

# NATIONAL Assessment Centre Services (Ref: 20-103) MMA 120043607

Date In: 25/1/20 14:44	Job description	Date & Time Completed	Done by
Ref No. MA1INC 20005390164	SAS e-filing		
Veh No. GBE 4640B	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 25/1/20 12:35	i-Motor Claim Form	MT/1091867 <sup>001</sup>	25/1/20 15:03
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: FBB 1217B	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%; F: 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 hotline: 6788 6616)	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

<b>Claimant's Particulars:</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat. 1: Cat. 2 / 3:	<b>MA 2002773</b>		<b>Invoice Preparation Checklist</b>		Am't (\$)	Am't (\$)
			1) AR: Accident Reporting (\$30);		30.00	
			2) DA: Damage Assessment (\$100); INC (\$80)			
			3) TF: Towing Fee \$40/\$45			
			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) N1: Idao DA + SMRT Survey \$160			
			8) NTUC Additional Services:-			
		On:				
		*N5: Courtesy Car / Tp 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: Idao 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	25/04/2020 14:44
Date Of Accident	25/04/2020 12:35
Exact Location Of Accident	LOR 6 TOA PAYOH SLIP RD TO PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4640B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BOON SIONG VEHICLE SERVICE
Co Reg No	2XXXX600D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93883130

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5104706215-01
Cover Note Number	

### Driver

Name of Driver	WOO CHIN MENG
NRIC No	SXXXX293D
Date Of Birth	13/08/1959
Occupation	OUTDOOR
Date Of Driving Pass	15/08/1988
Driving Experience	31 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93883130
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 144 TAMPINES ST 12 #03-372
Postcode	521144
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	SIDE SWIPE
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

REFER TO STATEMENT.

#### 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	FBB1217B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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.

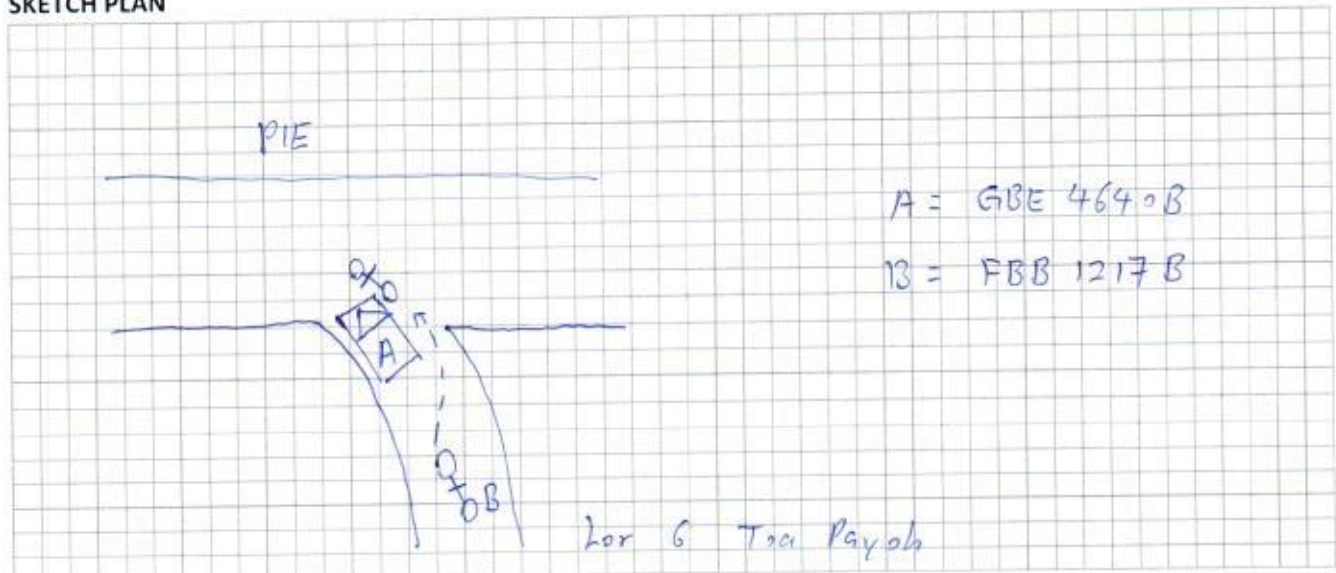
BOON SIONG VEHICLES SERVICE  
BLK 1 KAKI BUKIT AVENUE 6  
#01-103, SINGAPORE 417683  
OFFICE TEL: 6746 5426, 6745 7942  
RES TEL: 6746 0709  
HP: 9745 8342, 9366 4504

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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stop at the Slip Rd from Lor 6 Toa Payoh

towards PIE, After the traffic was clear, I

started to move, suddenly the motorcycle come

from behind and overtake my veh. As the result

the motorcycle hit onto my veh right front portion.

BOON SIONG VEHICLES SERVICE

### DECLARATION

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

RES TEL: 6746 0709  
HP: 9745 8342, 9368 4504

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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 25 / 4 / 20 (DD/MM/YYYY), TIME: 12:35 (HH:MM)

LOCATION: Lor 6 Toa Payoh Stip Rd PIE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8E 4640B  
b) INSURANCE COMPANY: Nissan UV 200  
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: Working  
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: 93583130  
c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: Woo chin Meng (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1518/1988

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: FBB/217B MODEL: \_\_\_\_\_  
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: \_\_\_\_\_

Email =

fax =

video = 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="25/04/2020 14:44"/>
Vehicle No.(For Motor)	<input type="text" value="GBE4640B"/>	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 type="radio"/>	5104706215-01		BOON SIONG VEHICLE SERVICE	22676600D	GCV	Preferred Workshop Plan	GBE4640B	GBE4640B	17/12/2019	16/12/2020

## Claim Handling

## Accident MT/1091867

Policy No.	S104706215-01	Vehicle No.	GBE4640B	GST Registration No.	
Certificate No.					
Policyholder Name	BOON SIONG VEHICLE SERVICE	Cover Type	Preferred Workshop Plan	Policyholder NRIC	226766000
Product Code	COMMERCIAL VEHICLE INSURAT	Contact No.(Office)		Loading	0
Contact No.(Mobile)	93883130	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	25/04/2020 14:55	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	25/04/2020	Time of Accident hh:mm	12:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOR 6 TOA PAYOH SLIP RD TO PIE				
<b>Total Excess Applicable</b>					
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		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	25/04/2020 14:57:13 System changed GST Status Verified from No to Yes				
<b>Policyholder Mailing Address</b>					
Address 1	1 KAKI BUKIT AVENUE 6	Address 2	#01-103 AUTOBAY @ KAKI BLK	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	417883
Unit No.		Related Policy Number	S104706215-01		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WOO CHIN MENG	Driver NRIC	SXXXX293D	Driver DOB	13/08/1959
Register Date of Driver License	15/08/1988	Driver Age	60	Driving Experience	31
Contact No.(Mobile)	93883130	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 144 #03-372	Address 2	TAMPINES STREET 12	Address 3	TAMPINES PD
Address 4	SINGAPORE 521144	Address Type	Singapore address	Post Code	521144
Unit No.	03-372				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	DD-MX	Insured Name	BOON SIONG VEHICLE SERVICE	Insu NRIC	
Contact No.(Mobile)		Contact No.	67457942	Cont No. (Off)	
Email Address		Vehicle Number	GBE4640B	TP Num	
Claim Description	GBE4640B / FB812178 ON 25 Apr 2020				
Preferred Workshop		Insured Liability	Partially at Fault		
Backup No.		Preferred	Preferred Workshop, Name unknown	GIA report	Received
Finalisation	Yes	Repair Option			
Date Registered				25/04/2020 14:58	Claim Close Date
Report Taken By				SHAN HUI	Date Recd
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

## Attachment

Accident No.	MT/1091867	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	upload Date	25/04/2020 15:03
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
		Category *	Confidential
			Urgency *



Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Apr 2020 15:03	NRIC/ Driving License	Y	NRIC/ Driving License 2020-4-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Apr 2020 15:03	SAS	Normal	SAS 2020-4-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Apr 2020 15:03	Photos	Normal	Photos 2020-4-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Apr 2020 15:03	Photos	Normal	Photos 2020-4-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Apr 2020 15:03	Photos	Normal	Photos 2020-4-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Apr 2020 15:03	Photos	Normal	Photos 2020-4-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Apr 2020 14:58	Photos	Normal	Photos 2020-4-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Apr 2020 14:58	Photos	Normal	Photos 2020-4-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Apr 2020 14:58	Photos	Normal	Photos 2020-4-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Apr 2020 14:58	Photos	Normal	Photos 2020-4-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Apr 2020 14:58	Photos	Normal	Photos 2020-4-25

## Video List

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