

NATIONAL Assessment Centre Services

(Ref: Jan 09)

NA 4181 11:10

Date In: 23/08/2018 19:12	Job description	Date & Time Completed	Done by
Ref No: NA 4181/5375/N	SAS e-filing		
Veh No: GBB 8028J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/08/2018 11:10	i-Motor Claim Form	M1/1008500-001	23/08/2018 19:30
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: SHD 6656C	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA 1805349	Invoice Preparation Checklist		Ant (\$) In Bill	Ant (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			
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 (wa 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idno DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N3: Courtesy Car / Tp 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: Idno Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

Auditors' Comments:

Ref 1:

Ref 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	23/08/2018 19:12
Date Of Accident	23/08/2018 11:10
Exact Location Of Accident	ALONG SOUTH BUONA VISTA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB8028J
Insured/Policyholder	
Name Of Registered Owner	GAIA SCIENCE PTE LTD
Co Reg No	200916513E
Email Address	GARETT.CHOY@GAIASCIENCE.COM.SG
Mobile Phone No	(LOCAL) +65-98152480
Alternative Phone No	OFFICE-98199461

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	THIRD PARTY
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	5042341289-08
Cover Note Number	

Driver

Name of Driver	CHOY WAI HO, GARET (XU WEIHAO)
NRIC No	S8929921G
Date Of Birth	25/08/1989
Occupation	INDOOR
Date Of Driving Pass	31/03/2011
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98152480
Fax Number	
Contact Number	OTHERS-98199461
Email Address	GARETT.CHOY@GAIASCIENCE.COM.SG

Address	BLK 661B JURONG WEST STREET 64 #09-420
Postcode	642661
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)	2
Passenger 1	NAME: : COLLEAGUE GENDER: : MALE

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	SHD6656C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH SOON SENG
NRIC/Passport Number	S1549484J
Contact Number	96786766
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

Gaia Science Pte Ltd
Blk 102E Pasir Panjang Road
#02-07 Singapore 118529
Tel: +65 - 6276 8884
Fax: +65 - 6270 8884

Policyholder's Signature

Date & Time: 23 August 2018 & 17:33

Driver's Signature

(If driver is not the policyholder)

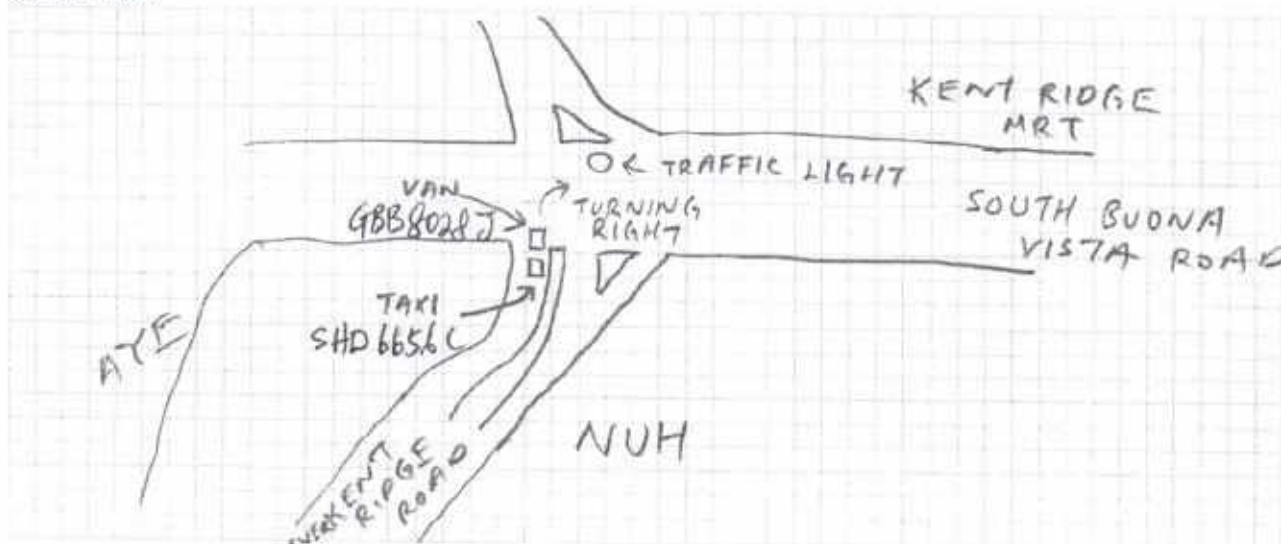
Date & Time: 23 August 2018 & 16:41

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Our van was travelling at Lower Kent Ridge Road. When approaching the traffic junction (South Buona Vista Road), the traffic light is showing green right arrow. However, when I was about to make the right turn, the green arrow did not even blink. Therefore, I apply brake to the van. The taxi from behind was not able to brake in time, hence the taxi collided into our van.


We also found that the traffic light is faulty as the left turn arrow will blink ^{during} amber light but not for the right turn arrow.

DECLARATION

I declare that the foregoing particulars are true in every respect.

Gala Science Pte Ltd
Blk 102E Pasir Panjang Road
#02-07 Singapore 118529
Tel: +65 - 6276 8884

Fax: +65 - 6276 8884
Policyholder's Signature
Date & Time: 23 August 2018 @ 17:37


Driver's Signature
(If driver is not the policyholder)
Date & Time: 23 August 2018 @ 17:37


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

Claim Handling

Accident HT/1008500

Policy No.	5042341289-08	Vehicle No.	GBR028J	GST Registration No.	200916513E
Certificate No.					
Policyholder Name	GALA SCIENCE PTE LTD			Policyholder NRIC	200916513E
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Leading	0
Contact No.(Mobile)	98152480	Contact No.(Office)	62768884	Contact No.(Home)	
Email Address		Special Remark		eCode	No *
RPK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No

Report Date	23/08/2018 15:46	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/08/2018	Time of Accident (hh:mm)	11:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG SOUTH BUONA VISTA ROAD				

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	Yes	GST Registration Date	01/01/2015
GST Registration No.	200916513E	GST Status Verified	No
Modification History			

Address 1	102E PASIR PANJANG ROAD	Address 2	#02-07 CITILINK WAREHOUSE 1	Address 3	SINGAPORE 118529
Address 4		Address Type	Singapore address	Post Code	118529
Unit No.		Related Policy Number	5042341289-08		

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	23/08/1989
Unnamed driver Name	CHOW WAI HO, GARET (XU WED)	Driver NRIC	58929921G	Driving Experience	3
Register Date of Driver License	11/03/2011	Driver Age	28	Contact No.(Home)	
Contact No.(Mobile)	98199461	Contact No.(Office)	62768884	Address 1	SINGAPORE 542661
Address 1	BLK 618 #09-420	Address 2	JURONG WEST STREET 64	Address 3	
Address 4		Address Type	Foreign address	Post Code	542661
Unit No.	09-420				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	GBR0028J	Driver Insurer Company	NTUC

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No

Modification History

Claim 001 OD-MX **NEW**

Claim Type *	OD-MX	Insured Name	GALA SCIENCE PTE LTD	Insured NRIC	200916513E
Contact No.(Mobile)	98152480	Contact No.(Office)		Contact No.(Home)	62768884
Email Address		DI		TP	
Claim Description	GBR028J / SHD6656C ON 23 Aug 2018				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Repair Option	Repair Option	Preferred Workshop, Name unknown	GSA Report	Received	
Date Registered	23/08/2018 15:34	Claim Close Date		Date Received	23/08
Report Taken By	ROSLI WANAB	Workshop Reporter		Total Lost But Repaired	



















Print AK letter

Save Submit

Attachment

Accident No.	HT/1008500	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	23/08/2018 15:38
Path *			
Choose File	No file chosen	Category *	Confidential Urgency *
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Message Read			

Attachment	Uploaded By/Date	Category	Urgency	Description
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Video List	Uploaded By/Date	Folder Data	File Name	Source
	NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2018 19:58	SAS	Normal	SAS 2018-8-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2018 19:30	NAC/ Driving License	Normal	NAC/ Driving Licence 2018-8-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2018 19:30	Photos	Normal	Photos 2018-8-23
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2018 19:30	Photos	Normal	Photos 2018-8-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2018 19:30	Photos	Normal	Photos 2018-8-23
	NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2018 19:29	Photos	Normal	Photos 2018-8-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2018 19:29	Photos	Normal	Photos 2018-8-23
	NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2018 19:29	Photos	Normal	Photos 2018-8-23
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	NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2018 19:29	Photos	Normal	Photos 2018-8-23
	NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2018 19:28	Photos	Normal	Photos 2018-8-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2018 19:28	Photos	Normal	Photos 2018-8-23
	NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2018 19:29	Photos	Normal	Photos 2018-8-23

ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 08 / 2018 (DD/MM/YYYY), TIME: 11 : 10 (HH:MM)

LOCATION: SOUTH BUONA VISTA ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB 8028 J
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5042741289-08
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA HIACE
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: GATA SCIENCE PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: — CONTACT: 6276 8884
c) ADDRESS: BLK 102E PASIR PANJANG ROAD
#02-07 SG 118529

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Choy Wai Ho Garrett (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 589299216 CONTACT: 98152480/98199461
c) ADDRESS: APT BLK 661B Jln Tiong Weng Street 64
#09-420 Singapore 642661

*d) DATE OF BIRTH: 25 / 08 / 1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 31 Mar 2011

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) 6

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: SHD 6656 C MODEL: Taxi
b) DRIVER'S NAME: GOH SOON SENG
c) NRIC/FIN/PASSPORT: 51549484J CONTACT: 9678 6766

9. THIRD PARTY VEHICLE

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

Email = garrett.choy@gata-science.com.sg

fax = 465-6270 8884

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8929921G



Name

CHOY WAI HO, GARETT
(XU WEIHAO)

徐緯豪

Race

CHINESE

Date of birth

25-08-1989

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S8929921G

Name

CHOY WAI HO, GARETT
(XU WEIHAO)

Birth Date 25 Aug 1989

Issue Date 31 Mar 2011



3543060



NRIC No. S8929921G

Date of issue

01-12-2004

Address

APT BLK 661B JURONG WEST STREET 64
#09-42D
SINGAPORE 642661

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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles > 2500kg 31 Mar 2011



NF 428A

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 : 5042341289-08

Cover : Comprehensive

- | | |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBB8028J |
| Chassis Number | : KDH2010044667 |
| 2. Name of Policyholder | : GAIA SCIENCE PTE LTD |
| 3. Effective Date of Insurance | : 09 Mar 2018 |
| 4. Expiry Date of Insurance | : 08 Mar 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	: THINK ONE 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	: THINK ONE AUTOMOBILE & TRADING PTE. LTD. (00000571089)
Date of Issue	: 28 Feb 2018 17:19 hrs
Reprint	: 28 Feb 2018 17:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive