

NATIONAL Assessment Centre Services

(VAT 123456789)

MAA48027696

Date In: 27/02/2018 10:36
Ref No: NPA/INC/003811/Y
Veh No: YP 5120Z
D.O.A: 26/02/2018 14:30
OD / TP / Reporting Only

Job description
SAS e-Milling
E-mail (within 3hrs, A/C 3hrs)
I-Motor Claim Form
I-Motor W/O (within 100 hrs, TP 3hrs)
I-Photo Uploaded
Assessment/Survey Report
Ass'l Report by Fax/Hand to Owner/VHSP

TP Insurech:

Preferred Wksp / INC Assgn Wksp / OW:

TP Particulars: Yell No: SJR 4557 H, INC () / Non-INC ()
Owner / Driver: ()
Policy No: () Period: () Cover Type: ()
Confirmed by: () Date: () Time: ()
Insured/Driver Liability: () % (Note: BSL Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)
Year of Registration: () Warranty: YES () / NO ()
Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Rem: ()
() 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: ()

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

Injury:

Date	Time	Action

NAIR01306

Customer's Particulars	Invoice Preparation Checklist	Amount	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Onsite No:	2) DA: Damage Assessment (\$100) INC (\$50)		
Assessed Person:	3) TP: Towing Fee \$40/\$45		
	4) PT: Follow Through Survey \$120		
	5) XT: Follow Through Survey (Resurvey) \$10		
	Excluding against INC Only (wef 10 Jan 2018)		
	6) TR: Re-lamp/repair \$15		
	7) NI: NI & DA + SMRT Survey \$160		
	8) NTUC Additional Services		
	Q11		
	NI: Courtesy Car / Tpl Allowance \$5		
	NI: Repair Coordination \$10		
	NI: Post Repair Inspection \$15		
	NI: OV / Collision / Coordination \$5		
	TP (NI) / TP (Non-INC) against INC \$20		
	P: NI: Idex biolite \$10		
	Invoice total		
	Net Charged		
	Gross Charged		

Checked by (Engin-In-Charge):
Signature: _____
Date: 27/2

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	27/02/2018 10:36
Date Of Accident	26/02/2018 14:30
Exact Location Of Accident	ALONG ALEXANDRA ROAD TOWARDS PASIR PANJANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5120Z
Insured/Policyholder	
Name Of Registered Owner	HUBER'S PTE. LTD
Co Reg No	200512983M
Email Address	BB69LIVE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97121222
Alternative Phone No	OFFICE-97121222

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
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	5093379415
Cover Note Number	

Driver

Name of Driver	LEN JACK KEE
Passport No/FIN	G8127416P
Date Of Birth	15/08/1978
Occupation	OUTDOOR
Date Of Driving Pass	04/06/2013
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97121222
Fax Number	
Contact Number	OTHERS-97121222
Email Address	BB69LIVE@GMAIL.COM

Address	35 TELOK BLANGAH RISE
Postcode	090035
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	COLLISION - HEAD TO REAR
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	SJK4557H
Vehicle Make/Model/Colour	VOLKSWAGEN
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)	2

SKETCH PLAN

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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.


HUBER'S PTE LTD

.....
GINA KANG

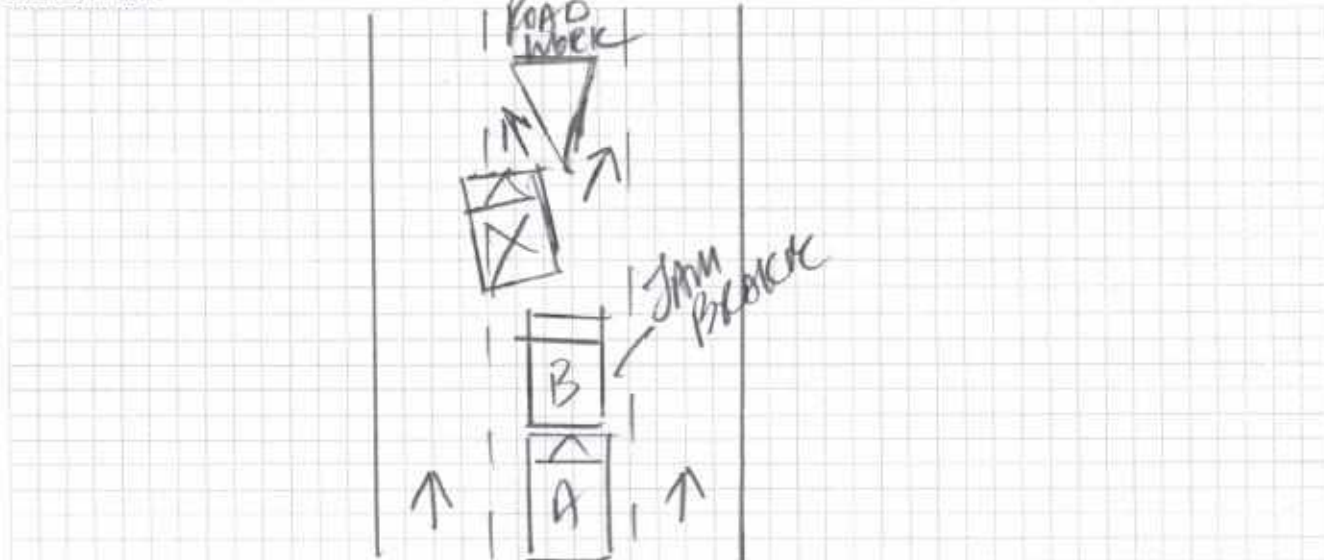
HR EXECUTIVE

Policyholder's Signature
Date & Time:


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

 27/02/2018
Reporting Centre Personnel's Signature
Name: **Koh Li Wai**
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

26/02/2018 我(A LORRY)前面有两辆车在行驶,忽然X车向车
驶出。B车忽然 JAM BREAK,我也跟前刹车。但是刹了车,LORRY还是
向前走,我觉得地面有油所以才不能停下来

DECLARATION

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

HUBER'S PTE LTD

Policyholder's Signature
Date & Time: GINA KANG HR EXECUTIVE

Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/02/2018

Reporting Centre Personnel's Signature
Name: Rosli Wany
NRIC/FIN No.: 27/02/2018

Claim Handling

Accident MT/0983966

Policy No.	5093379415	Vehicle No.	YP5120Z	GST Registration No.	
Policyholder Name	HUBER'S PTE. LTD.			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	97121222	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<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(%)	0	Private Hire	No

Accident Details

Report Date	27/02/2018 18:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	29/02/2018	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ALEXANDRA ROAD TOWARDS PASIR PANJANG				

Benefits

Excess

Own damage Excess	1,000.00	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	01/09/2006
GST Registration No.	200512983M	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	161 PANDAN LOOP	Address 2	SINGAPORE 128456	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	12-01	Related Policy Number	5093379415		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	LEN JACK KEE	Driver NRIC	G8127416P	Driving Experience	
Register Date of Driver License	04/06/2013	Driver Age	39	Contact No.(Home)	
Contact No.(Mobile)	97121222	Contact No.(Office)		Address 3	
Address 1	BLK 35 #	Address 2	TELOK BLANGAH RISE	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.	YP5120Z	Driver Insurer Company	

Declaration

Breathalyzer 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	HUBER'S PTE. LTD.	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	YP5120Z	TP Vehicle Number	
Claim Description	YP5120Z / 5JK4557H ON 26 Feb 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	
Requires Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	27/02/2018 18:53	Claim Close Date			
Report Taken By	ROSLI WAHAB				
<input type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.	MT/0983966	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/02/2018 18:54
Path *	<div>Category *</div> <div>Confidential</div> <div>Urgency</div>		
<div>Browse...</div> <div>Clear</div> <div>Please Select</div> <div>Normal</div>			

ACCIDENT STATEMENT

ACCIDENT DATE: 26/02/2018 (DD/MM/YYYY), TIME: 2:30 (HH:MM)

LOCATION: ALEXANDRA RD TO PASIR PANJANG

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YPS1202
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 509337945
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: FUSO
 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: HUBERS (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(1)

- DRIVER
 a) NAME: REN JACK KSE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 98127416P CONTACT: 97121222
 c) ADDRESS: 35 TELUK BLANJAH RISH

d) DATE OF BIRTH: 15/08/78 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

No of passengers
(including driver)
(2)

- a) VEHICLE NUMBER: SJK 4557H MODEL: NV
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

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

email = hberlin2@gmail.com

fax =

V1 060



WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
BER'S PTE. LTD.

Industry: **MANUFACTURING**

Name

LEN JACK KEE

Occupation

DRIVER

Work Permit No.
4 02674423

Date of Application
15-08-2017

Date of Issue
28-08-2017

Date of Expiry
05-08-2018

4 02674423

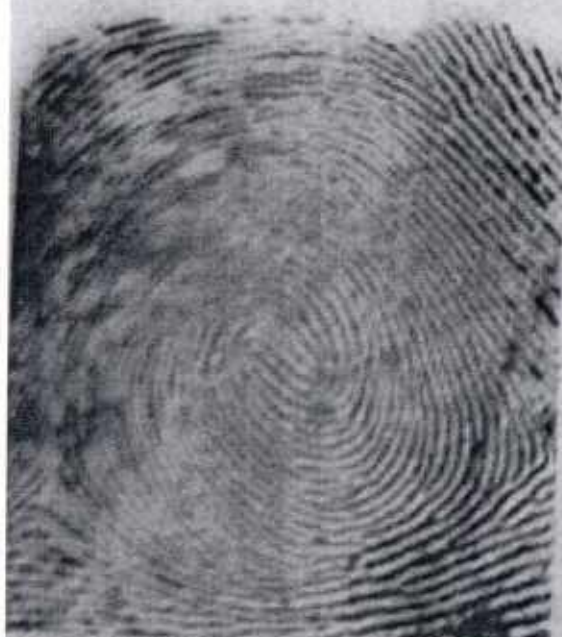


L825511

VISIT PASS

Immigration Regulations

Name
LEN JACK KEE



Date of Birth
15-08-1978

Sex
M

Nationality
MALAYSIAN

FIN
G8127416P

Date of Issue
28-08-2017

Date of Expiry
05-08-2018

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**





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 : 5093379415

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **YPS120Z**
Chassis Number : **FEB71EA20297**
2. Name of Policyholder : **HUBER'S PTE. LTD**
3. Effective Date of Insurance : **28 Nov 2017**
4. Expiry Date of Insurance : **27 Nov 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)	: S\$1,000
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
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 : MARSH (SINGAPORE) PTE LTD (00000690193)
Date of Issue : 11 Aug 2017 16:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive