

NATIONAL Assessment Centre Services. [ver 1 Jan'00]

NA/2001840

Date In: 01/01/2020 17:07	Job description	Date & Time Completed	Done by
Ref No: NA/2001840/1	SAS e-filing		
Veh No: PC 307L	E-mail (within 2hrs, AIC 2hrs)		
DOA: 30/01/2020 21:00	I-Motor Claims Form	01/01/2020 21:00	allosbaw
OID: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		N:27
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tot: ( )	Fact: ( )
TP Particulars:	Veh No: GBJ 292P	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tch: ( )	
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:
- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
  - 2) QC Check / Post Repair Inspection ( )
  - 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time	Location	Remarks

NA2000684		
Driver/Owner:	1) ALT: Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$45
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$30
	5) FT: Follow-Through Survey (Resurvey)	\$73
	6) TR: Re-inspection	\$160
	7) NI: Idas DA + SMRT Survey	
	8) NIUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance	\$3
	*NR: Repairs Co-ordination	\$10
	*NI: Post Repair Inspection	\$23
	*NB: DV / Collect Excess Coordination	\$3
	TP (Nil) / TP (Non INC) against INC	\$30
	9) NI: Idas 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	01/02/2020 17:07
Date Of Accident	30/01/2020 21:00
Exact Location Of Accident	TECK HONG LEONG BUILDING CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2907R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	R&K ANG SERVICES PTE. LTD.
Co Reg No	2XXXXX669E
Email Address	MAJEREMYEYO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91075928
Alternative Phone No	OFFICE-91075928
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HIACE COMMUTER
Exact Purpose for which vehicle was being used at time of accident	VAN WAS PARKED
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104045495-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	JEREMY YEO WEE CHYE
NRIC No	SXXXX775A
Date Of Birth	14/06/1996
Occupation	OUTDOOR
Date Of Driving Pass	12/04/2016
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91075928
Fax Number	
Contact Number	OTHERS-91075928
E Mail Address	MAJEREMYEYO@GMAIL.COM

Address BLK 26 JALAN BERSEH  
#11-166

Postcode 200026

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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) 0

#### 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

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBJ2192P

Vehicle Make/Model/Colour TOYOTA HIACE

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

### 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:

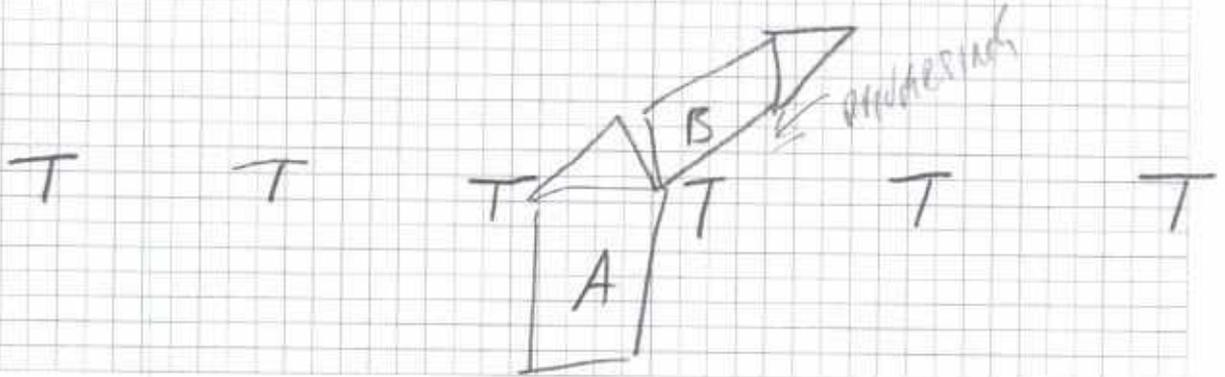
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

A: PC2907R  
B: GBJ2192P

Carpark @ Teck Hong Leong Building



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle PC2907R was parked at carpark in Teck Hong Leong Building. At around 2110hrs, I was going to head out for a job, I noticed some damage on my vehicle then I ask the guard if she knows what happen. I was then inform that GBJ2192P did the damage when he was doing a reverse park. My car cam had capture the impact.

DECLARATION

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



Policyholder's Signature  
Date & Time:

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

*[Handwritten Signature]*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 30/01/2020 (DD/MM/YYYY), TIME: 21:00 (HH:MM)

LOCATION: Tock Hong Leong Building

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC2907R  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: Toyota Hiace Converter  
f) TYPE: (SALOON / COUPE / MPV / VAN) LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Car was park  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- A) NAME: R & K Arg Services Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 201120669E CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: Jenny Yeo Wee Hye (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: J9620725A CONTACT: 91075928  
c) ADDRESS: 6125 Arden Road #11-16G 1720026

\* d) DATE OF BIRTH: 14/06/1996 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12/01/2016

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

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: G8J 2192P MODEL: Toyota Hiace  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

# No of passenger  
(Including driver)  
(0)

# No of passenger  
(Including driver)  
( )

# No of passenger  
(Including driver)  
( )

email = majesanyyeo@gmail.com

VIDEO

**Claim Handling**

Accident MT/1082528

Policy No.	550H045895-01	Vehicle No.	PC2907R	GST Registrati
Certificate No.				Policyholder N
Policyholder Name	R&K ANG SERVICES PTE. LTD.	Cover Type	Comprehensive	Loading
Product Code	BUS INSURANCE	Contact No.(Office)		Contact No.(H
Contact No.(Mobile)	80175929	Special Remark		eCode
Email Address		TCA	- No Yes	eCode Reason
KFK	- No Yes	NCD Entitlement(%)	10	Private Hire
NCD Protection	No			

**Accident Details**

Report Date	01/02/2020 17:26	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/01/2020	Time of Accident (hr:min)	21:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	TECK HONG LEUNG BUILDING CARPARK			

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	500.00	
OD Standard Excess	3,000.00	TP Standard Excess	1,000.00	
YIED OD Excess	1000.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	3000.00	Total TP Excess Applicable	1,000.00	

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	01/02/2020 17:25:18 System changed GST Status Verified from No to Yes		

**Policyholder Mailing Address**

Address 1	151 LAVENDER STREET	Address 2	404-07 LAVENDER PLACE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5102383054-01	

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	JEREMY HEO WEE CHYE	Driver NRIC	SXXXX775A	Driving Experi
Register Date of Driver License	12/04/2016	Driver Age	23	Contact No.(H
Contact No.(Mobile)	80175929	Contact No.(Office)		Address 3
Address 1	BLK 26 #11-100	Address 2	JALAN BERSEH	Post Code
Address 4	SINGAPORE 390079	Address Type	Foreign address	
Unit No.	11-100			
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	PC2907R	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	RB
Contact No.(Mobile)	97385593	Contact No. (Home)	
Email Address:		OT Vehicle Number	PC
Claim Description	PC2907R / GBJ2192P ON 30 Jan 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received		
Report Taken By			
		01/02/2020 17:26	Claim Close Date
		ROSLI WAHAB	

Print AK letter

Save Submit

Attachment

Accident No: HITUBR2020 Claim No: 911  
 Last Doc. Received: \* Yes No Upload Date: 01/02/2020 17:27

- Choose File No file chosen

Message Read

Clear	Category *	Confidel
Clear	Please Select ▼	NO
Clear	Please Select ▼	NO
Clear	Please Select ▼	NO
Clear	Please Select ▼	NO
Clear	Please Select ▼	NO
Clear	Please Select ▼	NO
Clear	Please Select ▼	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Confidel
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2020 17:27	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2020 17:27	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2020 17:27	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2020 17:27	Photos	Normal	PI
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2020 17:27	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2020 17:26	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2020 17:26	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2020 17:26	NRIC/ Driving License	Y Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2020 17:26	NRIC/ Driving License	Y Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2020 17:26	NRIC/ Driving License	Y Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2020 17:26	SAS	Normal	

Video List

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

My Desktop  
Notice of Loss

Policy Query

Policy No.  Date of Accident 30/01/2020 17:28

Vehicle No. (For Motor) PC2907R  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
*	S104045495-01		R&K ANG SERVICES PTE. LTD.	201120669E	GBS	Comprehensive	PC2907R	PC2907R	09/10/2019	08/10/2020

Continue