

# NATIONAL Assessment Centre Services (W/L 1 Jan 2008) M188022581

Date In: <b>14/01/2018 10:55</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/MC18029904</b>	SAS e-illing		
Veh No: <b>GBA 40524</b>	E-mail (vehicle sheet, AIC sheet)		
D.O.A: <b>13/02/2018 12:30</b>	1-Motor Claim Form	<b>M188022581</b>	<b>14/02/2018</b>
OD / TP Reporting Only	1-Motor VVO (Vehicle sheet, TP sheet)		<b>12:26</b>
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:		Tel:	Fax:
TP Particulars:	Yell No: <b>SW 1480B</b>	INC ( ) / Non-INC ( )	
Owner / Driver:		Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )	
Confirmed by: ( )	Date:	Time:	
Insured/Driver Liability: ( )	% (Note: BSL Status (WO): NI 0-20%; P: 21-79%; P: 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 repeller.

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

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

Remarks:	INC Hotline: 6788 5516	Date & Time Completed:	Done by:
1) Apply for Transition Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )			

Injury: \_\_\_\_\_

Date/Time	Action

**M18800984**

Humanities Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Unger-In-Charge):

Unger's Comments:

L1:

L2/3:

Invoice Preparation Checklist	Y/N	Remarks
1) AR: Accident Reporting (320)		
2) DA: Damage Assessment (3100)	INC (330)	
3) TP: Towing Fee	340/341	
4) FT: Follow Through Survey	3150	
5) RT: Follow Through Survey (Resurvey)	320	
Exclusion: against INC Only (W/L 10 Jan 2008)		
6) TR: Re-inspection	313	
7) NI: NI/DA + SMRT Survey	3160	
8) NTUC Additional Services:		
Q11:		
NI: Courtesy Car / Tpl Allowance	31	
NI: Repairs Coordination	310	
NI: Post Repair Inspection	313	
NI: DY / Collect Unsett Coordination	31	
TE (Nil): TP (Non-INC) against INC	320	
9) NI: Done Mobile	30	
Invoice dated	File Charged	
Initiation dated	Plan 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 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 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	14/02/2018 11:51
Date Of Accident	13/02/2018 17:25
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD TOWARDS ROCHOR ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA4052U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JCI ENTERPRISE
Co Reg No	52959256L
Email Address	KOWEELIAN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91865166
Alternative Phone No	OFFICE-91865166

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5087891197
Cover Note Number	

### Driver

Name of Driver	KO WEE LIAN (XU WEILIAN)
NRIC No	S7501067B
Date Of Birth	12/01/1975
Occupation	OUTDOOR
Date Of Driving Pass	17/02/1997
Driving Experience	20 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91865166
Fax Number	
Contact Number	OTHERS-91865166
Email Address	KOWEELIAN@YAHOO.COM

Address	BLK 275B COMPASSVALE LINK #06-204
Postcode	542275
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 involved in the accident	2
Was any body injured in the Accident?	NO
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)	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

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	SJW1480B
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	94300918
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.



Policyholder's Signature

Date & Time: 14/02/18  
10:54 am



Driver's Signature

(If driver is not the policyholder)

Date & Time: 14/02/18  
10:54 am



14/02/2018

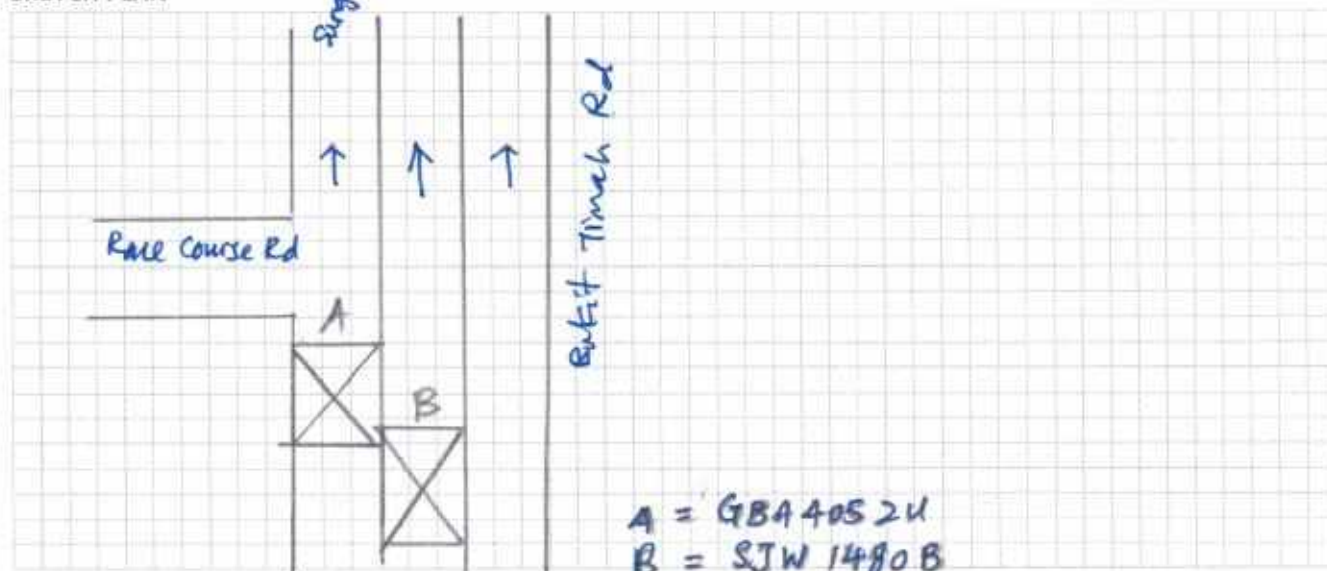
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/02/18 at about 17.26pm. I was travelling along Bukit Timah Rd towards Surgei Rd. After I alighted my colleague at the bus-stop near Little India MRT. I continue to move on. After about 40m, I decided to move to the next outer lane as a lot of cars was turning left to Race course Rd. So I signal right and slowly make my way to the next lane. I saw a car was very near my rear from my right side mirror. The car tailgated and did not slow down. So I carefully maintain my lane to avoid any accidents. Next moments, I heard a sound from behind and the car collided to my right rear side door. I immediately pull over to the shoulder and went on to check on the damages. my rear side door got slight dent and scratches. The left side mirror of the car was broken. No other damages to the car. The weather was good and clear. There was one passenger in the front seat probably the husband of the driver. No one was injured during the accidents.

In my opinion, the driver must have to engrossed with the traffic on her driver's side that she didn't notices her car is slowly colliding to my rear side door. I can't do anything if she is colliding to my rear. She insisted that I collided to her side mirror. I wondered if I turn to her side her side bonnet should be gone by then. This is all I wanted to said.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

14/02/18 11.12am.

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

14/02/18 11:12am

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

14/02/2018  
Kasdi WATARS

## Claim Handling

Accident MT/0982375

Policy No.	5087891197	Vehicle No.	GBA4052U	GST Registration No.	
Policyholder Name	JCI ENTERPRISE			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE (INSUR)	Cover Type	Third Party, Fire & Theft	Leading	
Contact No.(Mobile)	91865166	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<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	Private Hire	No

**Accident Details**

Report Date	14/02/2018 12:10	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	13/02/2018	Time of Accident (hh:mm)	17:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BUKIT TIMAH ROAD TOWARDS ROCHOR ROAD				

**Benefits**

**Excess**

Own damage Excess	0.00	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	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	200 JALAN SULTAN	Address 2	#03-03 TEXTILE CENTRE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5087891197		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KO WEE LIAN (XU WEILIAN)	Driver NRIC	S7501067B	Driver DOB	
Register Date of Driver License	17/02/1997	Driver Age	43	Driving Experience	
Contact No.(Mobile)	91865166	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 275B #06-204	Address 2	COMPASSVALE LINK	Address 3	
Address 4	SINGAPORE 542275	Address Type	Foreign address	Post Code	
Unit No.	06-204				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	GBA4052U	Driver Insurer Company	

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	JCI ENTERPRISE	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBA4052U	TP Vehicle Number	
Claim Description	GBA4052U / SJW14808 ON 13 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	14/02/2018 12:24	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

Save Submit













## Attachment

Accident No.	MT/0982375	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/02/2018 12:26
Path *		Category *	Confidential
			urgency
			Normal

Please Select

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	• NO •	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	• NO •	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	• NO •	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	• NO •	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	• NO •	Normal

#### Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Feb 2018 12:26	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Feb 2018 12:26	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Feb 2018 12:25	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Feb 2018 12:25	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Feb 2018 12:25	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Feb 2018 12:25	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Feb 2018 12:24	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Feb 2018 12:24	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Feb 2018 12:24	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Feb 2018 12:24	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Feb 2018 12:24	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 14 Feb 2018 12:24	NRIC/ Driving License	Normal	NRIC/ Driving

#### Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>



# ACCIDENT STATEMENT

ACCIDENT DATE: B. / 02 / 2018 (DD/MM/YYYY), TIME: 17. 26 (HH:MM)

LOCATION: Along Bukit Timah Rd towards Rochor.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBA 4052U  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: 5087891197  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA DYNA  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY  
 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: JCI Enterprise (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: KO WEE LIAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7501067B CONTACT: 91865766  
 c) ADDRESS: BLK 275B Compadvale Link 406-204 9542275

\* d) DATE OF BIRTH: 12 / 01 / 1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17 Feb 97

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) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJW 1480 B MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: 94300918  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_

Email: kowee.lian@yahoo.com

fax: NA

VIDEO NA





## 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)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5087891197

**Cover :** Third Party, Fire & Theft.

1. Index mark and Registration Number of Vehicle

: GBA4052U

Chassis Number

: JTFAT35Y003001067

2. Name of Policyholder

: JCI ENTERPRISE

3. Effective Date of Insurance

: 24 Feb 2017

4. Expiry Date of Insurance

: 25 Jun 2018

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.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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)

: N/A

EXCESS (SECTION 2)

: N/A

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: ETHOZ CAPITAL LTD

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

: NET LINK COMMERCIAL PTE. LTD. (00000615136)

Date of Issue

: 23 Feb 2017 11:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive