

NATIONAL Assessment Centre Services (wef 1 Jan 05) MMA 118075269.

Date In: 11/6/18 10:48	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18010554/h4	SAS e-filing		
Veh No: GBO 5327 R.	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 716/18 15:15.	i-Motor Claim Form	MT10998057 ⁻⁰⁰²	11/6/18 00:00
<input checked="" type="radio"/> TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (J-mart Auto.	Tel:	Fax:
TP Particulars:	Veh No: PC 3704 C.	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:- (INC hotline: 6788 6616)	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

NA1803672

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Sat. 1:

Sat. 2/3:

Invoice Preparation Checklist

	Amt (\$)	Amt (\$)
	Est Bill	Add Bill
1) AR: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$90)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
QJ*		
*N5: Courtesy Car / Tpt 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: Idac Mobile	\$0	

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 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	11/06/2018 10:48
Date Of Accident	07/06/2018 15:15
Exact Location Of Accident	SLE TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5327R
Insured/Policyholder	
Name Of Registered Owner	SKYRAY SINGAPORE PTE LTD
Co Reg No	200700821R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93262268

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	5090936954-01
Cover Note Number	-

Driver

Name of Driver	JUAY KEOK TECK
NRIC No	S1820762A
Date Of Birth	05/08/1967
Occupation	OUTDOOR
Date Of Driving Pass	04/11/1987
Driving Experience	30 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93262268
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 134 AMK AVE 3 #12-1685
Postcode	560134
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 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	PC3704C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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:

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

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

Personal Particulars

Date of Accident: 7/6/18 Time of Accident: 3.15 pm
Exact Location of Accident: SLE towards Changi
Owner's Name: Skyway S'pore Pte Ltd NRIC No: _____ HP No: _____
Driver's Name: Juay Keok Teck NRIC No: S1820762A HP No: 93262268
Date of Birth: 5/8/1967 Driving Licence Passing Date: 4/11/1987 Occupation: Indoor / Outdoor Ⓢ
Address: 134 AMK Ave 3 #12 - 1685 (560134)
Relationship of Driver with Insured: Employee Email Address: _____
Vehicle No: GBB 5327 R Make & Model: Toyota Hiace
Insurance Co: NTUC Coverage: Comprehensive Policy No: _____

*Purpose of Reporting? ☒ Own Damage Claim / ☐ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / ☒ Work

*Weather Condition? ☐ Clear / ☐ Raining / Others: _____ ☐ Wet / ☐ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: 1+0 C: _____ D: _____

*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes/No)

Third Party Driver's Particulars

Vehicle B No: PC 3704 C Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Vehicle C No: _____ Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

052613

APR BIK 134 ANG MO KIO AVE 3 #12-1585
SINGAPORE 560131
NRIC No: S1820762A

NRIC No: S1820762A

Group Group Date of issue
B+ 23-09-1992

APR BIK 134 ANG MO KIO AVE 3 #12-1585
SINGAPORE 560131
NRIC No: S1820762A

APR BIK 134 ANG MO KIO AVE 3 #12-1585
SINGAPORE 560131
NRIC No: S1820762A

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
22 Sep 1989
02 Sep 1989
04 Nov 1987

NP 42BA

License No: S1820762A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1820762A



Name
JUAY KEOK TECK

蔣克德
Race
CHINESE
Date of Birth
05-08-1967
Sex
M
Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE
DRIVING LICENCE



License Number
S 1820762A

Name
JUAY KEOK TECK

Birth Date
05 Aug 1967
Issue Date
07 Oct 2003



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 : 5090936954-01

Cover : Preferred Workshop Plan

1. Index mark and Registration Number of Vehicle : **GBB5327R**
Chassis Number : **JTFHTQ2PX00043241**
2. Name of Policyholder : **SKYRAY SINGAPORE PTE LTD**
3. Effective Date of Insurance : **28 May 2018**
4. Expiry Date of Insurance : **27 May 2019**
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\$600
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 : **ONG HUI SENG LIFE & GENERAL INS AGENCY (000005/1953)**
Date of Issue : **23 Apr 2018 15:17 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/0998057

Policy No.	5090936954-01	Vehicle No.	GBB5327R	GST Registration No.	
Policyholder Name	SKYRAY SINGAPORE PTE LTD			Policyholder NRIC	200700821R
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

▼ Accident Details

Report Date	11/06/2018 09:45	Accident Report Within 24 hrs	Non-Reporting	Accident Type	Collision - Head to Rear
Date of Accident	07/06/2018	Time of Accident hh:mm	14:45	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	SLE TOWARDS CTE BEFORE UPPER THOMSON ROAD				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
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	No
Modification History			

▼ Policyholder Mailing Address

Address 1	5 ANG MO KIO INDUSTRIAL PAR	Address 2	#07-07 AMK TECH II	Address 3	SINGAPORE 567760
Address 4		Address Type	Singapore address	Post Code	567760
Unit No.		Related Policy Number	5090936954-01		

▼ 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?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MD **New**

Claim Type *	OD-MD ▼	Insured Name	SKYRAY SINGAPORE PTE LTD	Insured NRIC	200700821R
Contact No.(Mobile)	97850900	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBB5327R	TP Vehicle Number	PC3704C
Claim Description	GBB5327R / PC3704C ON 7 Jun 2018			Name of Preferred Workshop	J-MART AUTO
Preferred Workshop Contact No.	96813469	Insured Liability *	Fully at Fault ▼	GIA report	Received
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop (refer below) ▼	Date Received	11/06/2018 00:00
Date Registered	11/06/2018 15:02	Claim Close Date		Total Loss but Repaired	
Report Taken By	LIEW SHAN HUI	Workshop Repairer		OD Excess Collected by Workshop	

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0998057	Claim No.	002			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/06/2018 00:00			
Path *		Category *	Confidential	Urgency *	Descr	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	

Choose File No file chosen

Please Select

NO

Normal

Sen

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 15:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 15:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 15:02	SAS	Normal	SAS 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 15:02	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 15:02	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 15:02	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 15:02	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 15:01	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 15:01	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 15:01	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 15:01	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 15:01	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 15:01	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 15:01	Photos	Normal	Photos 2018-6-11

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window

Scan and uploading

LKK Paya Ubi

From: LKK Paya Ubi <rspu@lkkauto.com>
Sent: Monday, 11 June 2018 3:07 PM
To: 'ODsupport'
Subject: FW: GBB 5327R MT/0998057-002 OD-DRIVO PREMIUM
Attachments: GBB5327R_07062018.PDF

Hi

Dear All,

Name of Registered : SKYRAY SINGAPORE PTE LTD
NRIC No : 200700821R

Name of Driver : JUAY KEOK TECK
NRIC : S1820762A
Mobile No : 93262268

Own Damage Excess : \$600
Unnamed Driver Excess : N/A

Name of Workshop : J-MART AUTO
Contact No : 96813469

Remarks : N/A

Best Regards,

Shan Hui | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

SKETCH PLAN

SLE



DOA: 7/6/18

A: GBB 5327 R

B: PC 3704C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Failed to brake in time hit onto the rear
of veh B.

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:

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