd		
Telephone No.	H/P: 9847 9771	Home:	Office:
NRIC	200912835K		
Address	8 Burn Road #15-13 S(36977)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5107438143		
Name of Driver	As Above If No, Koh Meng Han @ Seah Kim Lye		
NRIC	81199473C	Any Passengers: -	
Date of birth	19/7/1955		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	18/4/1978		
Gender	Male / Female		
Contact No.	H/P: 9634 8897	Home:	Office:
Address	Blk 725 Tampines Street 71 #12-163 S(520725)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	Erengang N.P.C
Vehicle B No.	SLW9662S	Any Passengers: 1	
Name of Driver	Peck Yaw Lee	Contact No.: 97705677	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	Front right portion		
Camera Recorder	Yes / No		
Email Address	project.geoscapes@gmail.com		
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Tieg		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5107438143

Cover : Preferred Workshop Plan

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : GBJ2152E |
| Chassis Number | : JTFAT35Y50K212495 |
| 2. Name of Policyholder | : GEOSCAPES PTE. LTD. |
| 3. Effective Date of Insurance | : 20 Feb 2019 |
| 4. Expiry Date of Insurance | : 19 Feb 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover:

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABWIN PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ABWIN PTE LTD (00000614234)
Date of Issue : 15 Feb 2019 16:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1079858

Policy No.	5107438143	Vehicle No.	GBJ2152E	GST Registra
Certificate No.				
Policyholder Name	GEOSCAPES PTE. LTD.			Policyholder f
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	98479771	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	13/01/2020 17:30	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/01/2020	Time of Accident hh:mm	16:15	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG SIMS AVE TWO'S SIMS AVE EAST			

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 Cov
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	06
GST Registration No.	200912835X	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	8 BORN ROAD	Address 2	#13-13 TRIVEX	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5107438143	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KOH MONG HOW/IRSEAH KIM LY	Driver NRIC	SXXXXX473C	Driver DOB
Register Date of Driver License	18/04/1978	Driver Age	64	Driving Exper
Contact No.(Mobile)	96340897	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 725	Address 2	TAMPINES STREET 71	Address 3
Address 4	SINGAPORE 520725	Address Type	Singapore address	Post Code
Unit No.	#12-163			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure

Declaration

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

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	PROJECT.GEOSCAPES@GMAIL.COM		
Preferred Workshop		Insured Liability	Not at Fault
Report No.		Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation	Yes	GIA report	Received
Date Registered			13/01/2020 17:36
Report Taken By			ROSILINDA
			Workshop Repairer
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.
Last Doc. Received

MT/1079858
* Yes No

Claim No.
Upload Date

001
13/01/2020 00:00

Path

Category

Confid

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

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NO

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Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2020 17:36	NRIC/ Driving License	Y	Normal
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2020 17:36	SAS		Normal
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2020 17:36	Photos		Normal
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2020 17:36	Photos		Normal
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2020 17:35	Photos		Normal
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2020 17:35	Photos		Normal
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2020 17:35	Photos		Normal
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2020 17:35	Photos		Normal
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2020 17:35	Photos		Normal
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jan 2020 17:35	Photos		Normal

Video List

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