

# NATIONAL Assessment Centre Services

part 1 Jan 2013

MA 120019635

Date In: 12/2/20 17:29	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 2000 2478144	E-mail (within 3hrs, A/C 2hrs)		
Veh No: GBB 2880D	I-Motor Claim Form	MT/1084136-001	12/2/20 18:12
ICLA: 1112120 16:30	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OT: <input checked="" type="radio"/> Reporting Only	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: SMF 7088R	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 rep/rep.

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

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

Remarks: (INC to line 6748144)	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	Action

MA 2001388	Invoice/Explanation Checklist	Amount (\$)	Amount (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	300	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2013)		
	6) TR: Re-Inspection \$75		
	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*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: Idno 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	12/02/2020 17:29
Date Of Accident	11/02/2020 16:30
Exact Location Of Accident	AYE TWDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2880D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEMPERATURE SENSORS SERVICES PTE LTD
Co Reg No	1XXXXX164E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67432000

### Vehicle Particulars

Manufacturer	FIAT
Model	DABLO
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110305644
Cover Note Number	

### Driver

Name of Driver	KONG KOK LEONG (GONG GUOLIANG)
NRIC No	SXXXX415Z
Date Of Birth	21/10/1978
Occupation	OUTDOOR
Date Of Driving Pass	01/12/1999
Driving Experience	20 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91096295
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	27 JLN SENANG
Postcode	418315
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	CHAIN COLLISION
Weather Conditions	AFTER RAINED
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF7088R
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	UNKNOWN
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 3

Vehicle Registration Number	UNKNOWN
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.

**TEMPERATURE SENSORS SERVICES PTE LTD**  
BLOCK 3023 UBI ROAD 3 #01-13  
UBI PLEX 1, SINGAPORE 408663  
TEL: (65) 6743 2000 FAX: (65) 6743 1586  
EMAIL: sales@tsspl.com

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.:

D = Unknown.

Refer to Statement

EMAIL: sales@tsspl.com

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

NRIC/FIN No.:

I WAS TRAVELLING ALONG AYE TWDS CHANGI ON THE FIRST LANE, VEH C WHICH WAS INFRONT OF ME STOP, I ALSO MANAGE TO STOP ON TIME. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND, DUE TO THE IMPACT MY VEH BEEN PUSH FORWARD HIT ONTO VEH C REAR PORTION. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 4 CAR CHAIN COLLISION ACCIDENT. VEH B (BEARING NO SMF7088R) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.



## ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 2 / 20 (DD/MM/YYYY), TIME: 16 : 30 (HH:MM)

LOCATION: AYE twds Changi

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G88 2880D  
b) INSURANCE COMPANY: inc  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: work  
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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 6743 2000  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9109 6295  
c) ADDRESS: \_\_\_\_\_

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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 After Rain)  
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: SMF 7088 R MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

Unknown.

Private car

Email = Gabriel@tsspl.com

fax =

VIDEO = Yes, Haven't Retrieved.

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

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

\* chop



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5110305644		TEMPERATURE SENSORS SERVICES PTE LTD	199200164E	GCV	Comprehensive	GBB2880D	GBB2880D	02/07/2019	01/07/2020

## Claim Handling

Accident MT/1084136

Policy No.	5110305644	Vehicle No.	GBB2880D	GST Registration No.	M201043174
Certificate No.				Policyholder NRIC	199200164E
Policyholder Name	TEMPERATURE SENSORS SERVICES PTE LTD	Cover Type	Comprehensive	Loading	0
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	67432000	Special Remark		eCode	No
Email Address		TCA	No	eCode Reason	
KFK	No	NCD Entitlement(%)	10	Private Hire	No

## Accident Details

Report Date	12/02/2020 18:08	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	11/02/2020	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE TWOS CHANGI				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
VIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

## Benefits

## GST Registered Information

GST Registered	Yes	GST Registration Date	01/02/1996
GST Registration No.	M201043174	GST Status Verified	Yes
Modification History	12/02/2020 18:10:53 System changed GST Status Verified from No to Yes		

## Policyholder Mailing Address

Address 1	BLK 3023 #01-13	Address 2	UBI ROAD 3	Address 3	UBI PLEX 1
Address 4	SINGAPORE 408663	Address Type	Singapore address	Post Code	408663
Unit No.		Related Policy Number	5110305644		

## Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	21/10/1978
Unnamed driver Name	KONG KOK LEONG (GONG GUO)	Driver NRIC	SXXXX415Z	Driving Experience	20
Register Date of Driver License	01/12/1999	Driver Age	41	Contact No.(Home)	
Contact No.(Mobile)	91096295	Contact No.(Office)		Address 3	
Address 1	27 # JALAN SENANG	Address 2	SINGAPORE 418315	Post Code	418315
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	No	Driver Vehicle No.			

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	No
-------------------------------------	------	-------------	----

## Modification History

Claim 001 New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received	Claim Close Date	12/02/2020 18:11	Date Received	12/02/2020
Preferred Repair Option	Preferred	Preferred Workshop, Name unknown							
Date Registered									
Report Taken By									

Print AK letter








Save Submit

## Attachment

Accident No.	MT/1084136	Claim No.	001
Last Doc. Received	Yes No	Upload Date	12/02/2020 18:12
Path *		Category *	Confidential
Choose File No file chosen		Please Select	Normal
Choose File No file chosen		Please Select	Normal
Choose File No file chosen		Please Select	Normal
Choose File No file chosen		Please Select	Normal
Choose File No file chosen		Please Select	Normal
Choose File No file chosen		Please Select	Normal
Choose File No file chosen		Please Select	Normal
Message Read			

## Attachment List



Attachment	Uploaded By/Date	Category	Urgency	Description	Id
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Feb 2020 18:12	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Feb 2020 18:12	SAS	Normal	SAS 2020-2-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Feb 2020 18:12	Photos	Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Feb 2020 18:12	Photos	Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Feb 2020 18:12	Photos	Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Feb 2020 18:12	Photos	Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Feb 2020 18:12	Photos	Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Feb 2020 18:11	Photos	Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Feb 2020 18:11	Photos	Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Feb 2020 18:11	Photos	Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Feb 2020 18:11	Photos	Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Feb 2020 18:11	Photos	Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 12 Feb 2020 18:11	Photos	Normal	Photos 2020-2-12	
Video List					
Uploaded By/Date	Folder Date	File Name		Source	
<div>Display in New Window</div> <div>Scan and uploading</div>					