

# NATIONAL Assessment Centre Services.

(wef 1 Jan 2005)

MA120035837

Date In: 23/13/20 17:49	Job description	Date & Time Completed	Done by
Ref No: MA11MC20004389144	SAS e-filing		
Veh No: GBF 7656 G	E-mail (within 3hrs, A/C 2hrs)		
DDA: 21/13/20 13:45	I-Motor Claim Form	MT/1089326-001	24/13/20 09:00
Off: 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: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SJY 4650 Y.	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: (\$ )	Landing: \$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/Non-INC: 6700/4616)	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

MA 2002161	Invoice/Repairation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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 2005)		
Tel. 1:	6) TR: Re-Inspection \$75		
Tel. 2:	7) NI: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*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: Idan 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	23/03/2020 17:49
Date Of Accident	21/03/2020 13:45
Exact Location Of Accident	GUILLEMARD RD TWDS PAYA LEBAR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7656G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BYTE PTE. LTD.
Co Reg No	2XXXXX842N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67439245

### 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	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	5116114843
Cover Note Number	

### Driver

Name of Driver	YOON CHAN HONG
NRIC No	GXXXX144X
Date Of Birth	28/09/1977
Occupation	INDOOR
Date Of Driving Pass	18/11/1997
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98317884
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	319C UPPER PAYA LEBAR
Postcode	534943
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	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?	
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

I WAS TRAVELLING ALONG GUILLEMARD RD, WHILE APPROACHING A U-TURN POINT, I SLOW DOWN MY VEH INTEND TO MAKE A U - TURN, WHILE MY VEH IN THE STATIONARY POSITION, SUDDENLY I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I REALIZED VEH B COLLIDED ONTO MY VEH REAR PORTION. VEH B ALSO BEEN COLLIDED BY ANOTHER VEH C, TOTAL 3 VEH INVOLVED IN THE ACCIDENT.

#### 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	SJY4650Y
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                      SFJ1194T  
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.

### **BYTE PTE. LTD.**

BLK 1049 EUNOS AVE 6

#01-132 SINGAPORE 409628

Tel: +65 6743 9245 Fax: +65 6741 2189

Email: [enquiry@acoustics-ave.com](mailto:enquiry@acoustics-ave.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.:

# SKETCH PLAN

A = GBF 7656 G.  
B = SJY 4650 Y  
C = SFJ 1194 T

Guillemond Rd

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement

## DECLARATION

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

**BYTE PTE. LTD.**

BLK 1049 EUNOS AVE 6

#01-132 SINGAPORE 409628

Tel: +65 6743 9245 Fax: +65 6741 2189

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.:



Tel : 6391 6100  
Fax : 6296 0843 / 6296 0837  
Internet : <http://www.ica.gov.sg>



ICA Building  
10, Kallang Road #08-06  
Singapore 208718  
(Next to Lavender MRT Station)  
[ICA\\_Feedback@ica.gov.sg](mailto:ICA_Feedback@ica.gov.sg)

**Immigration & Checkpoints Authority**

Your ref:  
Our ref: ICA/REP/GEN/115/13(001739)

Application ID: PRS-2013-REN-000003629  
5 September 2013

**BY HAND**

YOON CHAN HONG



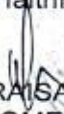
Dear Sir/Madam,

**LOSS OF PERMANENT RESIDENCE STATUS  
YOON CHAN HONG - UIN: S7777282J**

Please refer to the above matter.

2. Our record shows that you have remained outside Singapore without a valid Re-entry Permit. As a result, you have lost your Singapore Permanent Resident status and effectively ceased to be a Singapore Permanent Resident.
3. If you wish to enter and remain in Singapore, hereinafter, you are required to apply for a valid immigration pass.
4. We acknowledge receipt of the Singapore Identity Card No. Nil and Entry Permit Card No. Nil.
5. Thank you.

Yours faithfully,

  
NOORAISAH KASSMIN  
CUSTOMER SERVICE OFFICER  
for CONTROLLER OF IMMIGRATION  
SINGAPORE

cc Head (IC)  
Att: Ms Tan Cheng Hoon – SBIC is not attached.

*Inspiring Confidence in All*



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 type="radio"/>	5116114843		BYTE PTE. LTD.	200503842N	GCV	Comprehensive	GBF7656G	GBF7656G	28/02/2020	27/02/2021



## Claim Handling

## Accident MT/1089326

Policy No.	5116114843	Vehicle No.	GBF7656G	GST Registration No.	200503842N
Certificate No.					
Policyholder Name	BYTE PTE. LTD.			Policyholder NRJC	200503842N
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	67439245	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

## ▼ Accident Details

Report Date	24/03/2020 08:54	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	21/03/2020	Time of Accident hh:mm	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GUILLEMARD RD TWDS PAYA LEBAR				

## ▼ 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?	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	01/04/2006
GST Registration No.	200503842N	GST Status Verified	Yes
Modification History	24/03/2020 08:56:47 System changed GST Registration Date from 01/01/2015 to 01/04/2006 24/03/2020 08:56:47 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	BLK 1049 #01-132	Address 2	EUNOS AVENUE 6	Address 3	EUNOS INDUSTRIAL ESTAT
Address 4	SINGAPORE 409628	Address Type	Singapore address	Post Code	409628
Unit No.		Related Policy Number	5116114843		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YDON CHAN HONG	Driver NRJC	GXXXX144X	Driver DOB	28/09/1977
Register Date of Driver License	18/11/1997	Driver Age	42	Driving Experience	22
Contact No.(Mobile)	98317884	Contact No.(Office)		Contact No.(Home)	
Address 1	319 # UPPER PAYA LEBAR ROAD	Address 2	SINGAPORE 534943	Address 3	
Address 4		Address Type	Singapore address	Post Code	534943
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> 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	BYTE PTE. LTD.	Insured NRJC	200503842N
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67439245
Email Address		OI Vehicle Number	GBF7656G	TP Number	57465
Claim Description	GBF7656G / S7Y4650Y ON 24 Mar 2020			Name of Preferred Workshop	6
Preferred Workshop	0	Insured Liability	Not at Fault		
CONFIRM No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	24/03/2020 09:02	Date Received	24/03/2020
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1089326	Claim No.	001		
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	24/03/2020 09:02		
Path *		Category *	Confidential	Urgency *	Desc
<div>Choose File</div> No file chosen		<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> No file chosen		<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> No file chosen		<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> No file chosen		<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> No file chosen		<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> No file chosen		<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> No file chosen		<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Message Read</div>		<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>	

## ▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Hi
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Mar 2020 09:02	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Mar 2020 09:02	SAS		Normal	SAS 2020-3-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Mar 2020 09:02	Photos		Normal	Photos 2020-3-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Mar 2020 09:02	Photos		Normal	Photos 2020-3-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Mar 2020 09:02	Photos		Normal	Photos 2020-3-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Mar 2020 09:02	Photos		Normal	Photos 2020-3-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Mar 2020 09:02	Photos		Normal	Photos 2020-3-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Mar 2020 09:02	Photos		Normal	Photos 2020-3-24	

Video List

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