

# NATIONAL Assessment Centre Services

(est 1 Jan 2000)

NA417161207

Date In: 07/12/2017 12:04	Job description	Date & Time Completed	Done by
Ref No: NBS/INC/2023278/Y	SAS e-Mailing		
Veh No: YM 6359L	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 06/12/2017 15:50	I-Motor Claim Form	MM/09/2140-C02	07/12/2017 15:52
OD / TP / Reporting Only	I-Motor W/O (within 24 hrs, TP 3hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insured:	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Yeh No: SHA 7576J	INC ( ) / Non-INC ( )	
Owner / Drivers: (	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: Customers Information strictly Confidential & strictly NO refer of repeller.

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

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

Remarks:	INC hotline: 5788 0016	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	Action

NA/707625	Invoice Preparation Checklist:
Human's Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)
Contact No:	3) TP: Towing Fee \$10/\$15
Damaged Portion:	4) FT: Follow-Through Survey \$120
C. Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30
	Forfeiting appeal INC Only (wef 10 Jan 2010)
	6) TR: Re-inspection \$33
	7) NI: (e.g. DA + SMRT Survey) \$160
	8) NTUC Additional Services:
	9) NI: 1st Mobile
	10) NI: 2nd Mobile
	11) NI: 3rd Mobile
	12) NI: 4th Mobile
	13) NI: 5th Mobile
	14) NI: 6th Mobile
	15) NI: 7th Mobile
	16) NI: 8th Mobile
	17) NI: 9th Mobile
	18) NI: 10th Mobile
	19) NI: 11th Mobile
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	342) NI: 334th Mobile

## 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 ability.
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 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	07/12/2017 12:04
Date Of Accident	06/12/2017 15:50
Exact Location Of Accident	PASIR PANJANG ROAD TOWARDS WEST COAST ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM6359L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BREAKTHROUGH MISSIONS LTD
Co Reg No	198305430G
Email Address	ADMIN@BREAKTHROUGHMISSIONS.ORG.SG
Mobile Phone No	(LOCAL) +65-88206384
Alternative Phone No	OFFICE-64797734

### Vehicle Particulars

Manufacturer	ISUZU
Model	NPR85LU4Y-4.6 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5079803647-01
Cover Note Number	

### Driver

Name of Driver	XIE GUOLIANG
NRIC No	S8421101Z
Date Of Birth	25/07/1984
Occupation	OUTDOOR
Date Of Driving Pass	11/11/2010
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88206384
Fax Number	
Contact Number	OFFICE-64797734
Email Address	ADMIN@BREAKTHROUGHMISSIONS.ORG.SG

Address	BLK 943 JURONG WEST STREET 91 #08-521
Postcode	640943
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
Was any body injured in the Accident?	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)	5

#### 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

PLEASE REFER TO SKETCH PLAN

#### 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	SHA7576J
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Name of Driver	DARIS BIN KAMAT
NRIC/Passport Number	S1571444A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4

#### Details of Witness

Name	
Phone Number	
Email Address	

## 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.

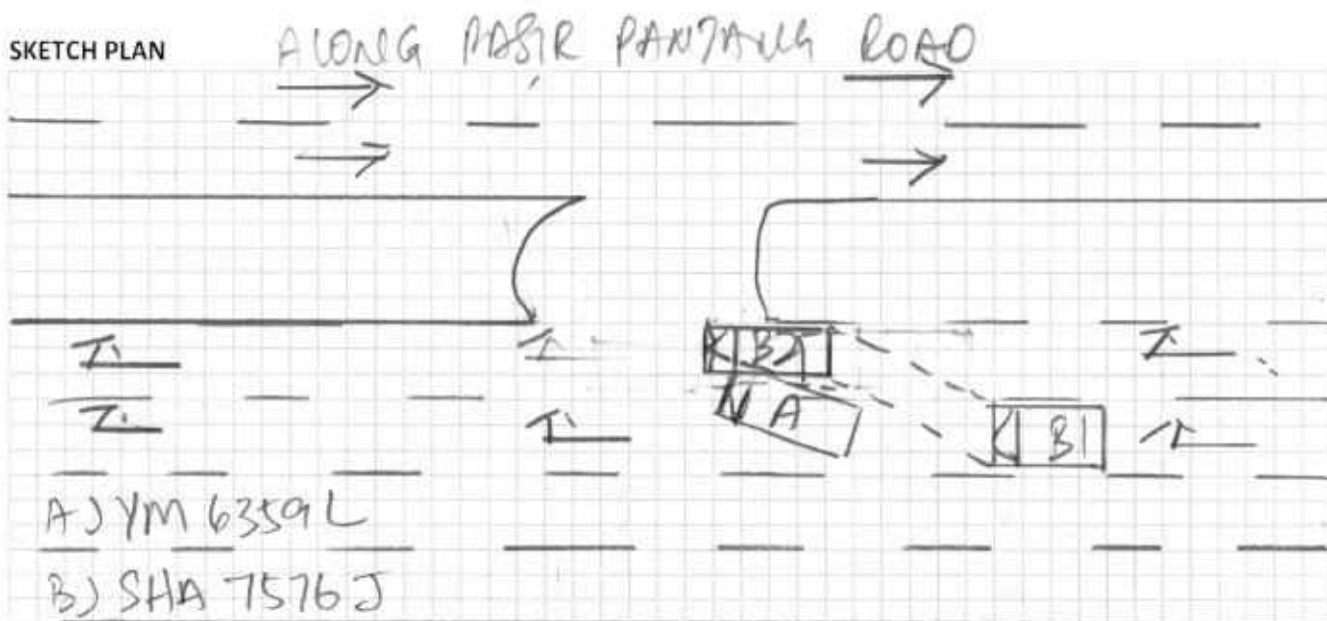


Policyholder's Signature  
Date & Time:

*Callan*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 7/12/2017

*07/12/2017*  
Reporting Centre Personnel's Signature  
Name: *Rossli WOODS*  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I Vehicle A Was driving along Pasir Panjang Road and Wanted to Make a U-turn, I Was on the 2nd Right lane and already Signal Right. Looking on my right mirror, middle the road w I did Saw a Taxi behind me on the Same lane, I Sweve my Steteeing to the right Suddenly the taxi Over-take me on the Right and bump into The front-right of my Lorry. We Came down and took Some Photo and exchange Particular.

## DECLARATION

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

Policyholder's Signature  
Date & Time

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 7/12/2017 12:00 pm

Reporting Centre Personnel's Signature  
Name: Rashedi Wahaab  
NRIC/FIN No.: 01/12/2017

## Claim Handling

Accident MT/0972740

Policy No.	5079803647-01	Vehicle No.	YM6359L	GST Registration No.	
Policyholder Name	BREAKTHROUGH MISSIONS LTD			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFX	<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		

➤ **Accident Details**

Report Date	07/12/2017 14:58	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe - Sa
Date of Accident	06/12/2017	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PASIR PANJANG RD AT U-TURN B4 RD JUNCTION				

➤ **Benefits**

➤ **Excess**

Own damage Excess	600.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

➤ **GST Registered Information**

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	198305430G	GST Status Verified	No
Modification History			

➤ **Policyholder Mailing Address**

Address 1	24 YEW SIANG ROAD	Address 2	SINGAPORE 117758	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5080195914-01		

➤ **OI Driver Info**

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **NEW**

Claim Type *	OD-MX	Insured Name	BREAKTHROUGH MISSIONS LTD	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	YM6359L	TP Vehicle Number	
Claim Description	YM6359L / sha7576j ON 6 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	07/12/2017 15:51	Claim Close Date			
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0972740	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/12/2017 15:52

Path \*

Browse	Clear	Category *	Confidential	Urgency
Browse	Clear	Please Select	NO	Normal
Browse	Clear	Please Select	NO	Normal
Browse	Clear	Please Select	NO	Normal
Browse	Clear	Please Select	NO	Normal



Please Select NO Normal  
  Please Select NO Normal

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 07 Dec 2017 15:52	NRIC/ Driving License	Normal	NARC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 07 Dec 2017 15:52	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 07 Dec 2017 15:52	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 07 Dec 2017 15:52	Photos	Normal	Photo
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# ACCIDENT STATEMENT

ACCIDENT DATE: 6 / 12 / 2017 (DD/MM/YYYY), TIME: 8:50 (HH:MM)

LOCATION: Pasir Panjang Road towards West Coast Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YM6359L  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: 5079803647-01  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: ISUZU / NPR 85  
 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: BREKTHROUGH MISSIONS LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 1983054304 CONTACT: 64797756  
 c) ADDRESS: 50501

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

## DRIVER

- a) NAME: XIE GUOLIANG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 884211012 CONTACT: 88206384  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 20/07/1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENSE: 11/11/2010

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: SHA7576J MODEL: Hyundai i40  
 b) DRIVER'S NAME: DARIS BIN KAMAT  
 c) NRIC/FIN/PASSPORT: S15114004 CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = [admin@breakthroughmissions.org](mailto:admin@breakthroughmissions.org) SC

Fax =

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8421101Z



Name

XIE GUOLIANG

谢国良

Race

CHINESE

Date of birth

25-07-1984

Country/Place of birth

SINGAPORE

Sex

M



5348868



NRIC No. S8421101Z



Date of issue

04-09-2014

Address

APT BLK 943 JURONG WEST STREET 91

#08-521

SINGAPORE 640943

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8421101Z

Name

XIE GUOLIANG

Birth Date: 25 Jul 1984

Issue Date: 11 Nov 2010



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

23 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 11 Nov 2010

NP 428A



Licence No: S8421101Z

## THE SCHEDULE

### Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured 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. M4-0003030-8

Policy Number	: 5079803647-01
The Policyholder	: BREAKTHROUGH MISSIONS LTD 24 YEW SIANG ROAD SINGAPORE 117758

Period of Insurance	: 18 May 2017 To 17 May 2018
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,858.00

#### Interest Insured

Cover Type	: Comprehensive	
Make/Model	: ISUZU/NPR 85	
Capacity	: 2.5 ton(s)	Number of Seater : 2
Registration Number	: YM6359L	Registration Date : 18 May 2007
Chassis Number	: JAANPR85L77101620	Insure with COE : Yes
Excess (Section 1)	: S\$600	NCD Entitlement : 20%
Excess (Section 2)	: N/A	Loyalty Discount : 5%
Hire Purchase Company	: N/A	

Memo A : N/A

Endorsement Operative : N/A

Agency	: METROPOLITAN BROKING SERVICES PTE LTD (00000690054)
Date of Issue	: 19 Apr 2017 13:00 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