

# NATIONAL Assessment Centre Services

(Part 1 Jan 2003)

MAA 120041844

Date In: 13/4/20 15:51	Job description: SAS e-illing	Date & Time Completed:	Done by:
Ref No: MAA/INC 2000 51691h4	E-mail (within 3hrs, A/C 2hrs)		
Veh No: G0H 674T	I-Motor Claim Form	MT11091311-001	13/4/20 16:33
DOA: 13/4/20 09:10	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
Q1: <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: XE 916Y	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 2000 51691h4)	Date Claim Completed: 13/4/20	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 200 2655		Invoice/Registration Charge:	Amount (\$): 30.00	PAID (\$):
Claimant's Particulars:	1) AR: Accident Reporting (\$30)			
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		
IC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30		
Verifiers Comments:	For claiming against INC Only (w/c 10 Jan 2003)			
	6) TR: Re-inspection	\$75		
	7) NI: Idea DA + SMRT Survey	\$160		
	8) NTUC Additional Services:			
	ON:			
	*NS: Courtesy Car / Tpt Allowance	\$3		
	*N6: Repair Coordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
	TE (N11): TP (Non INC) against INC	\$20		
	9) N12: Idea 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	13/04/2020 15:51
Date Of Accident	13/04/2020 09:10
Exact Location Of Accident	JUNC OF JLN TERUSAN & JLN BESUT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH6714T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HEE HUAT TYRE & BATTERY SERVICE
Co Reg No	5XXXX221C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96164502

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
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	5103097833-01
Cover Note Number	

### Driver

Name of Driver	TAN HEE HUAT
NRIC No	SXXXX060D
Date Of Birth	06/11/1961
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1983
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96164502
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 136 MARSILING RD #01-2172
Postcode	730136
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	
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

I WAS TRAVELLING STRAIGHT ALONG JLN TERUSAN, SUDDENLY VEH B COMING OUT FROM THE JLN BESUT WITHOUT STOP AT THE STOP LINE AND HIT ONTO MY VEH LEFT HAND SIDE, MY VEH WAS SUFFER SERIOUS DAMAGE ON MY LEFT HAND SIDE AND THE STUFF(AIR COMPRESSOR) I CARRY ALSO DAMAGE. PLEASE REFER TO PHOTO.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE TOO LARGE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE916Y
Vehicle Make/Model/Colour	
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.

**HEE HUAT TYRE & BATTERY SERVICE**  
Blk 133 Jurong Gateway Road #04-299  
Singapore 600133  
HP: 9616 4502

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.:

In Besut

A = GBH 6714 T  
B = XE 916 Y

Jln Terusan

Refer to Statement

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

Policyholder's Signature:  HP 0616 4502  
Date & Time:

Heckman

*[Signature]*

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="13/04/2020 15:49"/>
Vehicle No. (For Motor)	<input type="text" value="GBH6714T"/>	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"/>	5103097833-01		HEE HUAT TYRE & BATTERY SERVICE	53158221C	GCV	Comprehensive	GBH6714T	GBH6714T	27/08/2019	26/08/2020



Claim Handling

Accident MT/1091311

Policy No.	5103097833-01	Vehicle No.	GBH6714T	GST Registrati
Certificate No.				
Policyholder Name	HEE HUAT TYRE & BATTERY SERVICE			Policyholder Ni
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	96164502	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
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

▼ Accident Details

Report Date	13/04/2020 16:28	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/04/2020	Time of Accident hh:mm	09:10	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF JLN TERUSAN & JLN BESUT			

▼ 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 Cover
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			

▼ Policyholder Mailing Address

Address 1	BLK 133 #04-299	Address 2	JURONG GATEWAY ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-299	Related Policy Number	5103097833-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TAN HEE HUAT	Driver NRIC	SXXXX060D	Driver DOB
Register Date of Driver License	19/10/1983	Driver Age	58	Driving Experi
Contact No.(Mobile)	96164502	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 136 #01-2172	Address 2	MARSILING ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-2172			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

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	HEI
Contact No.(Mobile)	96164502	Contact No. (Home)	
Email Address		OI Vehicle Number	GB
Claim Description	GBH6714T / XE916Y ON 13 Apr 2020		
Preferred Workshop		Insured Liability	Not at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			13/04/2020 16:32
			SHAN HUI

☒ Print AK letter

Save Submit

## Attachment

Accident No.

MT/1091311

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

13/04/2020 16:33

Path \*

Category \*

Confider

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

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Please Select ▼

NO

Choose File No file chosen

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Please Select ▼

NO

Choose File No file chosen

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Please Select ▼

NO

Choose File No file chosen

Clear

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NO

Choose File No file chosen

Clear

Please Select ▼

NO

Message Read

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Apr 2020 16:33	NRIC/ Driving License	Y	Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Apr 2020 16:33	SAS		Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Apr 2020 16:33	Photos		Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Apr 2020 16:33	Photos		Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Apr 2020 16:33	Photos		Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Apr 2020 16:33	Photos		Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Apr 2020 16:33	Photos		Normal
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Apr 2020 16:32	Photos		Normal

## Video List

Uploaded By/Date	Folder Date	File Name	
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Display in New Window

Scan and uploading



