

NATIONAL Assessment Centre Services

Date In: 09/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21000400/13	SAS e-filing		
Veh No: SJN6936T	E-mail (within 8hrs, A/C 2hrs)	11/01 MT/1116961	-001
D.O.A: 07/01/21 2130	i-Motor Claim Form		
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: SDT7788L	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	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

Claimant's Particulars:	NA2101133	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);		
Contact No:		2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:		3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120		
Auditors' Comments:		5) FT: Follow-Through Survey (Resurvey) \$30		
Date 1:		For claiming against INC Only (wef 10 Jan 2005)		
Date 2/3:		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: Idnc 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 willful 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 Submission	09/01/2021 17:20 (SGT)
Date of Accident	07/01/2021 21:30 (SGT)
Exact Location of Accident	12 Tai Seng St, Singapore 534118
Additional Location Information	LUXASIA BUILDING
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN6936T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	STANLEY GASPAR RUIS
NRIC No	SXXXX580J
Email Address	stanleyruis@gmail.com
Mobile Phone No	(Phone) +65-98713027
Alternative Phone No	+65-98713027

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119931140
Cover Note Number	-

DRIVER

Name of Driver	STANLEY GASPAR RUIS
NRIC No	SXXXX580J
Date Of Birth	23/11/1964
Occupation	Indoor

Date Of Driving Pass	22/11/1994
Driving experience	26 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98713027
Alt. Phone Number	+65-98713027
Email Address	stanleyruis@gmail.com
Address	BLK 314 SERANGOON AVE 2
Address complement	#02-204
Postcode	550314
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SDT7788L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

8. Consent under the Personal Data Protection Act (PDPA)

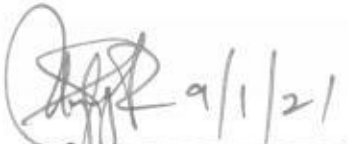
I understand, acknowledge, agree and consent that :

(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 :

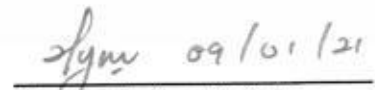
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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")

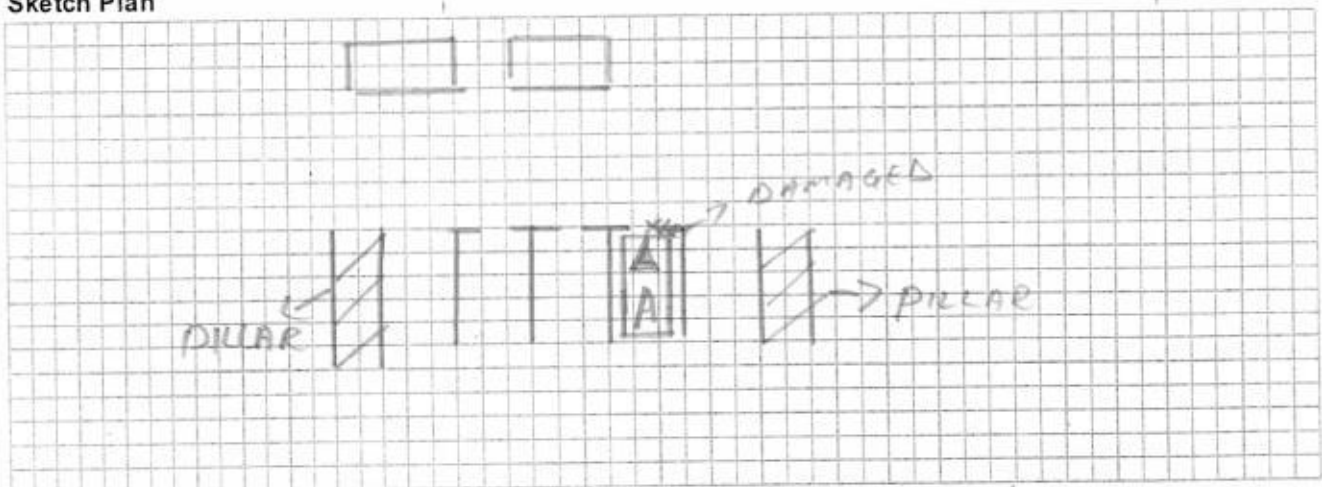
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.


Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan



A - SJN6936T
B - SAT7788L


LUXASIA BUILDING
10 TAI SENG ST

Describe Circumstances of the Accident


On the 7th January 2021, I came down to my office carpark at 12-Tai Seng Street and notice my carpark was hit by another vehicle. The next day I reported to the building management and by the time the owner of the other reported she accidentally hit my vehicle. she called me to settle privately but since her cost for repairing her car was expensive, she advised my to claim under her insurance.

Declaration

We declare the foregoing particulars are true in every respect.

 9/1/2021
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

 09/01/21
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (07/07/21) (DD/MM/YYYY), TIME: (21:30) (HH:MM)

LOCATION: LUXASIA BUILDING 12 TAI SENG ST

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN6936T
b) INSURANCE COMPANY: NAC
c) POLICY NUMBER: 5119931140
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA ALTIS (A.) 1.6
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: OWNER (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: STANLEY GASPAR RUIS (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1623580J CONTACT: 98713027
c) ADDRESS: BLK 314 SERANGOON AVE 2
#02-204 (550314)

*d) DATE OF BIRTH: (23/11/1964) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 22/11/1994

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: SDT 7788L 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 =

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5119931140

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJN6936T**
 Chassis Number : **MR053ZEE106139938**
2. Name of Policyholder : **STANLEY GASPAR RUIS**
3. Effective Date of Insurance : **21 Nov 2020**
4. Expiry Date of Insurance : **24 Feb 2022**
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: STANLEY GASPAR RUIS
NAMED DRIVER (1)	: TERENCE STANLEY
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : PEOPLES INSURANCE AGENCY PTE LTD (00000614852)

Date of Issue : 20 Nov 2020 13:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5119931140
The Policyholder	: STANLEY GASPAR RUIS BLK 314 #02-204 SERANGOON AVENUE 2 SINGAPORE 550314

Period of Insurance	: 21 Nov 2020 To 24 Feb 2022
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$863.25

Interest Insured

Cover Type	: drivo CLASSIC		
Primary Driver	: STANLEY GASPAR RUIS		
Named Driver (1)	: TERENCE STANLEY		
Named Driver (2)	: N/A		
Make/Model	: TOYOTA/COROLLA ALTIS	Capacity	: 1600cc
Registration Number	: SJN6936T	Registration Year	: 2009
Chassis Number	: MR053ZEE106139938	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 50%
Excess (Section 2)	: N/A	NCD Protection	: Yes
Windscreen Excess	: S\$100	Loyalty Discount	: 5%
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: MAYBANK SINGAPORE LIMITED		

Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative : M4

Agency	: PEOPLES INSURANCE AGENCY PTE LTD (00000614852)
Date of Issue	: 20 Nov 2020 13:58 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Claim Handling

Accident MT/1116961

Policy No.	5119931140	Vehicle No.	SJN6936T	GST Registration No.	
Certificate No.					
Policyholder Name	STANLEY GASPAR RUIES			Policyholder NRIC	S16335803
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98713027	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFX	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	11/01/2021 19:57	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	07/01/2021	Time of Accident hh:mm	21:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	12 TAI SENG ST LUXASIA BLDG				

▼ 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	0.00				
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 314 #02-204	Address 2	SERANGOON AVENUE 2	Address 3	SINGAPORE 5503
Address 4		Address Type	Singapore address	Post Code	550314
Unit No.		Related Policy Number	5119931140		

▼ OI Driver Info

Driver Name	STANLEY GASPAR RUIES	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S16335803	Driver DOB	23/11/1964
Register Date of Driver License	22/11/1994	Driver Age	56	Driving Experience	26
Contact No.(Mobile)	98713027	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 314	Address 2	SERANGOON AVENUE 2	Address 3	SINGAPORE 5503
Address 4		Address Type	Singapore address	Post Code	550314
Unit No.	#02-204				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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 OD-MX

New

Claim Type *	OD-MX	Insured Name	STANLEY GASPAR RUIES	Insured NRIC		
Contact No.(Mobile)	98713027	Contact No. (Home)	66102357	Contact No. (Office)		
Email Address	STANLEY.GASPAR@DSG.KYOC	OI Vehicle Number	SJN6936T	TP Vehicle Number		
Claim Description	SJN6936T / SDT7788L ON 7 Jan 2021				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered				Claim Close Date	11/01/2021 20:01	
Report Taken By				Workshop Repairer	ROSLINDA	
					Total Lost but Repaired	

☒ Print AK letter

Save

Submit

Attachment

Accident No.	MT/1116961	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

11/01/2021 00:00

Path *

Category *

Confidential

Urgency *

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 20:01	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 20:01	SAS		Normal	SAS 2021-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 20:01	Photos		Normal	Photos 2021-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 20:01	Photos		Normal	Photos 2021-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 20:01	Photos		Normal	Photos 2021-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 20:00	Photos		Normal	Photos 2021-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 20:00	Photos		Normal	Photos 2021-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 20:00	Photos		Normal	Photos 2021-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 20:00	Photos		Normal	Photos 2021-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 20:00	Photos		Normal	Photos 2021-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 20:00	Photos		Normal	Photos 2021-1-11

Video List

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