

NATIONAL Assessment Centre Services

Part 1 (Jan 2005)

MMA 120023855

Date In: 24/12/20 09:23	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 20003029/44	E-mail (within 2hrs, A/C 2hrs)		
Veh No: GGG 3431H	1-Motor Claim Form	MT/1085474-001	24/12/20 10:07
TPA: 21/12/20 13:50	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD - TP / Repairing Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wisp / INC Assign Wisp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

PC 8614X

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 repater.

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

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

Remarks: (INC No: 6788 4616) Date: 24/12/20 10:07 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

MMA 2001595

Invoice Particulars	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30)	30.00	
2) DA: Damage Assessment (\$100)		INC (\$30)
3) TP: Towing Fee	\$40/\$43	
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) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*N5: Courtesy Car / Tpt Allowance	\$3	
*N6: Repair Coordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$3	
TP (N11): TP (Non INC) against INC	\$20	
9) N12: Idao Mobile	\$30	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

Claimants Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Sign-In-Charge):

Auditors Comments:

Signature:

Date:

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	24/02/2020 09:23
Date Of Accident	21/02/2020 13:50
Exact Location Of Accident	LOR 4 GEYALNG BACK LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3931H
Insured/Policyholder	
Name Of Registered Owner	RAFFLES STRATA MANAGEMENT PTE. LTD.
Co Reg No	2XXXXX871Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68411535

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	5111442520
Cover Note Number	

Driver

Name of Driver	TANG KIM LENG JEFFERY
NRIC No	SXXXX088E
Date Of Birth	08/03/1961
Occupation	INDOOR
Date Of Driving Pass	10/06/1982
Driving Experience	37 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93382971
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 51 LORONG 6 TOA PAYOH #14-80
Postcode	310051
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	RAINING
Road Surface	WET

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?	
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

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

WHILE REVERSING INTO MY COMPANY, THERE WAS A BUS PARKED ON THE ROAD SIDE, WHEN I SLOWLY REVERSING, SUDDENLY I SAW A PEDESTRIAN CROSS OVER FROM MY LORRY BEHIND, I SWERVED TO LEFT TO AVOID THE PEDESTRIAN BUT MY LORRY LEFT REAR SIDE SLIGHTLY HIT ONTO THE BUS RIGHT HAND SIDE.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC8614X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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 = GGG 3931 H
B = PC 8614 X

Lor 4 Geylang Back lane

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.:

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="21/02/2020 09:15"/>
Vehicle No.(For Motor)	<input type="text" value="GBG3931H"/>	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 checked="" type="radio"/>	5111442520		RAFFLES STRATA MANAGEMENT PTE. LTD.	200801871Z	GCV	Comprehensive	GBG3931H	GBG3931H	27/07/2019	26/07/2020

Claim Handling

Accident MT/1085474

Policy No.	5111442520	Vehicle No.	GBG3931H	GST Registration No.	NA
Certificate No.					
Policyholder Name	RAFFLES STRATA MANAGEMENT PTE. LTD.			Policyholder NRIC	2008018712
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	68411535	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	24/02/2020 10:04	Accident Report Within 24 hrs.	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	21/02/2020	Time of Accident hh:mm	13:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOR 4 GEYLANG BACK LANE				

Total Excess Applicable

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

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/03/2012
GST Registration No.	2008018712	GST Status Verified	Yes
Modification History	24/02/2020 10:06:40 System changed GST Registration No. from NA to 2008018712 24/02/2020 10:06:40 System changed GST Registration Date from 01/01/2015 to 01/03/2012 24/02/2020 10:06:40 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	33 UBI AVENUE 3	Address 2	#07-42 VERTEX	Address 3	SINGAPORE 408668
Address 4		Address Type	Singapore address	Post Code	408668
Unit No.		Related Policy Number	5111442520		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TANG KIM LENG JEFFERY	Driver NRIC	SXXXX088E	Driver DOB	08/03/1961
Register Date of Driver License	10/06/1982	Driver Age	58	Driving Experience	37
Contact No.(Mobile)	93382971	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 51 #14-80	Address 2	LORONG 6 TOA PAYOH	Address 3	EAST PAYOH PALM
Address 4	SINGAPORE 310051	Address Type	Singapore address	Post Code	310051
Unit No.	14-80				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	RAFFLES STRATA MANAGEMENT	Insured NRIC	2008018712
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	68411535
Email Address	admin@rsm.com.sg	O1 Vehicle Number	GBG3931H	TP Number	PC861
Claim Description	GBG3931H / PC8614X ON 23 Feb 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Partially at Fault	GIA report	Received
Business No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered				Claim Close Date	24/02/2020 10:07
Report Taken By				Date Received	24/02/2020
					LIU SHAN HUI

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1085474	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/02/2020 10:07
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Feb 2020 10:07	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2020-2-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Feb 2020 10:07	SAS		Normal	SAS 2020-2-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Feb 2020 10:07	Photos		Normal	Photos 2020-2-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Feb 2020 10:07	Photos		Normal	Photos 2020-2-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Feb 2020 10:07	Photos		Normal	Photos 2020-2-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Feb 2020 10:07	Photos		Normal	Photos 2020-2-24	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Feb 2020 10:07	Photos		Normal	Photos 2020-2-24	
Video List						
Uploaded By/Date		Folder Date	File Name			Source
			Display in New Window		Scan and uploading	