

# NATIONAL Assessment Centre Services

[Ref: Jan 2013]

NA1805206

Date In: 17/08/2018 19:26	Job description	Date & Time Completed	Done by
Ref No: NA1805206/5031/Y	SAS e-filing		
Veh No: GBD 8420Z	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 16/08/2018 11:30	i-Motor Claim Form	NA1805206-001	17/08/2018 19:28
OD: 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: (	Tel:	Fax:
TP Particulars:	Veh No: GBD 2105C	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

NA1805206	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100);	INC (\$80)		
Contact No:	3) TF: Towing Fee	\$40/\$45		
Damaged Portion:	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: Idao DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
	OD:			
	*N3: Courtesy Car / Tpt Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
	TP (N11): TP (N/a INC) against INC	\$20		
	9) N12: Idao Mobile	\$0		
Auditors' Comments:-	Invoice dated	Fee Charged		
Dat. 1:	Invoice dated	Fee Charged		
Dat. 2/3:				



## 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	17/08/2018 19:06
Date Of Accident	16/08/2018 11:30
Exact Location Of Accident	SENG POH ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD8420Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUEN HO TRADING
Co Reg No	52906476J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97620981
Alternative Phone No	OFFICE-97620981
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	LORRY WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091215623-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	LEONG KARM CHUEN
NRIC No	S1527216C
Date Of Birth	19/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	23/05/1980
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97620981
Fax Number	
Contact Number	OTHERS-97620981
Email Address	NOEMAIL

Address	BLK 119B KIM TIAN ROAD #06-238
Postcode	162119
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH2105C
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

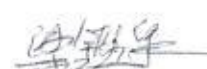
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:



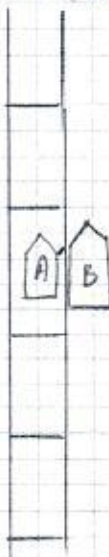
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN

STUNG ROTT ROAD

Tiong  
Bahru  
Market



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

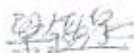
My vehicle A was legally parked at the carpark lot. Vehicle B was driving at a rather high speed and damage the right side mirror of my parked vehicle as he was driving past my vehicle. This accident was recorded by video camera.

## 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.:



## Claim Handling

Accident MT/1007732

Policy No.	5091215623-01	Vehicle No.	GBD8420Z	GST Registration No.	NA
Certificate No.					
Policyholder Name	CHUEN HO TRADING			Policyholder NRIC	529064763
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97620981	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	Yes	TCA	Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	17/08/2018 10:24	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	16/08/2018	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SENG POH ROAD				
<b>Excess</b>					
Own damage Excess	500.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	01/01/2015		
GST Registration No.	NA	GST Status Verified	No		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 119B #06-238	Address 2	KIM TIAN ROAD	Address 3	SINGAPORE 162119
Address 4		Address Type	Singapore address	Post Code	162119
Unit No.		Related Policy Number	5091215623-01		
<b>01 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/05/1962
Unnamed driver Name	LEONG KARM CHUEN	Driver NRIC	S1527216C	Driving Experience	38
Register Date of Driver License	23/05/1980	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)	97620981	Contact No.(Office)		Address 3	KIM TIAN 119
Address 1	BLK 119B #06-238	Address 2	KIM TIAN ROAD	Post Code	162119
Address 4	SINGAPORE 162119	Address Type	Foreign address		
Unit No.	06-238	Driver Vehicle No.	GBD8420Z	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes				
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes		

Modification History

Claim 001 New

Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop ☐ Insured Liability ☐ Not at Fault ☐ Preferred Repair Option ☐ Preferred Workshop, Name unknown ☐ GIA report ☐ Received ☐

Report Taken By

Print AK letter

OD-MX	Insured Name	CHUEN HO TRADING	Insured NRIC	529064763	
	Contact No.		Contact No. (Home)	62430	
	OI Vehicle Number	GBD8420Z	TP Vehicle Number	GBH21	
GBD8420Z / GBH2105C ON 16 Aug 2018			Name of Preferred Workshop		
17/08/2018 19:28		Claim Close Date		Date Received	17/08/
ROSLI WAHAB					

Save Submit

## Attachment

Accident No.	MT/1007732	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	17/08/2018 19:28		
Path *					
Choose File	No file chosen	Category *	Confidential		
Choose File	No file chosen	Please Select	NO		
Choose File	No file chosen	Please Select	NO		
Choose File	No file chosen	Please Select	NO		
Choose File	No file chosen	Please Select	NO		
Choose File	No file chosen	Please Select	NO		
Choose File	No file chosen	Please Select	NO		
Message Read		Please Select	NO		
<b>Attachment List</b>		Urgency *	Normal		
Attachment	Uploaded By/Date	Category	Urgency	Description	M:
NAC_BUKIT_MERAH_300676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2018 19:28		Photos	Normal	Photos 2018-8-17	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2018 19:28	Photos	Normal	Photos 2018-8-17
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2018 19:28	Photos	Normal	Photos 2018-8-17
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2018 19:28	Photos	Normal	Photos 2018-8-17
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2018 19:28	Photos	Normal	Photos 2018-8-17
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2018 19:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-17
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Aug 2018 19:28	SAS	Normal	SAS 2018-8-17

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading





Date of Accident	Time of Accident	Exact Location of Accident
16/8/18	11:30 am	Seng Poh Road

DETAILS OF OWN VEHICLE	
Vehicle Registration No:	GBD 8420 Z
Name of Owner:	Chuen Ho Trading
Owner IC:	-
Vehicle Make (Audi/Toyota etc)	Nissan Cabstar
Type of Vehicle (bicycle, big truck, bus, coupe, CRV, Jeep, Lorry mixer, truck, motorcycle, MPV, prime mover, saloon, van, others)	Commercial
Exact purpose of veh.	Private / Commercial
Are you claiming your own insurance?	Own Damage / Third Party / Reporting Only
Vehicle Category	Private / Commercial / Motorcycle
Insurance Company	N TUC
Type of Policy	Comprehensive / Commercial / Third Party
Policy Number	

DRIVER	
Name of Driver	Leong Karm Chuen
Driver IC	S1527216/C
Date of Birth	19/6/1962
Occupation	bus
Yrs of Driving Experience	23/5/1980
Gender	male
Contact No.	97620981
Address	Blk 119B Kim Tran Road #26-238 Singapore 162119
Email Address	no email
Employee of Insured's Company?	Proprietor
If no, state relationship of Driver with Insured.	Proprietor
Driver's own vehicle no. & Insurance company	NO

DETAILS OF WITNESS	
Name	-
Phone	-
Email Address	-

GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (eg. Chain collision, head-on collision, side swipe, front rear)	Parked and damaged
Weather Conditions	Clear / Raining / Others (pls state)
Road Surface	Wet / Dry / Others

OTHER INFORMATION	
Was anybody injured in the accident? *	Yes / No
Was any other vehicle or property damaged? (including Witness)	Yes / No

DETAILS OF POLICE ACTION	
Accident reported to the Police?	Yes / No
if yes, state which police station	
Notice of Intended Prosecution given?	Yes / No

DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Reg. No.	GBH 2105 C
Vehicle Make / Model / Colour / Properties	
Name of Driver	
IC / FIN / Passport Nbr	
Contact Nbr	
Address	
Insurance Company	
Nature of Damage	

DETAILS OF INJURED PERSONS 1	
Name	
Address	
Approximate age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seatbelts worn?	Yes / No
Conveyed to hospital by ambulance?	Yes / No





REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1527216C



Name

LEONG KARM CHUEN

梁鑑泉

Race

CHINESE

Date of birth

19-06-1962

Country/Place of birth

SINGAPORE

Sex

M

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

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

10 Aug 1994

24 Feb 1997

23 May 1980

NP 420A



Licence No: S1527216C

576066



NRIC No. S1527216C

Date of issue

28-06-2017

Address

APT BLK 119B KIM TIAN ROAD  
#06-23B  
SINGAPORE 162119

## 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 :** 5091215623-01

**Cover :** Comprehensive

1. Index mark and Registration Number of Vehicle

: **GBD8420Z**

Chassis Number

: JN1SC2F24Z0857113

2. Name of Policyholder

: CHUEN HO TRADING

3. Effective Date of Insurance

: 08 Jun 2018

4. Expiry Date of Insurance

: 07 Jun 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

: TAN CHONG CREDIT PTE 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 : INSURE U SERVICES (00000615375)

Date of Issue : 18 May 2018 17:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive