

NATIONAL Assessment Centre Services. [part 1 Jan'03] SNO9211P800K

Date In: 25/01/2021 17:29	Job description	Date & Time Completed	Done by
Ref No NA/INC21001175/h4	SAS e-filing		
Veh No YJ 9433 B	E-mail (within 3hrs, AIC 2hrs)		
DDA 25/01/2021 11:45	I-Motor Claim Form	MT/1118717 -001	26/01/2021 9:24
OT (TP) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: GBJ 8497 X 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 repolter.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Bug-In-Charge):	

NA2101349

1) AIR: Accident Reporting (\$30);	30
2) DA: Damage Assessment (\$100); INC (\$40)	
3) TP: Towing Fee	\$40/\$43
4) FT: Follow-Through Survey	\$120
5) FT: Follow-Through Survey (Resurvey)	\$30
For obtaining against INC Only (wef 10 Jan 2009)	
6) TR: Re-inspection	\$75
7) NI: Idao DA + SMRT Survey	\$160
8) NTUC Additional Services:-	
QD*	
*NS: Courtesy Car / Tpl Allowance	\$3
*NG: Repair Co-ordination	\$10
*NI: Post Repair Inspection	\$23
*NB: DV / Collect Excess Coordination	\$3
*NT: TP (Nil); TP (Non INC) against INC	\$20
9) NI2: Idao Mobile	\$0
Invoice dated	Fee Charged
	Fee Charged

Claimants Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Bug-In-Charge):

Auditors Comments:

Sub. 1:

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 Submission 25/01/2021 17:29 (SGT)
Date of Accident 25/01/2021 11:45 (SGT)
Exact Location of Accident Thomson Rd, Singapore
Additional Location Information TOWARDS BALESTIER ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YJ9433B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GUAN LEE VEG & FRUITS PTE LTD
Company Reg No 2XXXXX860H
Email Address TOBYTAGIS@GMAIL.COM
Mobile Phone No (Phone) +65-97339433
Alternative Phone No +65-97339433

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5118696222
Cover Note Number -

DRIVER

Name of Driver NAY LYNN THET NAING
Work Permit No GXXXX412Q
Date Of Birth 23/06/1979
Occupation Outdoor

Date Of Driving Pass	16/10/2010
Driving experience	10 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85114227
Alt. Phone Number	-
Email Address	TOBYTAGIS@GMAIL.COM
Address	BLK 321 TAH CHING ROAD #14-78
Address complement	-
Postcode	610321
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
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

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	GBJ8497X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person NAY LYNN THET NAING
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained NECK, SHOULDER AND BACK
Injured person in which vehicle? YJ9433B
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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

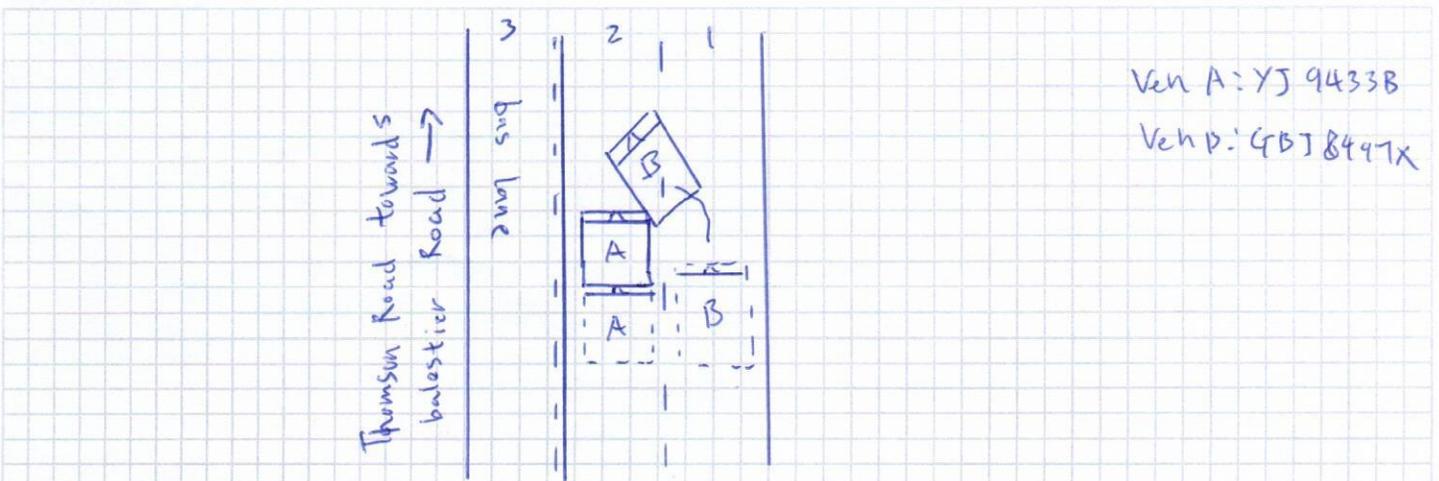
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated time & date, I was driving my company vehicle on Thomson Road towards Balestier Road on lane 2 of 3 lanes. Suddenly I felt an impact on my driver side then I realise vehicle B 4B5 8491X had collided onto my vehicle while switching lane from lane 1 to lane 2. He did not stop ~~immediately~~ immediately and intend to run from the scene. I chase and horn him for couple of mins then he stop his vehicle and alighted his vehicle. we exchange particular and his workshop called and ask me to give him claim and promise to give me \$1500 and I rejected.

Declaration

We declare the foregoing particulars are true in every respect.



Relayholder's Signature / Date

[Handwritten signature]

Driver's Signature (if driver is not the relayholder) / Date

[Handwritten signature]

Witnessed by Reporting Centre

Date of Accident : 25/01/2021 Accident Time: 11.45 (24-HR-Format)
 Accident Place : Thomson Road towards Balestier road
 Vehicle No. (Car Plate No.) : YS 9435B Make/Model: _____
 Insurance Company : NTUC Policy No: 5118696222
 Owner or Company Name /IC No. : Guan Lee veg & Fruits PTE LTD
 Owner or Company Contact No. : 9733 9433 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Nay Lynn thet nany G6263412A
 DRIVER'S Date Of Birth : 23/5/1979 DRIVER'S License Pass Date 16/10/2010
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: _____
 DRIVER'S Address : Blk 321 Tak ching Road #4-78 610321
 DRIVER'S Contact No./ Alt No. :1) 8511 4227 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : ~~Toby is @ gmail.com~~ Toby Tay is @ gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose

Any Injury (If YES, Pls state): Neck & shoulder & back

Other Party Driver's Particular (if any)

Vehicle. No: G8J 8497X Vehicle. No: _____

Vehicle Make \Model: _____ Vehicle Make \Model: _____

Name Driver: _____ Name Driver: _____

IC No. Driver/Contact: _____ IC No. Driver/Contact: _____

* **NEW – Passenger's name & gender:**