

# NATIONAL Assessment Centre Services

Ref: JAW001 MNA120012554

Date In: 28/01/2020 21:54	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NW/INC 20001535P	E-mail (attach SRS, AIC 2hrs)		
Veh No: GBD362D	I-Motor Claim Form E-600	MT/1079000-003	
Date: 06/01/2020 17:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP: TP Reporting Only	I-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
IP Particulars:	Veh No: SLF 7686B	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 10 line 6709/6616)	Date Claim 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

MA 2000917		Invoice Preparation Checklist		Amc (\$)	Ref: JAW001
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)				
Contact No:	3) TP: Towing Fee \$40/\$45				
Damaged Portion:	4) FT: Follow-Through Survey \$120				
QC Checked by (Eng-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30				
Auditors' Comments:	For claiming assist INC Only (wef 10 Jan 2020)				
	6) TR: Re-inspection \$75				
	7) NI: Idao DA + EMRT Survey \$160				
	8) NTUC Additional Services:				
	ON:				
	*NS: Courtesy Car / Tpt Allowance \$5				
	*NG: Repair Co-ordination \$10				
	*NI: Post Repair Inspection \$25				
	*N8: DV / Collect Excess Coordination \$5				
	TP (N11): TP (N11 INC) against INC \$20				
	9) N12: Idao Mobile \$0				
	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	28/01/2020 21:54
Date Of Accident	06/01/2020 17:00
Exact Location Of Accident	BEDOK SOUTH AVE 3 (BEDOK COURT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3652D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SP BEST SERVICE
Co Reg No	5XXXX222M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87763531
Alternative Phone No	OFFICE-87763531

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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	REPORTING ONLY
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	
Cover Note Number	5110023101

### Driver

Name of Driver	LOY KOK WEE
NRIC No	SXXXX603C
Date Of Birth	02/06/1961
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1990
Driving Experience	30 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87763531
Fax Number	
Contact Number	
EMAIL Address	NOEMAIL

Address	BLK 206D COMPASSVALE LANE #09-127
Postcode	544206
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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	3
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

REFER TO STATEMENT

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF7686B
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLW7691X
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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

### 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.

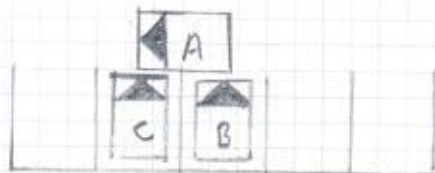


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



A = GBD 3652 D

B = SLF 7686 B

C = SLW 7691 X

Bedok court @ Bedok south Ave 3

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

## 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.:

I WAS MOVING OUT FROM THE LOT, THAT DAY I NOT FEELING WELL, MY  
VEH ACCIDENTALLY HIT ONTO ANOTHER 2 PARKED VEH.



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 6 / 1 / 20 ) (DD/MM/YYYY), TIME: ( 17 : 00 ) (HH:MM)  
 LOCATION: Bedok South Ave 3 (Bedok Court)

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBD 3652D  
 b) INSURANCE COMPANY: INC.  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Nissan NV350  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Working  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

A) NAME: SP Best Service (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 8776 3531  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

a) NAME: Loy Kok Wee (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: ( 01 / 01 / 1940 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 01/01/1940

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hiver

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLF 76F6B MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: SLW 7691X MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
 (including driver)  
(1)

\* No of passengers  
 (including driver)  
( )

\* No of passengers  
 (including driver)  
( )

\* chop

\* email

Email =

fax =

\* license

VIDEO = No.



CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Loy Kah Wee

NRIC/FIN S1482603C, has reported to the Police a non-injury traffic accident  
which occurred at Bedok South Avenue 3 inside condo  
carpark

on 6/1/2020 at 1630 -am/pm involving the following vehicles:

- G9D36520
- SCF7686B
- SLW7691X

- 2 If this accident was reported to the Police within 24 hours of its occurrence,  
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SUT3 Hatanai

Date: 8/1/2020 Time: 1845

S/D Ref: 157

Police Post/Unit: 3rd NRC

Sengkang NRC  
2 Sengkang Square  
#01-02 S(545025)  
Tel: 1800-333-3333

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police

CONFIDENTIAL

IC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

kstop  
of Loss

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="06/01/2020 14:20"/>	
Vehicle No.(For Motor)	<input type="text" value="GBD3652D"/>	Certificate Number	<input type="text"/>	
<input type="button" value="Search"/>				

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110023101		S P BEST SERVICE	53325222M	GCV	Comprehensive	GBD3652D	GBD3652D	31/05/2019	30/05/2020

## Claim Handling

Accident MT/1079000

Policy No.	S110023101	Vehicle No.	G0D3652D	GST Registration No.	
Certificate No.					
Policyholder Name	S P BEST SERVICE			Policyholder NRIC	S3325222M
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NIL	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(%)	15	Private Hire	No

## Accident Details

Report Date	07/01/2020 17:10	Accident Report Within 24 hrs	No	Accident Type	Side Swipe
Date of Accident	06/01/2020	Time of Accident hh:mm	17:45	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	295 BEDOK SOUTH AVE 3 PARKING LOT 77				

## 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 Covered?	Not Covered
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	07/01/2020 17:12:14 System changed GST Status Verified from No to Yes		

## Policyholder Mailing Address

Address 1	BLK 336 #04-373	Address 2	HOUGANG AVENUE 7	Address 3	SINGAPORE S30336
Address 4		Address Type	Singapore address	Post Code	S30336
Unit No.	04-373	Related Policy Number	S107563310-01		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LOY KOK WEE	Driver NRIC	S1482603C	Driver DOB	02/06/1961
Register Date of Driver License	01/01/1990	Driver Age	58	Driving Experience	30
Contact No.(Mobile)	87763531	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 206D #09-127	Address 2	COMPAASSVALE LANE	Address 3	SINGAPORE S44206
Address 4		Address Type	Singapore address	Post Code	S44206
Unit No.	09-127				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

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

Modification History

Claim 003 OD-MX

New

Claim Type *	OD-MX	Insured Name	S P BEST SERVICE	Insured NRIC	S332
Contact No.(Mobile)	90771366	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	G0D3652D	TP vehicle Number	SLF7
Claim Description	G0D3652D / SLF7686B ON 6 Jan 2020				
Preferred Workshop	0	Insured Liability	Fully at Fault	GIA report	Received
Options No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered				Claim Close Date	29/01/2020 20:42
Report Taken By				Workshop Repairer	BEH SWEE YANG SHERWIN
					Total Loss but Repaired

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1079000	Claim No.	003
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/01/2020 20:38

Path \*

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	
Choose File	No file chosen	Clear	Please Select	NO	Normal	

Message Read



## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:42	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:42	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:40	Photos		Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:39	Photos		Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:39	Photos		Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:39	Photos		Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:39	Photos		Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:39	Photos		Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:39	Photos		Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:39	SAS		Normal	SAS 2020-1-29

## Video List

Uploaded By/Date	Folder Date	File Name		Source
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[Display in New Window](#)
[Scan and uploading](#)

**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 : MNA120012554 Vehicle Registration No: GBD3652D

Name(as shown in NRIC) : LOY KOK WEE NRIC/FIN/Passport No : SXXXX603C

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : BLK 206D COMPASSVALE LANE #09-127 Singapore(544206)

Contact (Tel) : 87763531 Mobile No. : 87763531

Email Address : NO EMAIL

Date of Accident : 06/01/2020 Time of Accident : 17:00

Place of Accident : BEDOK SOUTH AVE 3 (BEDOK COURT)

Insurance Company: NTUC Income Insurance Co-operative Ltd

(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:

AMEND ADD PHOTOS

SHERWIN

Policyholder / Driver's Signature  
Date:

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