

NATIONAL Assessment Centre Services

(S.A. 1 Jan 2005)

Date In: 07/07/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20007051/13	SAS e-filing		
Veh No: GBB23284	E-mail (within 8hrs, Aft 2hrs)		
D.O.A: 07/07/20 0755	I-Motor Claim Form	MT/1096325-001	
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: (RYDER	Tel:	Fax:
TP Particulars:	Veh No: SJK 63 USB	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

NA2003576	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	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 / 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 30		
	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	07/07/2020 11:37
Date Of Accident	07/07/2020 07:55
Exact Location Of Accident	JURONG EAST AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB2328H
Insured/Policyholder	
Name Of Registered Owner	VEMAC SERVICES PTE LTD
Co Reg No	1XXXXX468R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96546344
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5031859841-11
Cover Note Number	
Driver	
Name of Driver	HEW KAM HOCK
NRIC No	SXXXX696G
Date Of Birth	14/05/1966
Occupation	OUTDOOR
Date Of Driving Pass	21/02/1989
Driving Experience	31 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96546344
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 916 JURONG WEST ST 91 #07-168
Postcode	640916
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 - CHANGE/CROSS LANE
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
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: : CHIEW CHEE CHOON 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

PLS REFER TO THE ATTACHED 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	SJK6315B
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 INJURED PERSON 1	
Name	HEW KAM HOCK
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBB2328H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	CHIEW CHEE CHOON
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBB2328H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

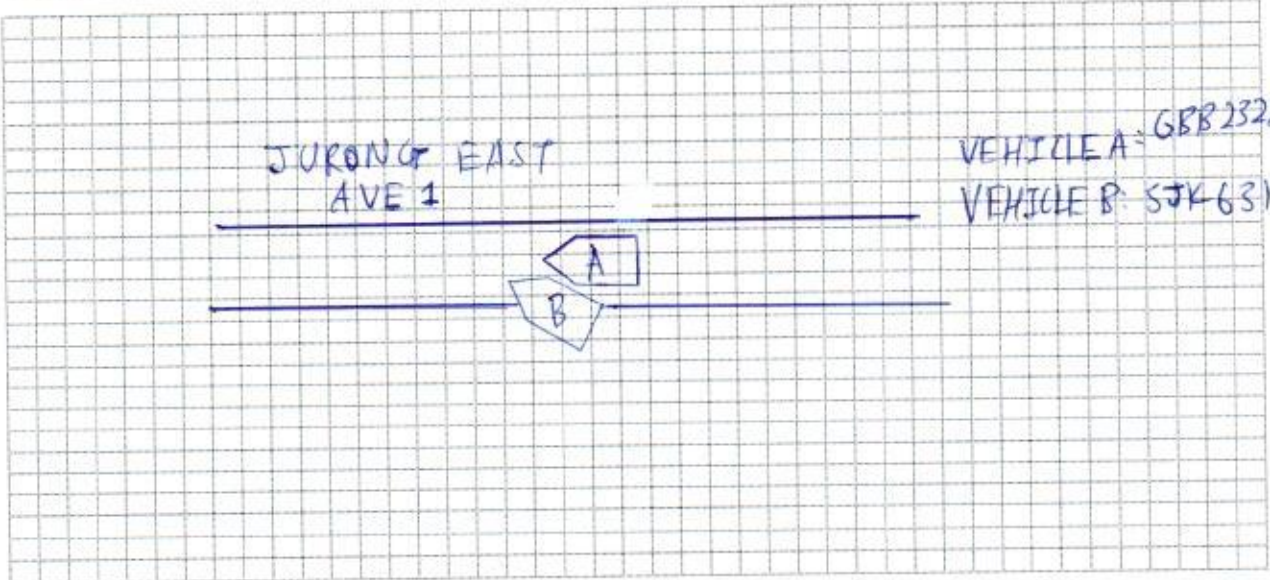


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

[Signature] 07/07/20

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG JURONG EAST AVE 1 SUDDENLY VEHICLE B CUT INTO MY LANE CAUSING DAMAGE ON MY LEFT PORTION OF MY VEHICLE.

DECLARATION

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

			
Policyholder's Signature		Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:		(if driver is not the policyholder)	Name:
		Date & Time:	NRIC / FIN No.:

Accident Reporting Draft

VEHICLE NO: GBB2328H

MODEL: TOYOTA HIACE MANUAL

DATE OF ACCIDENT	7/7/20		
TIME OF ACCIDENT	0755	HRS	AM/PM
LOCATION OF ACCIDENT	JURONG EAST AVE 1		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	VEMAC SERVICES PTE LTD		
CONTACT NO.	96546344		
NRIC	197802468R		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P		
INSURANCE CO.	NTUC		
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: HEW KAM HOCK		
NRIC	S2678696G	ANY PASSENGER: 1	
DATE OF BIRTH		M) (HIEW CHEE CHOW)	
OCCUPATION	OUTDOOR / INDOOR		
DATE OF DRIVING PASS			
GENDER	MALE / FEMALE		
CONTACT NO.	96546344	OFFICE:	HOME:
ADDRESS	142 TUAS SOUTH AVENUE 2 WEST POINT BIZHUB S(637176)		
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IF NO:		
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR		
ROAD SURFACE	DRY / WET/ OTHER: DRY		
ANY INJURIES	NO / IF YES: Driver & Passenger		
CONTACT NO.			
POLICE REPORT	NO / IF YES:		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	SJK6315B	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.		ANY PASSENGER:	
VEHICLE D NO.		ANY PASSENGER:	
VEHICLE E NO.		ANY PASSENGER:	
VEHICLE F NO.		ANY PASSENGER:	
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;"> Ryder Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277 </div>		
MOBILE NO.			
CONTACT PERSON			
FAX 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="07/07/2020 07:55"/>
Vehicle No. (For Motor)	<input type="text" value="GBB2328H"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5031859841-11		VEMAC SERVICES PTE LTD	197802468R	GCV	Third Party, Fire & Theft	GBB2328H	GBB2328H	26/12/2019	25/12/2020

Claim Handling

Accident MT/1096325

Policy No.
Certificate No.
Policyholder Name
Product Code
Contact No.(Mobile)
Email Address
KFK
NCD Protection

5031859843-11

VEMAC SERVICES PTE LTD
COMMERCIAL VEHICLE INSURA
96546244

No Yes
No

Vehicle No.
Cover Type
Contact No.(Office)
Special Remark
TCA
NCD Entitlement(%)

GBB2328H
Third Party Fire & Theft
0

No Yes
20

GST Registration No.
Policyholder NRIC
Loading
Contact No.(Home)
eCode
eCode Reason
Private Hire

H200322363
197902468
0
0
No

No

Accident Details

Report Date
Date of Accident
Reporting Centre
Accident Location

07/07/2020 17:50
07/07/2020

JURONG EAST AVE 1

Accident Report Within 24 hrs
Time of Accident hh:mm
Orange Force

Yes
07:50

Accident Type
Country of Accident
ICM No.

Collision - C
Singapore

Total Excess Applicable

Excess Type
OD Standard Excess
YIED OD Excess
Additional Excess
Total OD Excess Applicable

Per Accident
0.00
0.00

0.00

Windscreen Excess
TP Standard Excess
YIED TP Excess
Total TP Excess Applicable

0.00
0.00
0.00
0.00

Driver is Covered?

Covered

Benefits

GST Registered Information

GST Registered
GST Registration No.
Modification History

Yes
H200322363
07/07/2020 17:59:31 System changed GST Registered from No to Yes
07/07/2020 17:59:31 System changed GST Registration No. from null to H200322363
07/07/2020 17:59:31 System changed GST Registration Date from null to 01/06/2007

GST Registration Date
GST Status Verified

01/06/2007
Yes

Policyholder Mailing Address

Address 1
Address 4
Unit No.

142 TUAS SOUTH AVENUE 2

Address 2
Address Type
Related Policy Number

WEST POINT REZHUB
Singapore address
5031859843-11

Address 3
Post Code

SINGAPORE
637176

01 Driver Info

Driver Name
Unnamed driver Name
Register Date of Driver License
Contact No.(Mobile)
Address 1
Address 4
Unit No.
Does he own a Singapore Registered car?

Unnamed Driver
HEW KAM HOCK
21/02/1989
96546244
BLK 910
SINGAPORE 640910
407-168
Yes No

Driver Type
Driver NRIC
Driver Age
Contact No.(Office)
Address 2
Address Type
Driver Vehicle No.

Unnamed Driver
S2676696G
34
0
JURONG WEST STREET 91
Singapore address

Driver DOB
Driving Experience
Contact No.(Home)
Address 3
Post Code
Driver Insurer Company

14/05/1996
31
0
NANYANG
640910

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

Yes No

Modification History

Claim 001 OD-MX

New

Claim Type

OD-MX

Insured Name
Contact No. (Home)
OI
Vehicle Number

VEMAC SERVICES PTE LTD

GBB2328H

Claim Description

GBB2328H / SJK6315B ON 7 Jul 2020

Preferred Workshop
Contract No. Finalisation
Date Registered

Yes
Preferred Repair Option
07/07/2020 18:01

Insured Liability
Not at Fault
Preferred Workshop, Name unknown
GIA report
Received

Claim Close Date

Report Taken By

ROSLINDA

Workshop Repairer

Print AK letter

Save

Submit

Attachment

Accident No.
Last Doc. Received

MT/1096325
Yes No

Claim No.
Upload Date

001
07/07/2020 00:00

Path

Choose File
Choose File
Choose File

No file chosen
No file chosen
No file chosen

Category

Confidential

Urgency

Please Select
Please Select
Please Select

NO
NO
NO

Normal
Normal
Normal

https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do

1/2

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

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) on 07 Jul 2020 18:01	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 18:01	SAS		Normal	SAS 2020-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 18:01	Photos		Normal	Photos 2020-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 18:01	Photos		Normal	Photos 2020-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 18:01	Photos		Normal	Photos 2020-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 18:01	Photos		Normal	Photos 2020-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 18:01	Photos		Normal	Photos 2020-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 18:01	Photos		Normal	Photos 2020-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 18:01	Photos		Normal	Photos 2020-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 18:01	Photos		Normal	Photos 2020-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 18:01	Photos		Normal	Photos 2020-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 18:01	Photos		Normal	Photos 2020-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 18:01	Photos		Normal	Photos 2020-7-7

Video List

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